

BSCIP Advisory Council Bi-Annual Meeting (Virtual)- 20231019_125950-Meeting Recording

October 19, 2023, 4:59PM

2h 18m 51s

🕒 **Casavant, Robert** started transcription



Robinson, Kimberly S 1:18

Well, we're gonna have to wait just a few more minutes.

I don't see Doctor Higgin on the call just yet, and he's the chair.

So, umm, Jill for some reason he's not able to get on here.

Do you want to start the meeting as the Co chair?

OK. We'll give.

We'll wait a few more.

You know, I like to always wait till at least five after because some people have troubles getting in.

2

2f4d31ca-63ce-4969-9e72-631f50ce97ce 1:46

Sure.

👤 **Stotsenburg, Madonna** joined the meeting

👤 **Brewer, Evelyn T** joined the meeting

👤 **Michael Lane** joined the meeting

👤 **Dan** joined the meeting

👤 **Dr. Brian Higdon** joined the meeting



Robinson, Kimberly S 3:29

You know you're you're off the hook.

2

2f4d31ca-63ce-4969-9e72-631f50ce97ce 3:36

Did you say me?

I'm off mute.



Robinson, Kimberly S 3:38

Yeah.

You're no, you're off the hook.

Doctor Higdon?

Just just logged in.



2 2f4d31ca-63ce-4969-9e72-631f50ce97ce 3:43

Ohh great.

OK. Thanks.



Dr. Brian Higdon 3:46

Sorry, I was.

I walking past papers here.



Robinson, Kimberly S 3:49

Ohh that's OK.

Jill was on standby for you.



Dr. Brian Higdon 3:54

Alright, great.



Robinson, Kimberly S 3:56

Uh.



Dr. Brian Higdon 3:57


One day I'll need it.





Robinson, Kimberly S 3:57


We.

Were just given where we were just given till like 5 after for folks to be able to get on.


 **Dr. Brian Higdon** 4:05
Of course.


 **Robinson, Kimberly S** 4:07
That always seems to be our golden rule is 5 after.


 **Dr. Brian Higdon** 4:14
Yeah.
You really did.
You send out a final, final agenda.

 **Robinson, Kimberly S** 5:02
I did.
I sent an email out with all the attachments and then I think I attached everything to the calendar invite.
We've had some technical issues lately, and so at the beginning of our meeting, I I just have a couple announcements I have to make.

 **Dr. Brian Higdon** 5:23
Sure.

 **Robinson, Kimberly S** 5:24
So, and since it's five after if, if you're in agreement.
Doctor Higdon, we'll go ahead and get started with this meeting.

 **Dr. Brian Higdon** 5:32
Yes, please.

 **Robinson, Kimberly S** 5:34
OK, so I would first like to welcome everybody.
This is our first biannual Advisory Council meeting for this new state year.
The next one I anticipate to be face to face in May, I first want to let everybody know that due to a technical issue we had with posting our notice in the Florida Administrative Registry.

We didn't get it posted out to the public in the seven day window in which they require, so the Council, if we have a quorum, we'll be limited on what you can vote on today.

We will be able to vote on approval for the Minutes and we will be able to vote on the proposed change to our bylaws.

What you will not be able to prove vote on today or is anything that may impact the Department of Health.

We can discuss changes or anything, but we can't vote on anything and that would have to be tabled until May.

And I also wanted to point out we have two guest speakers today.

Doctor Lane, I see that you're on the call.

Thank you so much.

He is from the American Society for Neurotherapy and Repair and there was a change in our speakers.

Excuse me for brain injury of Florida.

So the brain injury of Florida is a sub guarantee of the University of Florida, and they've asked the Council to permit.

But them to make general comments in the form of a presentation today at today's meeting.

So during this meeting, changes in speakers as Doctor Jaffe from the University of Florida will will be speaking regarding the ACL trauma.

Traumatic brain injury State Partnership grant that they awarded and again have subcontracted with the brain injury of Florida.

The speakers today from BIF will be Denny Armstrong and Kerry Rayburn.

So with that, uh, Doctor Higgin, I will turn it over to you if you have any additional comments and then you can call for roll call.

 **Kevin Mullin** left the meeting

 **Dr. Brian Higdon** 7:39

No, I I sorry, I didn't grab a call real quick there, but I I look forward to hearing these these two speakers here and and we can go ahead with with roll call.

But I just wanted to thank everyone to for coming today as we're doing roll call, just since we're always have new members, just give you just give us a one liner about uh about who you are and your connection to be skip.



Hamilton, Joshua A 8:09

Alright, good afternoon, everybody.
So first is a Don Chester.



Robinson, Kimberly S 8:17

He he is present. Josh.



Hamilton, Joshua A 8:18

I saw he was OK.



Robinson, Kimberly S 8:20

Yeah, he he is in motion up to his office.



Chester, Don 8:23

Yeah.

I just got up to my office.



Hamilton, Joshua A 8:23

Yes, ma'am. Ohh.



Chester, Don 8:25

Excuse me.

Yes, I am here and I just quick.



Hamilton, Joshua A 8:27

Yes, Sir.





Chester, Don 8:29


I'm assistant administrator at Saint Mary's Medical Center and the Palm Beach Children's Hospital, and I also have had a traumatic brain injury and spinal cord injury, which left me a quadriplegic.


So I'm especially interested in the Council for that reason, and when I was in the hospital, a very nice lady from the states spinal Cord Injury Program visited me and

helped me out quite a bit.
So that's why I'm very, very interested.


 **Dr. Brian Higdon** 8:59
Like the trifecta?

 **Chester, Don** 9:03
Uh, yeah, I I met.
Met pretty much every category you have to be to be on the board.


 **Hamilton, Joshua A** 9:10
All right.
We have Kevin Mullen.


 **Robinson, Kimberly S** 9:17
Ohh he's in let me admit him.
I see him. Here.
Let me let him in.

 **Kevin Mullin** joined the meeting

 **Robinson, Kimberly S** 9:31
OK, call him again, Josh.

 **Hamilton, Joshua A** 9:34
Uh, Kevin Mullen.

 **Kevin Mullin** 9:38
I am here.
Thank you about that.
Sorry, they are.

 **Hamilton, Joshua A** 9:45
And I know Doctor Ross is out.
So we have a Patty Lance.

All right, Jennifer Landon.

OK, Jeffrey, secure.

OK, Michael fader.

Madonna stoltzenberg.

 **Stotsenburg, Madonna** 10:19

I am present.

 **Hamilton, Joshua A** 10:23

Jill olenik.

 **Dr. Brian Higdon** 10:24

You want.

Madonna came to give us a one liner.

 **Stotsenburg, Madonna** 10:34

Yes, my name is Madonna.

Stoltenberg, I'm the administrative director of trauma services and Emergency Management at Saint Mary's Medical Center in Palm Beach Children Hospital.

And I am the pediatric chair on the Biscuit Committee.

 **Hamilton, Joshua A** 10:54

Thank you, Madonna.

Jill oleinik.

 **2f4d31ca-63ce-4969-9e72-631f50ce97ce** 10:58

Hi president. I am.

A physical therapist by background and I am at the Director of therapy services at HCA 4 to West Hospital, we have a 58 bed inpatient rehab unit.

Also, acute care and outpatient services.

Umm that treat persons who have had suffered from brain injury or traumatic spinal cord and I am the Co chair for the.

For this, for the Advisory Board, and sorry, the chair for the political, I mean, not the political, the Public Awareness Committee.



Hamilton, Joshua A 11:35

Thank you.

All right, Doctor Higdon.



Dr. Brian Higdon 11:39

Yeah.

So I'm here.

I I'm the the the chair of this Advisory Council and I'm a spaghetti injury rehabilitation.

Doctor Brooks rehab in Jacksonville, FL.



Hamilton, Joshua A 11:52

Awesome.

Doctor haridas.

OK.

And Kerry rayburn.



Carrie Rayburn 12:02

Hi I'm a recreational therapist at HCA, Florida West here in Pensacola and I'm the Co chair for the Public Awareness Council.

And I'm also on the Board of Directors for brain injury Florida.



Hamilton, Joshua A 12:17

Awesome.

And that is everybody.



Robinson, Kimberly S 12:19

OK.

Thank you.

So it looks right now, Doctor Higdon, that you do not have a quorum.

We have seven Members present out of 15 and we need 8.



Dr. Brian Higdon 12:32

Yep.

OK.

So we won't be able to vote on the bylaws, but I guess we could review what the language is just in case people wanna give input.



Robinson, Kimberly S 12:44

Yeah.

Yes, when we get down to that and if a Council member, I'll keep my eye on the participants.



Dr. Brian Higdon 12:44

Yeah, with that.



Robinson, Kimberly S 12:51

And if I see an other Council member that comes in that isn't here right now, I'll let you know when we get to that point.



Kevin Mullin 12:55

That isn't here right now.

I'll let you know when we get to that point, OK?



Dr. Brian Higdon 13:00

OK.



Robinson, Kimberly S 13:00

OK, so I'll go ahead and.



Kevin Mullin 13:03

So I'll go ahead and.



Robinson, Kimberly S 13:06

Umm, we're echoing somewhere.



Kevin Mullin 13:07

Or echoing somewhere.



Robinson, Kimberly S 13:13

Uh, so?

Rob, you gotta move your screen.

Thank you.

So I want to welcome our new Advisory Council, Council members Don Chester, which he introduced himself earlier.

He filled the appointment for the spinal cord injury survivor and family member and Doctor Haridas is a professional.

He build the appointment for the professional.

I do not have any bio at my fingertips to provide for you all on him, and I apologize for that.

I was expecting him to be here for this meeting and then our only vacancy.

We have one seat left, which is the spinal cord injury survivor or family member.

So we're pretty much full.

We're doing really good with our appointments.

Umm, Kevin, I see you have your hand up.



Kevin Mullin 14:14

Your hand up?

Yeah, it's just quick question, Kimberly.

I know that there was a technical glitch and we weren't able to post within that seven day period, but any of the areas that we wouldn't be necessarily able to vote on today that need to be done or finalized by fiscal year end or is it something that can wait out till may, anything that's time pressing on the voting status of this organization?



Robinson, Kimberly S 14:37

No, there's nothing time pressing in this agenda.



Kevin Mullin 14:40

OK.

Thank you.



Robinson, Kimberly S 14:43

Good question.

Thank you for asking.

OK, Doctor Higgin, I'll turn it back over to you.

Doctor Higdon, you're muted.



Kevin Mullin 15:04

You're on mute, my friend.



Dr. Brian Higdon 15:06

Alright, I am back.

I hopefully you guys can hear me.

The next item on the agenda is the regional updates can really did did you and your staff want to go through those?

Ohh, now now it's your turn to be on mute.



Robinson, Kimberly S 15:28

Ohh and I'm notorious for that one.

I am notorious.

So Yep, each what we're gonna do next is each regional office is gonna give you an update on the activities that they have been doing.

They like to provide you all a success story and the attachments to the email I sent out and the calendar invite or the statistics that we provide at each annual or each meeting which shows you, you know, how many spinal cord and brain injured people were received as in service, how many were applicants, how many were closed.

So those documents are there for you to look at and it's broke down by each region.

If you have any questions about those numbers during the time that the manager is actually presenting about their region, feel free to ask any questions at that time.

So with that, I will turn it over to Beth, who is gonna give you our United Administrator, who will give you what our current statistics are as of Tuesday. Beth.



Collins, Valerie B 16:31

Thank you.

OK.

As Tim said, so for our case load the program caseload for the week of October 10th, up through Monday the 16th, the number of referrals moved to applicant status was

41.

Number of eligible applicants enrolled moved to in service status with seven.

The total number of closures was 3928.

Of those were applicant and 11 and service and then the caseload as of Monday, October 9th.

The snapshot for that is total number of eligible clients to currently being served as 536 and.

Total number appliance served to date for 2324 is 673.



Robinson, Kimberly S 17:40

So any questions on that for Beth?



Carrie Rayburn 17:46

Can you tell me again, Beth, what region won consists of on on the map?

I'm still learning the regions.



Collins, Valerie B 17:55

OK.

So our regions actually go down like one through 5.

So region one is straight across North Florida.

Umm.

And I'm still in the balance Thunder here a little bit, but Jacksonville, Gainesville, Tallahassee, Pensacola.

Across that. Umm.



Carrie Rayburn 18:13

OK.


Thank you.




Robinson, Kimberly S 18:16

I'm Harry.

What I can do is I have a map of all the regions and who the regional managers are and I'll go ahead and put that in the chat so that everybody can have a copy of that.

 **Carrie Rayburn** 18:28
Thank you.

 **Robinson, Kimberly S** 18:30
You're welcome.

OK, so Fallon, more is our regional manager for region one and a Fallon.

 **Dr. Brian Higdon** 18:41

Uh, so I did have a question about the just the broad strokes overview as far as the the number of people enrolled over the past several years, has that been going up or down or what's kind of the multi year trend that we're looking at?

 **Robinson, Kimberly S** 18:57

I'm that's if you want.

I can speak to that.


Uh, because Beth is only been in her role for just going on a year now.

So she doesn't know the history, history, history of all that.

So we've been pretty even keel the last several years as an overall, when I do the annual report in January, we typically have served just over 1000 people as you know, as far as well, I'll say like the last four years when we were managing the Med waiver program in that that of course changed the statistics drastically.

So, but overall, what we've been trending straight across the board, we haven't really gone up or gone down not by a significant significant amount.

 **Dr. Brian Higdon** 19:44
OK.

 **Robinson, Kimberly S** 19:50
Any other questions for Beth?

OK, Fallon.

 **Moore, Fallon** 19:56

Good afternoon.

And so I am reaching one manager.

I covered 33 counties in the state.

I kindly have six case managers and three rehab techs.

The regional candidate counties are divided into 4 units, east to West, as February stated.

Jacksonville, Gainesville, Tallahassee and Pensacola.

I'm that's 55 is sillies and about 15 of those are referral facilities.

And just recently I've completed 2IN services and I provided referral documentation to those facilities and just gave 2 refreshers over our referral processes and I just wanted to share with you guys a success story.

As Kim stated, we had a 51 year old male who sustained a complete C3 spinal cord injury from a motor vehicle accident.

 **DiCaro, Samantha** joined the meeting



Moore, Fallon 21:01

He was stopped at a red light and he was hit from behind and he was a complete quadriplegic.

Umm, he didn't have any sensation below the ***** line and we basically provided a ramp for him.

A specialized shower here, a couple consumables, and we did a vehicle modification for his van and with that vehicle modification, we allowed him to basically get to and from his therapy.

And this therapy sessions and to be able to go back to social outings with his wife, which allowed him community reintegration.

And he would have been going into a nursing home facility if we had not have done that for him.

So that's our success story from Region 1.



Dr. Brian Higdon 21:59

It's really great.




Robinson, Kimberly S 22:00


Next line.





Dr. Brian Higdon 22:02


What are and?
Do you have the liberty to say what?
What botanists from?


 **Moore, Fallon** 22:08
Excuse me.


 **Dr. Brian Higdon** 22:09
Are you are you to save what?
What city he was in?


 **Moore, Fallon** 22:15
I can he.
He came out of Gainesville.


 **Dr. Brian Higdon** 22:19
OK, very good.


 **Robinson, Kimberly S** 22:26
Any other questions for Fallon?

 **Dr. Brian Higdon** 22:26
You have a quick.
You've had some you, you yourself have had quite a bit of staff turnover over the last year.


 **Robinson, Kimberly S** 22:30
OK, then we'll.


 **Dr. Brian Higdon** 22:37
That's been going well.


 **Moore, Fallon** 22:41
We actually just had an higher we we are actually fully staffed here in Jacksonville or in region 1.


 **Dr. Brian Higdon** 22:49
Umm, very good.

 **Moore, Fallon** 22:52
Umm.

 **Kevin Mullin** 22:54
Congratulations on the success fallen.
I know from personal experience what that means.

 **Moore, Fallon** 23:00
And thank you.

 **Robinson, Kimberly S** 23:05
Any other questions for Fallon?
OK.
Then we'll move on to Region 2, Evelyn Brewer.

 **Brewer, Evelyn T** 23:15
Hi, good afternoon everyone.
My name is Eve Brewer and I am the manager of Region 2, which is centered in Orlando and Orange County.
Umm, we covered 13 counties across Central Florida.
Uh.
From Flagler County, on the northwest northeast coast over to citrus and handle on the West.
And then through poke and Osceola to Brevard to the South, we have nine staff positions which includes 6 case managers and three rehab techs.
Umm, we have about 35 facilities in vendors that provide services to our clients and seven of those are our referral sources.
Our primary referral sources.
Umm.
And for my success story, uh, it's about a 41 year old male client who sustained a complete tujan spinal cord injury as a result of a motorcycle accident.

He was fortunate to have private insurance and he was able to retain that throughout his time with our program.

However, his benefits for outpatient therapies were quickly exhausted.

So we were able to provide assistance with funding so that he could continue his therapies.

He discharged him.


Therapies having met all of his goals and regained independence with his adls and mobility at home and in the community, and at that point the only barrier preventing him from returning to work was his inability to drive because he did require access to his own vehicle in order to drive to various sites.


So we guided him through the adaptive driving process and provide a coordination and funding for his driver training and his vehicle modifications.


And when it came time to close, he conveyed how driving in his newly modified car gave him a feeling of independence.

That was overwhelming.

Umm biscuit cost for this independence and improve quality of life total about 13,800.

 **Dr. Brian Higdon** 25:14
Very good.


 **Robinson, Kimberly S** 25:14
Any questions?

 **Dr. Brian Higdon** 25:14
Thank you.

I have some, but I'll let so my other Council Members, if they have questions, jump in first.

All right.

I'll ask mine, but all the rest of you can I can think of some questions.

 **Stotsenburg, Madonna** 25:28
The.

 **Dr. Brian Higdon** 25:30

Was this his previous job that he was going back to?

 **Brewer, Evelyn T** 25:35

Yes, he was able to return to his job without VR.

 **Dr. Brian Higdon** 25:35

Right.

Alright, very good.

Ohh without even needing VR services.

Very good. Yep.

 **Brewer, Evelyn T** 25:41

Umm Yep.

 **Dr. Brian Higdon** 25:45

All right, the I.

Alright.

Yeah, I I I was gonna ask that.

But it I think that and the question answered itself with saying that without VR, you're good.

 **Robinson, Kimberly S** 26:02

Anybody else?

Alright.

Thank you. Eve.

Next is Rosalind Miles from region 3.

 **Myles, Rosalind M.** 26:09

No.

Good afternoon.

My name is Rosalyn and I am reaching.

Three were housed in Pinellas County.

Our office here consists of four case managers and two rehab techs, and we have 8

counties that we cover on DeSoto, Hardee, Highland, Hillsborough, Manatee County, Pinellas and Sarasota.

Last month, we participated in an Expo at the Sun Sunshine Senior Citizen on for Fall Prevention Week.

We were able to meet with the stakeholders and the Community to talk about our program and to hand out fliers and talk about resources.

My success story there's we have a 71 year old gentleman who was working as a full time public defender.

He was in a motor vehicle accident, sustaining a key 10 complete spinal cord injury. This happened last November.

He has been in and out of the hospital due to other complications on recently.

She became stable, got a call last week.

The home is completely wheelchair session, no accessible.

The bathroom was modified.

The only thing that he needed was a shower chair.

Especialized shower chair.

He had not taken a shower in a year, so we assisted with this specialized shower chair and I got a call from the wife this Monday to say how appreciative and of the program and how the shower chair it fits perfectly in the bathroom and and he's just elated that he's able to take a shower.



Robinson, Kimberly S 27:51

Umm.



Myles, Rosalind M. 28:09

So that's my story.



Robinson, Kimberly S 28:19

I'm not sure if Doctor Hagan has a question or not.



Dr. Brian Higdon 28:25

I'm sorry, I got a call from from a hospital for them dealing with.

If I if if Jill is townhouse can can direct some questions, I apologize.



Robinson, Kimberly S 28:39

Problem.



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I don't have any questions at this time.



Robinson, Kimberly S 28:45

OK.



2f4d31ca-63ce-4969-9e72-631f50ce97ce 28:45

Anybody else?



Kevin Mullin 28:48

I actually have a previous question for the young lady that was working.

I believe it was in the section or the second section with the 41 year old gentleman and we were paying for adaptive services for the vehicle modification for business needs.

Isn't that primarily a VR source, and if so, who is the payer?

The primary pay sources that be skip or is that VR related?

I thought be Skip was the primary payer of last resort, especially with employment options.

And again, I'm just trying to get an education or understanding.



Brewer, Evelyn T 29:20

Umm, so they do have the choice.

If they are eligible for VR on whether or not to pursue it, so in this particular case, because he was long established with that company and they were willing to wait for him to return, it was really just that one need we were able to take care of it.

We had the funding available and it just made more sense for him to go through us and and be able to return back to work rather than going through the VR enrollment process.



Kevin Mullin 29:49

Right.

I know it can be time-consuming as well.

No, I appreciate it.

Thank you, eve.



Brewer, Evelyn T 29:53

Welcome.



Robinson, Kimberly S 29:58

Any other questions?

OK.

Then we'll move on to Region 4, which is John wineskin.



Wanecski, John M 30:05

Good afternoon everybody.

My names.

On Wednesday, on the regional manager for Region four, we cover from Viro, Fort Pierce area down to the Broward County line and we also have a office over in the Fort Myers area as well.

I currently have five case managers and two techs, and we're advertising for one more tech.

Uh, but I wanted to say that, you know, when I was preparing for this meeting, I usually start on early in the week on Monday or Tuesday, and ask the staff for success stories that they have that would be worthy of of talking about today.

And it's funny because I've been doing this a while, but they usually don't come up with anything for the first couple of days.

And then by this morning I had more than I knew what to do with.

And I think that's because they they do it on such a routine basis that they don't even consider what they're doing is extra special and all their stories for special.

So I'm gonna share a couple with them.

A couple of them with you today and one was a thank you letter, but Joan Gentio, who is my case manager over in the Fort Myers area, she had a 48 year old male that was reported by the Lee Health Trauma Hospital.

Sustained a TBI because of a 2 vehicle accident that he was in in.

Joan was able to coordinate with the local hospital and got him some outpatient therapy for OT PT and speech.

He did become eligible for Medicaid and we assisted with the therapy after the client exhausted all of his Medicaid benefits.

Uh, and what's cool about this story is the although we don't do residential, the case manager steered them in the right direction in the community where they are able to obtain Section 8 housing information and Long story short, they got it.

And so now.

The the husband and the wife are in their own apartment and a new duplex, and it's right on a bussing line.

So they're able to go out into the community with with ease and had a real, real happy ending.

But thanks to Joan, my case manager for coordinating with all of the resources in that area to really make that story have a really good outcome for the husband and the wife.

The next one is from my case manager here in West Palm Beach.

Paris, Calhoun.

Bear with me.

I just want to read you this.

Thank you.

Letter.

She got it this morning.

She got it this morning.

The about 10:00 o'clock or so and she was so excited, she called me and I thought this would be perfect.

So it says it may have.

This is from the wife of the husband.

It says in May of 2021, my husband was in a motor vehicle accident.

He suffered a cervical spine injury, which resulted in diagnosis of going to college.

He was not able to move anything below his shoulders.

The physician believed that he would not be able to live without the use of a ventilator.

He spent 45 days in intensive care and spent 12 weeks in two different rehab facilities in which they weaned him off the ventilator.

Fast forward two years.

He's able to move his arms and some movement with his toes, but still has a long road ahead.

I have to say this small progress is a result of the kindness and help from the brain and spinal cord injury program you provided us with.

Much needed to go physical therapy that helped us get the results that we have today.

I want to say a very special thank you from the bottom of my heart.

Miss Paris Calhoun.

She's been a strong advocate and facilitator and helping to provide physical therapy assistance for her husband.

 **001d08cf-5a29-4aaa-828f-49effb22acc0** joined the meeting

 **Wanecski, John M** 33:35

She is GODSENT and much needed.

The and his much needed light in a dark tunnel.

Umm, we don't get thank you letters a lot, but we do get them.

And this one I just wanted to share cause with our case managers, it's it's not so much what we do and what services we set up.

It's how we do it.

We use hope in a really special way because it's so powerful and and all of the staff, all of the staff in the in the state, really.

But Region 4, we're very careful how we were very professional, but we do offer some hope, but not too much and it's different for every case.

And they're real good at figuring that out.

So kudos to to all the case managers.

But those are my two stories.

So thank you for your time.

 **Kevin Mullin** 34:24

Hey, congratulations.

It's huge.

 **Dr. Brian Higdon** 34:30

Yeah, you know, we we we always really appreciate as I say, we at least me and my healthcare workers that we work with and then also the patients that we interact with really appreciate the B skip services.



Robinson, Kimberly S 34:31

OK.



Dr. Brian Higdon 34:44

I think what you're talking about is really just an example of.

Statewide, what we see, but I just had a patient the other day and I it's her first week in the rehab hospital and I got to tell her about B skip and then what they have to offer.

But it's.

But it's really great what we have available for our patients and really as you're talking about being kind of a beacon of light in kind of a dark times and hearing it from multiple sources, not just the healthcare facility that they're in.

But then the larger system as a whole from B Skip helps to kind of reconfirm kind of a lot of the information that they're hearing.

So I really appreciate all that.

That was just me.

Rambling, but hopefully uh gave some time for for some people ask some questions.



Robinson, Kimberly S 35:32

OK.

Anybody else?



Carrie Rayburn 35:37

I have a general question.

This is Kerry.

I was just curious exactly what the rehab techs do.

Like I understand a little bit about case management, but I'm not sure what the rehab text do, so any of you guys would be able to answer that?



Robinson, Kimberly S 35:54

Bet you wanna take that one.



Collins, Valerie B 35:57

It's somehow you're gonna answer that.

So I would say they helped coordinate services with the case managers and our vendors.

It kind of like a a liaison.

You wanna call it that they handle the billing side, getting all those documents together and figuring out, you know, if if we are truly going to need to, you know, pay or to maybe insurance come back and cover some of the services.

But definitely they help coordinate our services between you know what the case manager is asking to help the client and then finding a vendor and making that full circle.

 **Kevin Mullin** left the meeting

 **Carrie Rayburn** 36:42

OK, great.

So it's more the case managers that have the face to face interaction with the clients, OK.

 **Collins, Valerie B** 36:49

I yeah, I I mean not to say that the case managers don't interact with our facilities or our vendors because they do.

 **Carrie Rayburn** 36:52

Dude.

 **Collins, Valerie B** 36:57

I'm not discounting that, but they they the case manager and rehab tag that are assigned to each other, they have specific assigned.

Umm, when's that?

They work with uh.

They work very closely together and is very good teams across the state.

I can say that they all work really well together to help these services happen as quickly as possible. So.

 **Carrie Rayburn** 37:23

Thank you.



Robinson, Kimberly S 37:29

Anybody else?

So before we get to Region 5, Doctor Higdon, I wanna let you know that Patty Lance has logged into the meeting.

And so when we're done with the regional updates, if you wanna go back and ask for approval of the Minutes for April, you now have a quorum.



Dr. Brian Higdon 37:48

Oh, perfect.

Thank you.



Robinson, Kimberly S 37:49

OK. OK.

So Region 5 is Jose de bras.



Dubrocq, Jose A 37:57

Yes, good afternoon.

My name is Jose, the Prague and I'm the manager for Region 5 and the region covers Miami Dade and Monroe County.

We have staff as far as far as staff is 5 case managers and two and three RT rehab techs.

As far as you know, the updates for in services we just did a quarterly meeting yesterday with vocational rehab.

We do what every quarter and what was interesting about this meeting is that we just found out that we are have moved from their system just like we did from Reims to a new system called aware.

And what is interesting about this is that now the clients have they could do an account and they have access to expedite the process and which is great because they would expedite the referral process and that was you know quite you know interesting thing about the meeting yesterday.

But on the 27th September, we attended the spinal Cord injury awareness at Jackson Memorial Hospital and I actually had one in service in the pediatric side, Jackson Memorial Hospital.

And also at Kendall Regional Hospital.

Umm, I'm trying to arrange a meeting in the Aventura hospital and in the works of that and also an in service with the Social Security Administration Office.

Is as far as the success story that I'd like to share.

It's basically this is a young man, 24 year old, who sustained a C5 incomplete injury. Umm and the.

The only thing is really, uh, remarkable.

This case is his positive attitude from the beginning about getting he was very determined about getting better and doing his therapies, and I have to say that he completed his whole rehab and he did not miss one session.

It's, you know, impressive.

We did his hand controls and the vertical modification and he was able now to go back to school and continue his.

So he's a sophomore, so he's continuing that his injury was caused by a G Agsu.

He was practicing martial arts and that's how he got the injure and I just thought it was great because he has now the independence to go back to school and continue with his life.

I basically don't have anything else.

I thank you for your time and if you have any questions.

DH **Dr. Brian Higdon** 40:27

Umm, I did have a question about the you mentioned the how VR was transitioning from rims to I think you said it was like aware and then and then the B skip that also made that transition.

DA **Dubrocq, Jose A** 40:33

And where yes.

DH **Dr. Brian Higdon** 40:39

How long ago was that transition for B skip?


DA **Dubrocq, Jose A** 40:43


Uh, in in our program, it was done, I think.


Ohh, that since we started though the new fiscal year and July.


DH **Dr. Brian Higdon** 40:51


OK, I hadn't really heard heard much about that at the Advisor Council level.
Did did did you wanna talk more about that or is there something else?
I'm just curious how that's impacting our client services.
It seems to be more accessible platform.

 **Dubrocq, Jose A** 41:09
The one that I was talking.

 **Robinson, Kimberly S** 41:09
You're talking about you.


 **Dubrocq, Jose A** 41:10
I was. Yeah.
Oh, OK.
Go ahead.


 **Robinson, Kimberly S** 41:12
I'm sorry, Jose.
You're talking about our case management system that we use are OK.

 **Dr. Brian Higdon** 41:18
Yeah, that's yeah.
Just just tell us more about it.


 **Robinson, Kimberly S** 41:21
Uh, so it has had no impact to our program at all.
It's been a smooth trend position.
We are currently like 60% done with moving the old platform into our new platform where 60% the first phase that we did was everything related to client services to ensure that there was no disruption at all for our our clients that we serve, everything else that we're moving over is budget pieces, reporting pieces.
So staff have access both to the old version of RIMS and the new version of RIMS.
So the pieces that haven't been transitioned and moved over yet, they still can access it through the old version because it's a shared database.

There's.
So there's been no disruption.


 **Dr. Brian Higdon** 42:14
Yeah, it sounds, I mean what he was just saying is it sounds like it might be better even.


 **Robinson, Kimberly S** 42:20
The new platform.


 **Dr. Brian Higdon** 42:22
Yeah.

 **Robinson, Kimberly S** 42:23
So the new platform, what we did it it's mostly a change to the look and feel we brought it up to date instead of antiquated cause the old system is like at least 15 years old.
So it looks 15 years old, so we brought it over to the to edge.


 **Dr. Brian Higdon** 42:39
OK.


 **Robinson, Kimberly S** 42:41
We brought it up to edge and it has a really nice looking feel.
It's a waterfall effect and it's it's very easy to navigate.
It's it's structured, much more user friendly.


 **Dr. Brian Higdon** 42:51
Right.
Yeah.
Is there some sort of portal or something where the client can see their information?


 **Robinson, Kimberly S** 43:00
No, we have no portals into rims yet.
There's no portals.


The first portal that we would like to design would be for central registry so we can do direct referrals into the database, but that's that. Development will be down the road.

 **Dr. Brian Higdon** 43:17
OK, very good.

 **Robinson, Kimberly S** 43:21
Thank you for asking.
That was a good question.

 **Dr. Brian Higdon** 43:25
Did any of the other Council members have questions about the the computer system changes seem positive, or the OR or this example of this client?

 **Robinson, Kimberly S** 43:25
Anybody have been?
OK, I'm trying to get that map up into the chat there and I'm having problems. Just so you all know, I am trying to get the math into the chat. It won't let me copy it over, so we'll if we can't get it into the chat, I will email it out to everybody.
So our final speaker will be Becky Robinson and she is the manager of our Resource Center.

 **Robinson, Rebecca** 44:18
Good afternoon, everyone.
I'm here to present the data for the survey monkeys that we send out every month for active client and service 30 day post closure, six months closure and ineligible. And there was a large difference between the July data and the August, and I'm not sure whether it was just because of, you know, end of summer or what.
Umm, but the inservice?
In August, we sent out 30 invitations in 24 got opened, but only eight completed, which only gave us 27% completion.
But in July, we only sent out 20 and 18 were opened and 18 were completed. So it gave us a 90% completion rate, which is a huge difference.

Uh, 30 day post closure we had in August 17 invitations, 14 were opened and only five completed.

And then again for the July numbers, we had 12 invitations, nine were opened and nine completed.

So it gave us 75%, but I've noticed that in all the July ones, the amount that was opened, they all completed them.

But in August then, for the six month post closure, we had 10 invitations, six opened, and zero completed them.

So they either click through them or they bounced or, you know, opted out of them. Umm.

Ineligible ones for August.

We had 13 invitations.

Nine were opened and only one completed.

So there's quite a difference between the two months and I'm hoping that Septembers will be much better.

2

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Backing.



Robinson, Rebecca 46:08

Any questions? Yes.

2

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Yeah, this is Jill.

Do we know is there any trend like maybe in age or diagnosis or gender or whatever for who is completing them and who is not completing them?

Do we know that information?



Robinson, Rebecca 46:26

I have not looked at that, but that is on the data that I get sent to me from the RIMS team, so I could probably go in and look at that.

2

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I just I think that might be helpful information you know, so that we because we may need a target differently based upon.



Robinson, Rebecca 46:37

And report.



2 **2f4d31ca-63ce-4969-9e72-631f50ce97ce** 46:46

Some of those factors you know.



Robinson, Rebecca 46:48

OK.



2 **2f4d31ca-63ce-4969-9e72-631f50ce97ce** 46:49

Age or access or whatever.

That's just my thought.



Robinson, Rebecca 46:52

OK.

Any other questions?



CR **Carrie Rayburn** 47:04

So the post I have one.



DH **Dr. Brian Higdon** 47:04

I.



CR **Carrie Rayburn** 47:06

I'm sorry, this is Kerry for the post closure.


That means like after you close their case, it would be skip is when those go out to them.




Robinson, Rebecca 47:16


Yeah.


Well, like 30 day post closure in and six month post closure from the month that we send them out.


 **Carrie Rayburn** 47:23
OK, so I just was wanting to make.

 **Robinson, Rebecca** 47:24
It's two different ones.


 **Carrie Rayburn** 47:26
I was just making sure post.
Closure meant, like their case, was closed. Yeah.
That's what that means.
OK.
Thank you.


 **Robinson, Rebecca** 47:34
Mm-hmm.

 **Dr. Brian Higdon** 47:35
The do you have any summary of kind of what the responses were for the ones that did respond?

 **Robinson, Rebecca** 47:43
I do and I send those to Beth the administrator so that she can review them all.

 **Dr. Brian Higdon** 47:50
OK.

 **Robinson, Rebecca** 47:53
I sent those to her every month.

 **Robinson, Kimberly S** 47:59
The Doctor, Higdon, is your question.
Does does Becky have an overall Becky?
Do you have an overall review on how they're responding?

Is is that what you're asking?

Doctor Higgin.



Robinson, Rebecca 48:10

Most of them were very favorable.

I quite frankly, I mean the ones that I've looked through, I tend to just hit and miss them, but I send them all to Beth.



Dr. Brian Higdon 48:13

Yeah.



Robinson, Rebecca 48:20

But nine out of 10 of them are very positive responses.



Dr. Brian Higdon 48:25

OK, I imagine there's things where there's survey responses that are that that are narrative where they can kind of write down the responses.



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OK.



Robinson, Rebecca 48:34

Yes, there are.



Dr. Brian Higdon 48:35

Yeah.

Is that?

Is that something that can be accessed by the the the the counselor?

Is that private information?



Robinson, Rebecca 48:46


I Kim.





Robinson, Kimberly S 48:47


If if you would like that to be a part of the Council's reporting at our annual meetings, we can put together something on or something together for that for you.


 **Dr. Brian Higdon** 48:55
Yeah.


 **Robinson, Kimberly S** 48:59
Yes, a summary.


 **Dr. Brian Higdon** 49:00
Yeah.
Yeah, that was very interesting.


 **Robinson, Kimberly S** 49:01
That's what I'm trying to.
That's what I'm trying to spit out as a summary.

 **Dr. Brian Higdon** 49:05
Yeah. OK.
Alright.
And then, umm, are we going to get a report from the Resource Center?

 **Robinson, Kimberly S** 49:20
That's Becky, OK.

 **Robinson, Rebecca** 49:21
That was that was me.

 **Dr. Brian Higdon** 49:23
But as far as like the the website or anything, any any updates on the on on the website?

 **Robinson, Rebecca** 49:29
We we have doctor hidden, we have completed the template for our new website and it has been submitted to Kim and UM, I know we're having a meeting tomorrow

on it because they've got a few questions before it goes to the next phase.
But if you wanna answer any more on that, Kim.

 **Robinson, Kimberly S** 49:50

Yep.

So I was speaking with Lindsey McDowell, who is in our our communications at our Bureau level and she is reviewing everything.

We have all of our what we call our blue folder, which is what we have to use for routing through a program called workflow.

So we have our folder ready.

Lindsey has just a few questions that she needs to clarify with Becky and Eric on what their idea for the web design was.

And then that meeting is tomorrow.

When she has clarification on that and she makes any tweaks that she needs to do, then that whole folder will be routed over to communications and we can actually hopefully get a quick return on the approval.

Uh to go ahead then and turn it over to the DoH Webmaster to actually start building.

 **Robinson, Rebecca** 50:34

Yes.

 **Dr. Brian Higdon** 50:41

Alright, very good.

And imagine once that could turn over the web apps or then it's gonna take a few months from there.

 **Robinson, Kimberly S** 50:48

Actually, I don't believe so.

If I think in that meeting back, if I'm not mistaken, they were given a timeline of like anywhere from two to three weeks to build it.

 **Robinson, Rebecca** 50:51

I don't think so.

Yeah, I think it's gonna be a quick turn around because we've already given them the

well I've given them the template on how it's to be designed.
They just kind of have to put it in the new website format.



Robinson, Kimberly S 51:14

Yeah, all the information is already out on SharePoint.



Dr. Brian Higdon 51:15

All right, now.



Robinson, Kimberly S 51:18

You know where you where if you hit our Resource Center a domain right now it takes you right to our SharePoint website where you can still see all of the same resources and information that we had out on the other website.

It all the information is still there.

So what will happen is that Webmaster will take all that information that Rob put on to SharePoint and he'll just grab it from there and put it up into the format of the of the design for the website.



Robinson, Rebecca 51:50

With the new design, yeah.



Robinson, Kimberly S 51:52

Yeah, in into the new design.



Dr. Brian Higdon 51:56

OK.

So we'll be pretty much the same information, but just a new website holding it.



Robinson, Kimberly S 52:01

It'll have a new look.

Yes, it'll it'll be it'll have a new look and feel.



Dr. Brian Higdon 52:03

Right.

However, yeah, could you just send the email box to us when it is, when it is I when the on switch is flipped?

 **Robinson, Kimberly S** 52:15

That would be my pleasure.

That's been a long project for me, so it would be my pleasure.

 **Dr. Brian Higdon** 52:19

Yeah.

Yeah, very good.

 **Robinson, Kimberly S** 52:24

Yeah.

And I see that you posted a map in the chat and thank you for doing that.

 **Dr. Brian Higdon** 52:28

Is that the correct one?

 **Robinson, Kimberly S** 52:31

That is the correct one, but the one I'm trying to get in there actually shows where the offices are located and also gives all the contact information for the regional managers and so forth.

So that's that is what the how the regions are split up, but I have one that's got a little more detail.

So I've asked Rob in another chat if he could go ahead and maybe take what I sent him and put it into this chat.

I don't know why it won't let me post it, but it just won't let me post it.

Ohh there he's there he is.

We love Rob he.

He is is our best IP.

So while he's doing that, there's the map.

That's what it's gonna look like.

Well, he gave you a glimpse of it.

DH **Dr. Brian Higdon** 53:21

Yeah, there.

 **Robinson, Kimberly S** 53:22

Umm.

So any other questions for the regions or Beth or Becky or myself?

OK, then, Doctor Hicken, I'll turn it back over to you and the next item on the agenda is updates on the Councils or on the committee meetings.

DH **Dr. Brian Higdon** 53:39

And part of my.

Yes.

The first one we have listed here is is Joel Olnick.

Did did you wanna go forward with that?

2 **2f4d31ca-63ce-4969-9e72-631f50ce97ce** 53:51

Yeah.

So great that we just had the discussion on the Resource Center website update that was part of what we had discussed in our last meeting and wrapping that whole process up.

So we are excited to see that and see the ease of use and proof for the population that we serve.

And so I, uh, and the new chair for this committee.

And Kerry Rayburn is the new Co chair.

That was news going forward.

We also had a couple of new appointments to the Council.

Don Chester and has been added to the the Public Awareness Committee.

So we're thankful for your participation.

Done.

And also we have some addition, we discussed a lot of additional ways or methods to increase public awareness of our Resource Center and as well as B skip and so.

They purchased some new drawstring backpacks as an educational item and different events are being attended by each of the regions and and some of them mentioned a little bit about that and we have a whole list of things in in different

areas.

So in Pensacola here we had, for example some participation or at least spreading the awareness at the Blue Wahoos game, the Abilities Expo in Broward was last this last week.

Uh, and then we've got the family cafe coming up in June and various other events essentially that the that these gifts and the sales are participating it and even committee members are participating in.

So umm.

We also discussed the peer mentor program and that there were six applicants to be peers and get the training.

And so that was going to be completed at the end of this month.

So super excited that program getting ready to kick off the Flyers were approved for the peer mentoring and are available to hand out and those particular services are provided for clients who are currently enrolled in our program.

I don't know.

Becky, is there any update on that that's different from what I just shared for the fear entering?



Robinson, Rebecca 56:23

Uh, no.

I've got the the training scheduled for this coming Tuesday afternoon and I have a.



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Fabulous and.



Robinson, Rebecca 56:34

Five or six people scheduled for it.

I can't remember which I think 5.



2f4d31ca-63ce-4969-9e72-631f50ce97ce 56:40

That's awesome.

Anybody have any questions about the Public Awareness Committee or any suggestions for going forward on topics and?

Increasing awareness about the the the Skip program.

 **Carrie Rayburn** 57:03

I have a question.

This is Kerry.

This might be more for Kim, Jill, but earlier she had mentioned about posting our meeting publicly.

Is it possible to have like a calendar posted somewhere where they're posted out in advance?

I know you mentioned something about a seven day window, so I was just curious how we got the word out about just our meetings in general Council meetings in general.

 **Robinson, Kimberly S** 57:27

OK, so before Caitlin went on leave, she scheduled all of the committee meetings out every other month.

I believe for the remainder of the year.

The issue with the far notice, we call it a far notice is the hiccup was it was submitted, but it didn't go all the way through.

So we had to submit it again and because we had to submit it again, it didn't get published within the seven days.

So that's something that the program has to do.

That's not anything that the committee does.

There isn't a place where we actually go out and post what each meeting is because we don't want to post dates and then have to cancel them.

So that's why Caitlin did them with through the outlook calendar to all of the Council members.

We've changed our process in Josh, who is on this call.

He is helping me with Council business until Caitlin gets back and he has been training as well as myself with the far notices cause Caitlin always handled that for me.

 **001d08cf-5a29-4aaa-828f-49effb22acc0** 58:24

I think.

 **Robinson, Kimberly S** 58:35

On how to get those out.

And so we're we're starting to post them much sooner than what we were originally posting them as.

 **Carrie Rayburn** 58:44

OK.

I was just curious how much notice.

I know we all live such busy lives like, you know, just thinking of the public attending the Council meetings when they're able.

It might be better to have them notice out, you know further than just like a week or two.

So I was just curious what that process was thinking for explaining.

 **Robinson, Kimberly S** 59:01

Yeah.

Sure.

So I was posting all the meetings like 30 days in advance and then I was told I was posting too far in advance.

 **Carrie Rayburn** 59:13

Oh wow.

 **Robinson, Kimberly S** 59:15

So now.

I in talking with Josh, we're gonna start posting these within 21 days.

So hopefully they I won't get any kickback at 21 days and Josh actually just posted the next public awareness meeting yesterday.

He submitted it and I'll have to go back out and check to see if that has posted out to the public yet.

 **Stotsenburg, Madonna** left the meeting

 **Robinson, Kimberly S** 59:39

But yeah, we're working on changing that that process so that we can get it out well in advance.

 **Carrie Rayburn** 59:42

But.

Thank you.

 **Dubrocq, Jose A** joined the meeting

 **Robinson, Kimberly S** 59:49

You're welcome.

Good question.

 **Dr. Brian Higdon** 59:51

No.

 **Robinson, Kimberly S** 59:51

Thank you for asking that.

 **Carrie Rayburn** 59:53

1st.

 **Dr. Brian Higdon** 59:53

I I have an eye on the clock here.

We're coming up on the time that we had scheduled for one of our guest speakers to go.

Do we have any last questions about the Public Awareness Committee before we make time and space for Doctor Lane?

No.

Is Doctor Lane with us yet?

Do you?

Do you know how that's working?

 **Robinson, Kimberly S** 1:00:19

Yes, I I see him on the call.

Yes, he is.

DH **Dr. Brian Higdon** 1:00:21

Alright, very good.

We're we're right on the dot on 2:00, o'clock.

So when we resume kind of our our other are there agenda here we need to talk about the performing enhancing performance committee and also go back through the Minutes.

UM, like, can really suggested, but we'll we'll give the floor to to Doctor Lane here.

Oh, it looks like he may have to leave his video off.

That's fine if you just want to do audio only.

ML **Michael Lane** 1:00:54

Yeah.

Thank you very much.

DH **Dr. Brian Higdon** 1:00:54

Are you?

ML **Michael Lane** 1:00:54

Can you hear me?

Can you hear me OK?

DH **Dr. Brian Higdon** 1:00:56

Yes.

Again, go ahead.

You have the floor.

ML **Michael Lane** 1:00:58

Fantastic.

Do you mind if I share my screen as well to show a couple of slides?

DH **Dr. Brian Higdon** 1:01:04

But.

ML **Michael Lane** 1:01:19
You see the slide presenting OK now.

DH **Dr. Brian Higdon** 1:01:22
Yep. Perfect.

ML **Michael Lane** 1:01:23
Fantastic.
So thank you very much for giving you the chance to come and speak with you all today.
It's been a pleasure to be here.
Even just to learn more about have the brain spinal cord injury program is being so successful in the state of Florida.
Oh I'm now personally based in Philadelphia, but I'm also the President of the American Society for Neural Therapy and Repair, which is a society which is a obviously a nationwide Society of which is run by scientists and clinicians and physicians who are.
We're doing both research and translation of therapies with traumatic brain injury, traumatic spinal injury and far more like stroke and degenerate.
So the reason I wanted to come and speak with you today was to pretty much introduce everyone on the call to the society and our annual meeting.
And as you can see here, I've included the website on this page.
You can feel free to go to the website and check it out.
We have an annual meeting which is based in Clearwater, FL.
Every year at the last week in April and the society was actually founded by people from Florida as well, who have been working and based in Florida for the last several years.
And the the meeting itself began 30 years ago.
When a slide to advance, so the first meeting was, as I said 30 years ago and the society began as a scientific society, which is looking at developing transplantation therapies for people with degenerative disease, brain injury and spinal injury.
At that time, many of those therapies over the last 30 years have actually been translated into clinical trials, and there's ongoing research in this area as well to develop similar sorts of therapies for people with other types of disorders of the

brain and spinal cord.

But in the last 30 years, the name of the society changed because we expanded beyond just transplantation and the society is become interested in neural repair and therapies much more broadly.

So with that in mind, we've begun looking at other types of experimental therapies translating these therapies into people and seeing how individuals in society are living with brain injury, spinal cord injury, endogenic disease.

So the society as a whole has become more widely attended by not just scientists, but many clinical professionals.

Neurologists, neuro surgeons as well As for who are working in the rehabilitation arena and people in industry who are looking to translate therapies to these individuals.

We're also interested in learning more about the patient population.

There's this is something that of interest to physicians and scientists alike, and learning about who the instead of being developed because of society, for to the programs or individuals involved with the program today was I, I think the society would benefit a great deal from hearing from individuals and the stories that I heard myself in the last hour about how successful the program like this is being conducted in the state of Florida and what that means for individuals living with brain and spinal cord injury.

 **Fernandez, Aleskia** joined the meeting

 **Michael Lane** 1:04:32

So the meeting that we visit, as I said by primarily scientists and that's where it began.

These scientists typically come from academia, so universities, but they also come from industry.

Many companies are not only around the US but also overseas.

There are individuals from companies throughout Europe and Asia that also attend this conference to learn about the sorts of research that's being done in the United States.

 **Dr. Brian Higdon** 1:04:48

And.

ML **Michael Lane** 1:04:54

There are clinical professionals that also terms and neurologist and you're surgeons in particular that we're interested in translating this therapies that are under development and a large number of the attendees are actually trainees. And the reason I wanted to say that is because we're the meeting itself has been very supportive and the society has been very supportive of these trainees who were essentially practicing to become scientists or clinical professionals in the long run. And many of them may go into other areas as well.

The reason that important is because with this support about 30% of the attendees that come to the meeting are actually trainees, and these trainees, a hungry to learn about the sorts of things that are going on in their area of their area of research, which is typically, as I said, aside from dinner, disease, brain and spinal cord injury and these brain and spinal cord injury programs like yours and like that also exist around the the rest of the country across other states as well are important for these trainings to learn as they have a perspective of who the patient is and how they have availability to different options that can help them with their daily lives.

So what that means for the brain and spinal program and the Florida Department of Health is that we have a a meeting that I think would benefit a great deal from individuals involved with the program where they could intend and inform us, inform the trainees and inform the researchers about the work that this program has been doing and how that is being benefiting people who have brain, spinal cord injury and how we might even be able to contribute ourselves to ongoing efforts.

What the program has so with that, I don't know.

 **Mike Jaffee (Guest)** joined the meeting

ML **Michael Lane** 1:06:34

I'm a little ahead of time already.

I wanted to keep it fairly brief cause I wanted to also have time available in this 15 minutes for discussion and questions.

Should anyone in the audience be interested to ask more about the society or the annual meeting itself?

So are there any questions?



Robinson, Kimberly S 1:06:55

It is.

Is there a?

Information that you can forward to me for your your meeting that would I think you said we'll be in April.



ML Michael Lane 1:07:08

Yeah, it's in the last weekend in April every year, correct.



Robinson, Kimberly S 1:07:12

Yeah.

Is is there a way to get more information on on that so I could look at it to see if it would be viable for the program to maybe attend?



ML Michael Lane 1:07:20

Absolutely. Yeah.

No, I'll.

I'll definitely send it out and I I think it would be useful for to at least have representation from the the brain spinal injury program.

I think like I've said, being a Florida based society and a Florida based meeting, I think it would be very beneficial for us to learn more about the program and vice versa.



Robinson, Kimberly S 1:07:42

Thank you.



DH Dr. Brian Higdon 1:07:45

Yeah.



Casey-Sawicki, Kate joined the meeting



DH Dr. Brian Higdon 1:07:45

Umm I had a question so so it's Florida based on how many like actual.

 **Kevin Mullin** joined the meeting

DH **Dr. Brian Higdon** 1:07:53

I like members.

How we define that?

Like how many researchers out of Florida are are are part of your society?

ML **Michael Lane** 1:08:04

Umm, I don't understand statistics exactly on the number of individuals from Florida. We have several 100 people who are members of society and I would estimate it's about close to half of the those involved with the society are from the state of Florida and and they come largely from academic institutions.

Jefferson Health Shands Hospital, University of Florida, University of South Florida and Central Florida, the Miami project and University of Miami.

And they're probably the key areas that people have primarily attending from have memberships.

DH **Dr. Brian Higdon** 1:08:41

Or I I remember reading your bio last week.

Or the week before and you did some training or some early professional work in Florida.

Is that right?

ML **Michael Lane** 1:08:50

That's.

Yeah, that's correct.

I completed my post doc in at the University of Florida and that's that's where I I've been studying spinal cord injury for the past 25 years.

So a small piece of that was actually done.

Research was being done in University of Florida in Gainesville.

DH **Dr. Brian Higdon** 1:09:06

Was that in Gordon Mitchell's lab, or or or or some some other associate lab?

ML **Michael Lane** 1:09:11

No, I at the time I was working with others actually when I was leaving Florida to move up to Philadelphia, it was, it just happened to Miss Gordon Mitchell. He moved down to Florida right after I left. But I know Gordon very well.

DH **Dr. Brian Higdon** 1:09:23

Right.

Yeah, very good.

Yeah, we had someone I think last year from mining project talk at one of our annual meetings, but it might be good to have a give, it might be good to to invite someone from UFT to to speak at next year or something like that, especially if it was in person.

Tallahassee isn't too far away from Gainesville.

Maybe about vert virtual?

Maybe as well.

The other Council members did you guys have questions?

Can you give some like examples of kind of some of the some of the topics that are presented at at at like the annual meetings like just for for flavor for us as far as what you guys, what it kind of the up and coming things in this in this field?

ML **Michael Lane** 1:10:24

Yeah, absolutely.

So so as I said, as we've been growing over the past 30 years, we've become more broadly interested in all aspects of neurotherapy and repair for people with traumatic injuries as well as degenerative disease.

 **Denny (Guest)** joined the meeting

ML **Michael Lane** 1:10:38

We always have strong representation of those studies, both preclinical and clinical studies, as well as reports from people being treated in hospitals throughout the state of Florida with traumatic brain injury and spinal cord injury a lot.

Largely, the clinical reports from the state of Florida we've had in the past have come

from the Miami project and the University of Miami.

We're hoping to increase the number of the representation from University of Florida as well those individuals who've been looking at traumatic brain injury have typically come from Central Florida and South Florida, and they've again been looking at both preclinical and clinical research studies.

So as we grow our interests, we're not only focused on these types of disorders and things that were interested in learning more about, we're also interested in expanding beyond just basic research and the translation of that research.

We want to learn more about the patient population and in a couple of years ago we actually started to have individuals attend the meeting who are who are living with a traumatic brain injury and we'd like to do the same for individuals living with spinal cord injury who can come and speak about what it's like to live with these injuries and how they receiving care and what facilities are available to them.

And I think the brain and spinal injury program in the state of Florida has done it. Tremendous job of meeting some of the needs of these individuals and I think it would be beneficial for us to learn more about that as I have today.

DH **Dr. Brian Higdon** 1:12:11

Umm.

I I'm I.

Is that a little bit of an ask that you know the the brain storming country, not only that that may perhaps they might attend the meeting but that some actual clients B skip might attend to to kind of advocate or speak to their personal experience or do you also or do these do these labs themselves kind of recruit or or or have some of their patient advocates come to this, this this Council the this this meeting?

ML **Michael Lane** 1:12:33

The.

This.

So so usually we relied on other researchers who may already be interacting with patients so directly patients rather than necessarily advocates.

But but I think it would be useful to explore the potential for connecting with advocates through your program, who may be interested in attending the meeting and speaking about their experiences.

This is not something that we have set in stone, but I think it's sort of thing we'd love to start conversations about with anybody who's interested.

DH **Dr. Brian Higdon** 1:13:19

Do you know if any of the the research that I was in Florida or or or otherwise collaborate with any of the trauma hospitals regarding like collecting like bio samples or like blood work or or other biological material for?

For like studying biomarkers or or analyzing like predictors of outcome.

ML **Michael Lane** 1:13:42

Yes, absolutely they they have been.

I I know that, for instance, University of Florida has been interested in looking at biomarkers for stroke to some extent, and I and I believe they may be looking at traumatic brain injury on the horizon and they are certainly obtaining samples through patients who who attend Shands and related hospitals.

I don't know beyond that at the University of Miami if they're doing similar things, they have been interested in looking at biomarkers over the last 10 to 20 years and certainly in terms of traumatic injury in, in individuals at University of to Florida have been looking at traumatic brain injury patients.

And I believe they have access to tissue samples as well.

So I'm not sure what researchers is being done in the future, but that's certainly something that we can explore, including as a session.

And so the one of the benefits of having these discussions now with you, everybody here on the call is that if people are interested in learning more about a specific avenue of ongoing research and developments or or things they might wanna hear about at our meeting, that's the sort of thing we can certainly look at incorporating into a session and inviting people specific to speak to those specific areas of interest. So we would like to basically keep this conversation going with everyone on the call and and as you may think of things in coming days to weeks after this phone call, if you have ideas about how we as a society might be able to help you and benefit the program in some way and vice versa, I'd, I'd love to hear from you.

Please feel free to to reach out to me anytime.

I'm happy to to share my email with you and I believe that can be shared if it has been already with everybody on the call.

Yeah.

And I'm happy to make time to continue the conversation.

DH **Dr. Brian Higdon** 1:15:40

Alright, thanks.

You very much.

I really appreciate it.

ML **Michael Lane** 1:15:43

Thanks very much everyone.

DH **Dr. Brian Higdon** 1:15:43

We, we.

ML **Michael Lane** 1:15:45

I I appreciate you giving me the time to come and speak and and hopefully we can keep this conversation going.

Thanks very much.

DH **Dr. Brian Higdon** 1:15:51

Of course.

Alright.

Can really do you know if I.

Uh, I'm gonna butcher the name. Danny.

Are Arlington and is it Magnolia?

 **Robinson, Kimberly S** 1:16:10

Yeah.

Dock Doctor Jaffe.

I see Doctor Jaffe is here.

Mr Armington is here and and of course, Kerry is on the call.

DH **Dr. Brian Higdon** 1:16:20

OK.



Robinson, Kimberly S 1:16:25

So here I think you wanted to share your screen.



Carrie Rayburn 1:16:29

Yes, I'll go ahead and do that.

Thank you.



Robinson, Kimberly S 1:16:32

OK.



Carrie Rayburn 1:16:36

Are you guys seeing the presentation?



Robinson, Kimberly S 1:16:36

And.



Mike Jaffee (Guest) 1:16:39

Not yet.



Robinson, Kimberly S 1:16:39

Not yet.



Carrie Rayburn 1:16:41

OK.

Can you pull up PowerPoint or does it need to be the PDF version?

Kim, do you know?



Robinson, Kimberly S 1:17:09

Uh, it whatever version you wanna share so.



Carrie Rayburn 1:17:13

OK, it's just not populating the PowerPoint.

So we'll go with the PDF version.

Hopefully that will be OK.



Robinson, Kimberly S 1:17:22

Yeah.

OK, so I can see your screen and I probably have the slowest Internet.



Carrie Rayburn 1:17:33

OK.



Dr. Brian Higdon 1:17:36

Yeah, yeah.



Carrie Rayburn 1:17:37

OK, great.

Alright, Doctor Jeff, you can go ahead.



Mike Jaffee (Guest) 1:17:42

Well, thank you so much for having us.

Thank you, Mr.

Robinson for inviting us and giving us an opportunity to really with excitement, introduce a new federal grant that the University of Florida has received to further developed brain injuries, supports throughout the state of Florida.

And we're looking forward to much further discussion with the brain and spinal Cord Advisory Council and the Department of Health on some mutual goals that we may have so that we might work together going forward and complement what we're each are doing to make advances in the brain injury space.

And as you heard, my name is Mike Jaffe.

I am the actually the chair of the Department of Neurology at the University of Florida, and I have the privilege to serve as the director of our Brain Center, which is uh brain injury rehabilitation and neuro resilience and talk to you about kind of this new grand and presenting with me today will be our collaborators on this from brain injury, Florida board President, Mr Denny Armington, who is a brain injury survivor who's going to tell you a little bit about the history and development of brain injury, Florida, and then Kerry Rayburn, who is the brain injury, Florida board director who will have some exciting announcements about some upcoming brain injury, Florida sense that you might wanna mark down on your calendar.

So I just took kind of a little bit of background about the the brain center is we kind of basically the big idea here is that we exist to bring together a community at the University of Florida of people who are interested in all things that have to do with acquired brain injury.

And so that includes faculty from a number of different departments from across numerous colleges.

And we come together to try and create a synergy trying to sort of learn from each other and create some innovative collaborations.

And our missions include sort of furthering this sort of preclinical and clinical advancements that can have translation to improve care.

We're also in very much involved in outreach initiatives and education and so.

Hopefully we're tracking along with the right slides.

Here we actually are home to one of the very few fellowship programs in a country that train.

Neurologist in how better to care for people with uh neural injuries such as brain injury or concussions?

We actually coordinate pretty closely with our state funded memory disorder center as there's a lot of overlap in some of these patients who were evaluating.

We actually are one of the designated sites from the National Football League where we have been selected to evaluate retired players who may have residual issues from their years of contact in the league.

Uh, we actually try and bring the community together through having a series of brain building seminars.

We've been doing those virtually since the pandemic, but it really sort of tends to reach a lot of people.

We've had an incredible amount of engagement from across the university campus.

We have been engaged in some outreach town halls from Hell St.

Looking at the brain effects of COVID and other types of aspects, we are very much affiliated with the McKnight Brain Institute and so we help manage the the skirt of funds we get from the state to kind of help, fund and promote these kinds of activities.

We have been involved in educating elementary school aspects on head injury and participating in bicycle helmet giveaways and this year we're very excited.

We were strongly associated with really writing the book that became the official manual from the American Academy of Neurology, which is meant for patients and

caregivers on navigating the complexities of concussion for people who've had concussion or some complications from that and so.

But so I think all that background I think led to.

That's getting this grant.

So this grant actually is a federal grant.

It's from the Department of Health and Human Services, so it's not your typical NIH research grant.

And within the Department of Health and Human Services, they have the administration on community living known as ACL, and that is the actual agency that managed administers the federal TBI Act.

And so we now have this partnership program and the purpose of the partnership with the State partnership program is to create and strengthen person centered, culturally competent systems of services and supports to maximize the independence and overall health and well being of people with TBI and those who support them.

So as a result of this partnership program, the ACL, the cat, the administration for Community living, they envision a world where individuals with TBI are gonna have more self-determination, independence, maximize quality of life, trying to get better coordination and streamlining a pathways to the services and supports that they might need.

Increasing the availability of the quality and person centered, evidence based services and supports, and so they do a lot of this through these partnerships with the state.

So in this cycle of grants, there were only two states who were able to kind of receive this.

So Florida was one of the states.

The other state was Wisconsin.

Umm we there is lots of other states have already benefited from this program.

So we're a little late to that party.

We're like #32.

I think I'm in terms of the states, but that just means it's it's well needed and deserved.

And so we're looking forward to, uh, maximizing the benefits of this.

And so the this grant, it's actually entitled building a system of resource facilitation for all Floridians with brain injury.

It's going to be implemented and collaboration with brain injury Florida, so I'm delighted that Mister Armington is here with us today.

I will be spearheading the University of Florida's efforts in this vital mission, along with my colleague Doctor Joe, about Samba.

 **Michael Lane** left the meeting

 **Mike Jaffee (Guest)** 1:23:43

UF is gonna work closely with brain injury Florida the founders, Doctor Drew Nigella and Mr Denny Armington to really leverage our collective expertise and resources. And this three year grant is really going to help empower our partnership to do really two big things.

One is to improve the statewide collaboration among brain injury services and care providers and improve the quality of life for Floridians with brain injury using utilizing what we're calling the sunshine Resource Facilitation Network that's meant to really enhance the resources of of the folks are getting it.

And then as you'll hear from Mr Armington that about into the other parts of this grant that we were been privileged to be asked to help participate in as to really help facilitate and and collaborate in any way we can with the state to help repay AMP a state plan for managing folks with brain injury.

And at this point, I'd like to turn it over to Mr Armington, the founding President of Brain injury, Florida, who I believe you've met before.

I think he spoken with this group before and Denny's gonna describe the specific work that brain injury Florida will be doing in collaboration with our UF Brain Center. So Denny?

 **Denny (Guest)** 1:25:01

Thank you, Doctor Jaffe.

And thanks to you, Kim and the Council for having us back, those of you who've been on the Council for a while may recall that we were here in April of this.

Year to talk to you about the creation of brain injury, Florida, I knew advocacy group UH for those who are dealing with brain injury, whether it's be traumatic or nontraumatic sources umm.

As you may recall, again, if you were part of that discussion, brain injury, Florida came about.

Uh.

Quite by happenstance.

Uh.

As a result of research project that we had engaged with the Florida juvenile justice system, researching the impact of traumatic brain injury on juveniles.

Justice involved juveniles and recidivism as a result of that, and as we were proceeding with that research project, which was focused on, among other things, sustainability of this program found out that brain injury association of Florida or predecessor, had actually gone out of business, ceased to to operate in 2019.

So we decided at that point in time that certainly the state was in need of an advocacy program for brain injury and decided that at that point in time that we would resurrect a replacement advocacy group, statewide advocacy group and creating brand imagery.

Florida at that particular point in time, we incorporated as a Florida.

Uh, in the state of Florida in August of 2022 and received our IRS501C3 designation in March of this year.

So we are very new and uh, finding our way in terms of creating again a outstanding advocacy group, purpose of brain injury, Florida is to improve the quality of life for all Florida residents who have sustained either again as I mentioned a traumatic or non traumatic brain injury by promoting effective awareness, education outreach, treatment prevention and advocacy.

 **Fernandez, Aleskia** left the meeting

 **Denny (Guest)** 1:27:16

So let's go on to the uh, the next page, as Doctor Jeff indicated, we have been as a result of the teamwork with the University of Florida and the brain center particular the recipients of an ACL grant.

Umm.

As after Jeff explained.

This grant has specific designations in it in terms of what the ACL.

The administration for community living expects from this my particular expenditure of funds, and we are very much looking forward to a cloud of work plan which will speak to, among other things, that needs assessment or updating the needs assessment come.

Umm.

As well as developing the Sunshine Resource Citation network to include telephoning information, referral services, website and outreach materials.

And the developing a trained resource facilitation group available again statewide and also a database to measure the outcomes and track processes.

And the outcomes of resource facilitation provided and also a sustainability plan for the entire state of.

Florida, when this graph runs out, it is a three year grant.

Focusing again on resource facilitation, so we think we are well positioned to to work with that process and the expectations.

Umm, we're also interested or looking forward to the opportunity to collaborate with not only brain and spinal cord injury program and Advisory Council but also form of health in working on the updated state plan for TBI.

As Doctor Jeff indicated previously.

Let's go to the next page.

OK.

Thank you.

In this new system of care that we're putting together, the initial point of contact will most likely be through the brain injury information line or blue, as we refer to it.

And the line is intended to provide basic information about acquired brain injury and about brain injury resources that are available to callers in the region where they live within the state of Florida, volunteers will be used to man this information line and we'll respond to messages that are left at the national Brain Injury Information Center from callers with a state or a Florida area code.

Our volunteers will be notified of callers, contact information by a BIFF neural resource solicitation supervisor who will, uh.

Document those calls and would be expected to return the call within two business days of actually being left within the system.

Volunteers will receive act this certification, brain injury fundamentals training as well as training on active listening and empathy should be critical in terms of working with survivors and their families.

They will also receive training on how to access the brain injury floor to database and to look up resources in the callers county and on how to record their activity in in the uh in the database.

Next slide please.

Umm callers to the information line with complex needs will be referred to a neural resource facilitator who work directly with individuals and families to provide resources, support, assess needs and collaborate with community members.

CR **Carrie Rayburn** 1:30:55
Yep.

D **Denny (Guest)** 1:31:06
Service providers for the purpose of providing one on one care navigation support volunteers will need to be able to have access to computer and phone and be able to communicate verbally and and writing and need to have up to 10 hours of time per week available.
Interested.
Uh.
And available for these types of activities should you know of someone should you know if someone that might be interested in assisting us in that role, please have them.

CR **Carrie Rayburn** 1:31:29
There's.

D **Denny (Guest)** 1:31:39
Email me at the email address listed on the slide.
Next slide please.
Uh, new neural resource facilitation as referenced.
Will be, uh, the opportunity for face to face interaction with those survivors and her family members in need of complex assessment and resource facilitation.
Umm, successful candidates for these particular roles will be healthcare professionals and certified with certified brain injury specialist lady training.
They will be expected to provide short term care management to identify brain injury needs.
Uh, identify services and supports that could meet those needs.
I'll be expected to give at least three opportunities to the caller or the person in need for uh.
The dressing those particular issues that will assist individuals while they identify and

resources that could pay for these services will link individuals with families with applicable local resources and ensure access to identified resources.

So it's a lot more than referral.

Will also make sure that people actually get into the services they need.

We also anticipate that much of this communication will be done over the phone, but we also anticipate and expect that they neural resource facilitators will be face to face with uh uh.

Those in need, as the demand requires it.

As I mentioned previously, requirements for our neural resource facilitator applicants includes a bachelor's degree.

We prefer masters degrees that possible valid driver's license so that they can be in face to face contact with those in need.

That five years of professional experience working with individuals with brain injury, either as a care or case manager, rehabilitation professional or or in a related healthcare field.

You know, if someone who might be interested in that particular role, we're looking for four part-time individuals to begin with in concert with the grant expectations and resources.

Please have them send their interest to Doctor Nagel and his email is listed on the slide.

With that introduction, would like to take a break and ask for any comments and or questions that you may have about the information we've just provided to you. So. Any questions?

DH **Dr. Brian Higdon** 1:34:30

I'm Dan.

Has his hand raised?

Dan, you wanna go ahead?

D **Denny (Guest)** 1:34:40

Uh, you don't mute.

There you go.

DH **Dr. Brian Higdon** 1:34:52

Dan.

Then it looks like you're muted.

All right, I have a question.

Then hopefully after that Dan will be able to speak.

He's saying he can't unmute.

If you wanna type in your question and we can address it that way that that that may be an option here.

UM, so it seems like this is something that's very similar has been done in other states.

UM, through this ACL grant.

Is that correct?

D **Denny (Guest)** 1:35:35

That's correct.

As Doctor Jaffe indicated, there are 30 existing ACL grants through the state TBI partnership.

DH **Dr. Brian Higdon** 1:35:37

The job.

D **Denny (Guest)** 1:35:45

Uh grant program.

So Florida's is #31 and or 32 depending on uh.

How you count that?

As Wisconsin was the other one to receive the most recent grant.

DH **Dr. Brian Higdon** 1:35:58

Alright, so it's a grant, but it's pretty much the same program is being.

Perform 8 state came on and on on a state by state basis.

D **Denny (Guest)** 1:36:08

They are currently the current grant funding.

Is focused on resource facilitation, so.

Depending upon when the the programs can't access to the grant system, yes, they are focusing.

Currently, when the grants were renewed on resource facilitation, which gives us

great opportunity to share experiences, successes, maybe things that weren't quite as effective with the input from the constituents, so.

DH **Dr. Brian Higdon** 1:36:43

Alright, it seems like the NRF position that you were kind of soliciting for, that's a paid position because it's like you're expecting bachelors or masters level training. Is that correct?

D **Denny (Guest)** 1:36:53

That's correct.

DH **Dr. Brian Higdon** 1:36:54

OK.

And then but the but the first, the first point of contact is kind of manning the phone line.

Those are volunteers.

How do you guys do in other states with with recruiting volunteers?

Is that it?

Is that pretty easy to find volunteers because there's a lot of people that have gone through this or or is that more difficult situation?

D **Denny (Guest)** 1:37:14

It has been very effective.

We are blessed to have the involvement of Doctor Drew Nagle.

He unfortunately couldn't be with us on today's call, but he resides in the state of Pennsylvania's part of the Brain Injury Association of Pennsylvania, and they have been very effective at responding to the brain injury information line calls and use volunteers.

 **Dan** left the meeting

D **Denny (Guest)** 1:37:42

And that that manner as well so.

DH **Dr. Brian Higdon** 1:37:45

All right.

Did these programs have other funding besides this?

This large ACL grant?

 **Dan** joined the meeting

D **Denny (Guest)** 1:37:52

Uh, it's it's common to have other funding opportunities, some provided by the States and some not so pretty with the other private sources, foundations.

That's not uncommon.

DH **Dr. Brian Higdon** 1:38:05

For this for both you guys have outside hundred other funders too.

D **Denny (Guest)** 1:38:10

We don't at this point in time, it's all either individual or corporate donations so far.

DH **Dr. Brian Higdon** 1:38:17

But you don't have those individual corporate donations yet.

D **Denny (Guest)** 1:38:21

No, we have.

We've already had several corporate donations.

Fortunately, that's giving us some some resources to implement programs.

DH **Dr. Brian Higdon** 1:38:25

Alright.

Right.

Which corporations are are providing that funding?

D **Denny (Guest)** 1:38:37

Uh, most of them are healthcare related so far, but not necessarily direct.

Excuse me?

Direct providers.

But UM includes those with common interest in.

Resource availability for survivors and or family members and including professionals.

Because we also have a focus on that, our first activity, excuse me.

Activity is a new corporation actually happened last March where we put on our first annual educational program, which included invitations to survivors, families, professionals interested in Ohh providing resources and services too.

Survivors of brain injury.

DH **Dr. Brian Higdon** 1:39:24

OK, so so who are these corporations like?

Like what are the what are the like?

Is it like too many lists or like what are the actual corporations funding the the BIFF program?

D **Denny (Guest)** 1:39:36

Or yeah, this a handful of folks.

I mean we but give you an example, one is.

Actually, uh.

The Par Umm Corporation they provide those of you who may have have slightly cytologists in the group may understand or recognize that name as they are publishers of of information regarding.

Brain injury and or psychological testing related to the treatment of brain injury.

So there are obviously very interested in this field and we're we were fortunate to get there.

There were the first corporate donor.

MJ **Mike Jaffee (Guest)** 1:40:19

So I mean I can just, I can just add from the university perspective, one of the things that's most attractive for us is that brain injury, Florida is beneficially recognized by the Brain Injury Association of America as one of the main representatives as a state agency.

DH **Dr. Brian Higdon** 1:40:19

How do you spell that?

MJ **Mike Jaffee (Guest)** 1:40:35

And so via as the National Group of Advocacy group, they have recognized organizations within each state.

So our prior BIA state recognized group.

Yeah, isn't really operating anymore.

So BIF is the only current one that I'm aware of that BIA has told me about.

And so having that connection, one of the things that we are planning on using as we kind of meet the needs of this grant is the resources and expertise via the national Brain Injury Association of America and their network.

So they have a lot of experience with training, training, medical professionals, training caregivers.

And so we're gonna be tapping into that expertise to help develop what's needed to kind of meet the needs of this grant in Florida.

So having that connection is, uh, you know, just from a straight academic perspective that also ties us into the National Association of State head injury associations.

And so just kind of tying in the state to the national aspects, I think is a very attractive part of this grant.

DH **Dr. Brian Higdon** 1:41:40

Sure.

Alright, what's part you?

Is like a psych psychological like psychology.

Association or something?

 **Fernandez, Aleskia** joined the meeting

D **Denny (Guest)** 1:41:51

They're a publisher of psychological tests and assessments.

DH **Dr. Brian Higdon** 1:41:57

OK.

All right.

Are some of the people are some of the corporations that that are?

That are pain towards the program.

Are they also ones that are getting referred back from the the facilitation network?

D **Denny (Guest)** 1:42:17

No.

And you may recall, one of the things that we are very adamant about is that first of all, the caller or the interested party receives an assortment of referrals depending upon where they live in the state, they're all be hopefully geographically appropriate depending upon the availability that service, so that they get at least three opportunities for which they can choose the provider of their of their choice. So this is not in any way shape or form a pay for play type of situation.

DH **Dr. Brian Higdon** 1:42:54

OK.

D **Denny (Guest)** 1:42:55

So the contributions don't result in in leadership.

Umm. Roles.

Uh, that's we have our board.

DH **Dr. Brian Higdon** 1:43:02

Gotcha. Gotcha.

D **Denny (Guest)** 1:43:04

Lot bylaws have very strict restrictions against that so.

DH **Dr. Brian Higdon** 1:43:09

All right, I'm glad to hear.

D **Denny (Guest)** 1:43:11

Now.

Well, the question I had is.

DH **Dr. Brian Higdon** 1:43:13

Yeah, because I mean.

2 2f4d31ca-63ce-4969-9e72-631f50ce97ce 1:43:14

So.

D Denny (Guest) 1:43:16

Hand up.

DH Dr. Brian Higdon 1:43:17

Yeah. Good.

D Dan 1:43:18

Yeah.

Can you hear me now?

D Denny (Guest) 1:43:20

Yes, Sir.

MJ Mike Jaffee (Guest) 1:43:21

This.

D Dan 1:43:22

Ohh.

Ohh great.

So I'm curious about the rehabilitation, but myself I was a I had a brain injury, acquired brain injury 20 something years ago and I remember going through rehabilitation and that basically they just told me, you know, you're going to get what you get back and that's kind of it.

And the rehabilitation was, I don't know, it wasn't really much that they could do at the time.

And and I was just curious what what the evolution of that has been over time over the last 20 years, I remember you know something that I did was which I thought was really beneficial for me was learning something new.

I started playing music again.

Umm.

I'm a cellist, umm, and I learned to be an engineer and I think that.

D **Denny (Guest)** 1:44:13
Ah.

D **Dan** 1:44:17
Really helped me and I'm I'm just curious if we have any data that shows you know how learning new technologies, learning new information, help to bring injury victims, a reacquired dynamic thought and dynamic learning.

D **Denny (Guest)** 1:44:36
Yeah, that's.
I'm sorry.
Go ahead, Doctor Jeff, you're better.

MJ **Mike Jaffee (Guest)** 1:44:39
That's it.
That's a that's a great question.
I'd say one of the things that is exciting about being in the medical field and about being in this field in particular is just seeing the evolution advances that happen.
A lot of things in eurology are so much different than they were 20 years ago, so I think there have been some advances in rehabilitation, and those advances really from quite big picture perspective.

D **Dan** 1:44:55
Yeah.

MJ **Mike Jaffee (Guest)** 1:45:01
Without getting into all the details, I think they've been trying to kind of link the scientific outcomes looking at sort of biomarkers outcomes to linking it to trying to do things to promote plasticity and things along those lines.

D **Dan** 1:45:05
Sure.

MJ **Mike Jaffee (Guest)** 1:45:16

And it used to be thought that the only thing that you had going on was the neuron part of the brain.

But now we're looking.

We now realize there's so many other aspects that goes into plasticity of other supportive cells that are there in the brain called glial cells.

How sleep has to do with kind of the accumulation of degradation products and trying to maximize that there's uh incorporations of technology using robotic types of things using more and more targeted cognitive rehabilitation types of aspects that are kind of being meant to be much more efficient.

And what they're doing is people have heard about the emerging roles of AI and the context of medicine.

And so some of that is being used to try and make more efficient what's happening there.

D **Dan** 1:45:58
Yeah.

MJ **Mike Jaffee (Guest)** 1:46:02

One of the researchers we've had here has been, uh, if you do a lot of intensity, you're able to get more improvement than than the standard rehab that would be approved and the in the common medical system.

And so I think what has happened over that time is trying to find out then how can you make that more efficient?

Which parts of that intensive treatment were really the most effective and maybe we can kind of hone in on on those?

So I think there's ongoing development here at the University of Florida.

We, uh, are fortunate and we just one of our newest departments in the College of Medicine is Department of Physical Medicine Rehabilitation.

They only became their own department a few years ago and I think that part of that was the university recognizing that the advancing science said it was deserving of its own department and so on.

And so.

So I think there I think the research goes on and continues.

And so I think and and it will continue to continue.

So I think that I think now when we look back 20 years ago, there's a lot more

advances and I am hopeful and and do expect that 20 years from now when people look back to today, they can also point out to how much more advances they they had then compared to now.

D **Dan** 1:46:56

Yeah.

So thank you for that.

So so my injury was diffuse.

You know, I I hit a tree on a mountain bike and had axonal shearing.

Umm.

And was in a coma for three weeks.

But it's interesting because you know.

The.

What I thought that, you know I was doing was just rebuilding those those neural pathways in my brain, reestablishing that and and learning how to think dynamically again.

And like I said, I think learning new to technology is learning new things has really helped me to overcome that.

So it'd be interesting to see if there are any like.

Clinical trials with, you know, be hard to really describe or the endpoints you because it is.

It is such a.

Diffuse.

You know injury.

It can be, you know, so many different aspects of the brain.

That are involved.

MJ **Mike Jaffee (Guest)** 1:48:13

Yeah, there are.

I mean, one of the debates in rehabilitation medicine and science is when you do research, what is your endpoint?

You can look at a functional brain scan and say, OK, there's some improvement there, but then the other part of that equation is how does that translate to real-world function?

And so we wanna find research that where we can improve function and have a correlating reason as to why that is by looking at the objective biomarker.

D **Dan** 1:48:30
Yeah.

MJ **Mike Jaffee (Guest)** 1:48:38
So it really is evolving and I think sounds like you had a favorable outcome and so and that's led to your passion.

D **Dan** 1:48:46
Yeah.

MJ **Mike Jaffee (Guest)** 1:48:48
It turns out one of our main researchers here was just sharing with me his own personal history of having had a head injury, an early age, and it really shaped his his interest as a researcher.

D **Dan** 1:48:50
Yeah.

MJ **Mike Jaffee (Guest)** 1:48:57
And I think so.
One of the exciting things about the research community at the University of Florida is that so many of the people who are involved in this do have a personal connection and and which leads to a personal passion and and and my personal favorite part of it is a desire to work together.

D **Dan** 1:49:14
Yeah.

I mean when I I also I worked at Duke University Medical Center.
I worked at the Duke Uncle Research Institute and I have the academic research organization.
When doctor Caliph was guiding the DRI, he's moved on to bigger and better things.
But anyways, I always wondered if if you could how you could do a clinical trial with

brain injury.

Could just because it's so fast, you know?

MJ **Mike Jaffee (Guest)** 1:49:40
Right.

D **Dan** 1:49:41
But anyway.
So.
Thank you.

MJ **Mike Jaffee (Guest)** 1:49:46
You're welcome.

D **Denny (Guest)** 1:49:48
Yeah, Dan, that's a great question.
One of the things that we take very seriously, and hopefully it can augment is the exchange of information.

DH **Dr. Brian Higdon** 1:49:50
Thank you.

D **Denny (Guest)** 1:49:57
Now if within the state, as we represent all those professionals interested in uh assisting folks with brain injuries, but also to import information.
Doctor Jaffe had mentioned brain injury, Association of America and they have broad and in-depth resources that we can take advantage of, but also through the ACL grant we have access to other national organizations that are constantly working on not only basic research, but applied research regarding brain injuries.
And we will look to make sure that we're bringing continued to bring that information to our Florida constituents.
So looking forward to that great question.

D **Dan** 1:50:37

Cool.

Thank you.

D **Denny (Guest)** 1:50:42

Any other questions before we move to carry and she can bring you up to date on our current activities?

Is.

DH **Dr. Brian Higdon** 1:50:49

Ohm.

It OK if you can kind of and maybe carry can can speak to this as well, but I could you like compare and contrast what the sunshine resource Facilitation network would do in comparison to the to the BISKIT program.

MJ **Mike Jaffee (Guest)** 1:51:04

I'll.

I'll just give a I'll give a 40,000, but I'll give a 40,000 foot view and then at any answer.

D **Denny (Guest)** 1:51:05

Yeah.

OK. Please.

MJ **Mike Jaffee (Guest)** 1:51:09

So my understanding is it is it is building on that foundation and expanding it is not replacing.

DH **Dr. Brian Higdon** 1:51:16

Of course.

Yeah.

MJ **Mike Jaffee (Guest)** 1:51:17

OK.

D **Denny (Guest)** 1:51:17

Yep.

DH **Dr. Brian Higdon** 1:51:17

Umm do you guys see it as like longer term than what bees skip does because we skip is a little bit time constrained.
Is there others like?

 **Wanecski, John M** joined the meeting

DH **Dr. Brian Higdon** 1:51:28

How does it augment?
What?
Or maybe augment is not the right word, but how does it interact with or interface with B?
Skip or or?

D **Denny (Guest)** 1:51:36

Now make inner interface is the the operative were at least that we hope for to work closely with these skip.

DH **Dr. Brian Higdon** 1:51:41

Yeah.

D **Denny (Guest)** 1:51:43

I mean, one of the elements of differences that we skip or brain injuries, spinal cord injury program is focused on traumatic brain injury.
As I understand it, Kim, you can correct me if I'm not right.
But again, Biff or brain injury, Florida is focused on acquired brain injury, so that includes not only traumatic but also nontraumatic.
So there'll be plenty of opportunities for us to work together.
I think it's incumbent upon us to to take advantage of those opportunities.

MJ **Mike Jaffee (Guest)** 1:52:11

And then I would add that some of the conditions of the grant spelled out.
By ACL R2 work in tandem with the current state systems that are in place via it through biskit, be it through Department of Health.

And so we're looking forward to starting that because we want to be a force multiplier of what is happening now.

DH **Dr. Brian Higdon** 1:52:34
Mm-hmm.

D **Denny (Guest)** 1:52:37
Thank you.

DH **Dr. Brian Higdon** 1:52:37
I I am not getting that I like karega.

D **Denny (Guest)** 1:52:37
Kerry, you wanna?
I'm sorry.
Just going to ask Carrie, you want to bring us up to date on some of our activities?

CR **Carrie Rayburn** 1:52:49
I think we had one more question.
Did you have one more question?

D **Denny (Guest)** 1:52:51
No, I'm sorry.

DH **Dr. Brian Higdon** 1:52:53
Go ahead, Kate.

CR **Carrie Rayburn** 1:52:55
OK.
We just wanted to talk a little bit about some of the upcoming things that we have going on for brain injury Florida and the first one that I wanted to mention was about our conference.
Denise spoke about it earlier that we had one earlier this year in March, but we have one planned for May the 9th at Hillsborough Community College.
Umm, this is kind of a save the day that we have posted here.

So we're we're sending out registration will be opening soon, but we just wanted to make sure that we listed that for you guys.

There's an opportunity to earn up to five CPUs, and we offered those last year and plan to next year for the social workers, psychology, petot speech, nursing and certified rehab counselors.

But as Dennis said, it's also open to family members and survivors as well.

I'm gonna stop sharing the screen for a moment because I wanted to share our new website with everyone.

Let me pull that up really quickly.

Are you guys seeing that now?

D **Denny (Guest)** 1:54:04
Yes, ma'am.

MJ **Mike Jaffee (Guest)** 1:54:04
Yep.

CR **Carrie Rayburn** 1:54:05
OK, great.

So just a couple of things that I wanted to highlight about our new website, the brain Injury Information Line is listed here where people can call and ask about services in their area.

We have information about BIF that we reviewed with you guys today and then some information about brain injury including mild brain injury and concussion and again Denny, Denny said.

This is focused on anyone who's affected by any acquired brain injury.

So you can Scroll down through here and see what that consists of.

I wanted to highlight the how we can help.

So there are information, referral, education and training, so the courses that we had last year are available to take online.

So those are listed there.

There's an opportunity for five CPUs there.

We have complementary organizations here.

I spoke with Becky from our Resource Center and Kim at one of our meetings and we were able to get information for these skips programs and their Resource Center

there as well.

Umm.

And then we have a get involved page where we have a volunteer opportunity.

0 **001d08cf-5a29-4aaa-828f-49effb22acc0** 1:55:12
OK.

CR **Carrie Rayburn** 1:55:17

So that's kind of what we've been speaking on.

It's taking a little bit to load that apologize.

One of the things that I wanted to highlight also is we have our committees, so those are always open for volunteers.

They're listed here on our volunteer page.

If anyone is interested in joining brain injury Florida, it lists the committees that we have a little bit about those and then the contacts for that.

So each of the committees are chaired by a board of director, and then we have a submit to database page which is really great.

It's way the way we're kind of collecting information about services in Florida that are available to people.

So a service provider can go in and insert their information and it goes to our database.

0 **001d08cf-5a29-4aaa-828f-49effb22acc0** 1:56:01
The.

CR **Carrie Rayburn** 1:56:03

So we're encouraging people to do that as they're able as well.

Wanted to mention our events that we have, we have the conference coming up like I said, but we also have our walk run role and that is going to be on January 27th in the Orlando area.

So that's gonna be a big fundraising event for brain injury Florida.

We're hoping to have possibility of doing virtual walks as well for people across the state, UM, and then the the CU courses.

You can see those listed out there specifically.

So just wanted to share that website with you guys.

We're very proud of it.

Umm.

We've done a lot of work to it, so it's nice to be able to make changes as we need to.

I'm gonna change this back to stop sharing that page and go back to our presentation really quickly.

And there is our website soitsbraininjuryfl.org.

We also have a Facebook and Instagram page where we're posting on those as well.

So we would love for you guys to follow us on those accounts.

And then there's the information specifically to our Walker.

Enroll that we have coming up.

DH **Dr. Brian Higdon** 1:57:24

For that conference are are, are they still accepting applications for presenters?

CR **Carrie Rayburn** 1:57:30

Yes.

DH **Dr. Brian Higdon** 1:57:31

Alright, I'll to let my brain is your colleagues know.

CR **Carrie Rayburn** 1:57:35

Thank you.

All right.

Or does anyone else have any other questions for us as a group?

KM **Kevin Mullin** 1:57:45

Does anyone else have any other questions for us to do?

This is Kevin.

And again this correct me if I'm wrong, the brain injury Florida, this was all your 501C3 went in this year under status.

Is that correct?

D **Denny (Guest)** 1:57:59

That's correct.

KM **Kevin Mullin** 1:58:00

That's correct.

You.

Well, kudos to you all for not only establishing a brand new website, acquiring funding, but also being able to market and get out there this big that quick.

That's quite impressive being in both the for profit and nonprofit sectors around neurological.

I know what undertaking that is.

So you've all done a phenomenal job it looks like.

D **Denny (Guest)** 1:58:21

Thank you.

CR **Carrie Rayburn** 1:58:22

Thank you.

Alright.

We appreciate you guys letting us have time to speak with the Council today.

MJ **Mike Jaffee (Guest)** 1:58:33

All right.

Yep.

Thank you.

We are very excited about what we see is a dynamic academic public and an advocacy partnership.

And so I'm hoping, and I think when you have those kinds of partnerships, it really I think benefits everyone involved.

So we're very much looking forward to it.

D **Denny (Guest)** 1:59:01

Thanks so much.

That doctor ignore will turn it back to you.

CR **Carrie Rayburn** 1:59:04

Yeah.

DH **Dr. Brian Higdon** 1:59:05
All right.

MJ **Mike Jaffee (Guest)** 1:59:05
OK.


DH **Dr. Brian Higdon** 1:59:05
Thank you very much.

 **Casey-Sawicki, Kate** left the meeting

DH **Dr. Brian Higdon** 1:59:06
Thanks for coming and presenting.

D **Denny (Guest)** 1:59:06
Thank you.

DH **Dr. Brian Higdon** 1:59:07
Very interesting.

 **Robinson, Kimberly S** 1:59:07
Thank you.

MJ **Mike Jaffee (Guest)** 1:59:09
Thank you.

DH **Dr. Brian Higdon** 1:59:09
Yep.
All right.
We do have to jump back into the middle agenda back to where we were before.

 **Denny (Guest)** left the meeting

DH **Dr. Brian Higdon** 1:59:19

UM, uh.

What was the?

Sorry, I had a thought during the other meeting.

 **Mike Jaffee (Guest)** left the meeting

 **Dr. Brian Higdon** 1:59:29

How the public or in it well, uh, we'll get back to the the the quality Committee, so I'm fine my agenda here.

 **Robinson, Kimberly S** 1:59:42

Performance and quality improvement.

 **Dr. Brian Higdon** 1:59:43

Yeah, the words are quite increment.

Madonna, are you still on?

 **Robinson, Kimberly S** 1:59:57

I don't see her.

 **Dr. Brian Higdon** 2:00:00

OK.

Umm, that probably means that we lost quorum as well.

 **Robinson, Kimberly S** 2:00:03

Uh.

Yes, Sir.


We lost our quorum.


 **Dr. Brian Higdon** 2:00:09


Ah, OK, yeah, alright.


Do you have the meeting minutes handy from that meeting?


 **Chester, Don** left the meeting


 **Dr. Brian Higdon** 2:00:18
My last uh on.

 **Robinson, Kimberly S** 2:00:19
I.
I do not.
I do not have them handy here.
Let me see if I can go pull them up real quick for you.
I gotta get through all my screen here.


 **Dr. Brian Higdon** 2:00:38
Yes, especially the virtual.

 **Robinson, Kimberly S** 2:00:41
One moment.

 **Dr. Brian Higdon** 2:00:41
Just just multiply.

 **Robinson, Kimberly S** 2:00:43
OK, PQ, I right here.
So let me pull up the agenda.
I don't have the minutes from our October 5th meeting.

 **Dan** left the meeting

 **Robinson, Kimberly S** 2:00:55
Let me pull up the agenda.
So on the agenda.
Umm, we talked about.
Events that were coming up that perhaps we could participate in, the Florida Medical Association Conference, the FPR in conjunction with Pain Management Conference, the 32nd annual surviving trauma in November, we were following up on the Florida PMR Association utilizing the CMS website.

When it comes to putting together our facility survey that Becky is has been working on and how we want to push those out to different facilities and what the method will be for that, I'm, they'll be done SurveyMonkey.

DH **Dr. Brian Higdon** 2:01:37

And then.
Yeah, yeah.

 **Robinson, Kimberly S** 2:01:48

And they'll be done through SurveyMonkey.
Umm, so we we followed up on our.
Like I said, our survey questions and Becky has been working on those to present at the next meeting.
Umm, we talked about.
Ohm.
Uh, the rehab centers and the trauma hospital referrals.
And where are we getting our referrals, you know primarily from and we talked a little bit about.
Ohh, tracking the homeless referrals that we get people that are homeless, how do we handle that?

DH **Dr. Brian Higdon** 2:02:23

Mm-hmm.

 **Robinson, Kimberly S** 2:02:27

And that's that's all that I really have on this agenda here.

DH **Dr. Brian Higdon** 2:02:31

Alright.
Umm, thanks for reviewing that.
Any anyone from the larger Council that would like to kind of bring in any business up that that the performance and quality improvement should discuss?
Umm.
One thing that we had talked about, I kind of on some emails was that to hear more from B skip about how they.

UM.

Not only respond to disasters, particular hurricanes since we're in Florida, but then how?

How we communicate to the clients?

Umm how to?

Prepare personally, but then also connect with state state.

You know, for first responder resources?

Umm, so I'd like, uh, I'd like that at a uh added to the agenda for for that next subcommittee meeting.



Robinson, Kimberly S 2:03:37

Right.

So do you wanna go into new business and look at the proposed change to bylaws?



Dr. Brian Higdon 2:03:51

Sure.

I I was just doing a little bit of space for people to think about anything for the, for the performance and quality improvement, but we can move on.

To the performance and bylaws.

Uh, there's there's one recommended change.

Kimberly, do you have that language in front of you?

Umm.

And it pertains to lovely.



Robinson, Kimberly S 2:04:15

Yeah.

I think Rob's get robbed.

Gonna pull it up for us.



Dr. Brian Higdon 2:04:17

Yeah, we won't be able to vote on this, but it's just something for for council members to review.



Robinson, Kimberly S 2:04:25

Uh, it scrolled down.

Rob, I think I have it highlighted.

Thank you, Sir.

So it's really relating Article 5 Special Committee, Section 2, Special Committee membership.

If you Scroll down just a little bit more rub I think I put in with the proposed changes.

There you go.

Nope.

Nope.

There you go.

So what is highlighted is what the current language is and what is in red is what at our April meeting we discussed about changing or memberships or members for the the subcommittees and attendance.

So I don't know if y'all can read it.

What it currently says is Special Committee members may be removed from service on the special committee by the Special Committee Chair and coordination.

You're moving around on me and coordination with Council chair and the B Skip Section Administrator, Council director for Mel fans, Mel.

Mel fiance.

Miss fiance.

Negligence of duty, incompetence, or permanent inability to perform official duties, or for pleading no content ray.

Or I'm so sorry.

Too, or found guilty of a crime.

The proposed change is a special committee members position on a subcommittee will be vacated if the Council member is unable to attend 2 consecutive subcommittee meetings at any point in time.

A Council member has the option to be reinstated by making a request and attendant of the subsequent committee subcommittee meeting.

That's a mouthful.

 **Dr. Brian Higdon** 2:06:17

Yep.

Umm.

So I'll tell you a few things, but I'd really like to entertain some some other opinions about this.

Umm, the.

I really didn't time this is just to help our our special committees kind of operate more smoothly, because sometimes those those means are not as well attended as we may like.

And then you know, if we can't kind of make certain motions and things like that because of attendance, not being able to Chief Corum and being kind of a, A, a subcommittee kind of thing.

 **Chester, Don** joined the meeting

 **Dr. Brian Higdon** 2:06:59

Want to kind of make it easier, smoother process to to achieve quorum by removing people who don't who are not able to consistently attend.

What are?

What are people's thoughts on this?

 **2f4d31ca-63ce-4969-9e72-631f50ce97ce** 2:07:19

This is Jill, and I agree for that exact same.

That exact reason we've been held up on things going, getting through the final process for approval.

I think one of the a good example is the survey out to the the the changes in the survey and the questions.

That we want to gain insight from and getting those out it it's it took multiple months just to try and get an approval on those on that survey so that it could move forward to the next step to have the approval by the state.

So it could get issued out.

So I think it'll improve our timeliness.

You know we everybody gets that.

You know, people have difficulty.

You know, we all have busy lives and things like that.

And so, you know, it's not not to be taken personally if if you can't attend, we want, you know, we just wanna be able to move things forward. So.

 **Dr. Brian Higdon** 2:08:09

Yep.

I had a question for Kimberly.

Some of the previous language kind of talks about kind of, uh, kind of punitive situation.

Are these also conditions that people would be removed from the Council itself?



Robinson, Kimberly S 2:08:43

Well, there's another section on actual council.

So we'd have to go up by.



Dr. Brian Higdon 2:08:47

Is this the same language?



Robinson, Kimberly S 2:08:51

I would have to go up and read it.

Rob, if you could scroll up on that.

I know it talks about, you know, missing like more than I believe 2 consecutive meetings.

So sometimes when we keep track of the agenda on, I'm sorry on the attendance or our Council meetings and when I noticed that, you know, there's some Members who haven't participated in anything in quite a while.

What I do is I send out an email to that Council member asking them if they still would like to keep their appointment on the Council.

Are they still interested or were you know is there intention to resign?

So sometimes when I send those letters out, it helps participation with that Council member and I do know that there's some Council members because of conflict.

But with her work and the time that we have our meetings, it's just impossible for them to attend every single one.



Dr. Brian Higdon 2:09:51

To it.



Robinson, Kimberly S 2:09:59

Keep going up, Rob.

I think it's towards the top.

Right.

Stop.

Stop right there.

So you have membership.

Ohh look, I'm pointing at the screen like you guys can see me membership, resignation, termination and absences.

Absences is what I believe you're asking for.

Or asking about in the me find the paragraph here.

So it is the third paragraph down at the bottom.

It starts out as if any Council member is absent for two consecutive meetings without notice, their second consecutive absence will be considered as a voluntary resignation absence due to military service requirements or exempt from this provision.

So like this last email that went out, you all noticed and I've been doing it.

And I know Caitlin has been doing it is we're requesting if you're not able to attend, to notify us that you're not able to attend.

And so for this meeting, there were actually 3 Council members who noticed that they were not able to attend because they had other engagements.

So that would be what I would consider, and for lack of better words on the attendance thing I put as excused because they noticed that they weren't going to be able to attend it.

That would, I think, fall more towards the category of those Members who just don't tell us they're not going to be attending and just don't show up and don't participate.

And there are a few.

 **Dr. Brian Higdon** 2:11:38

OK.

Umm.

If there's no more comment here, uh, we'll have to table this again.

Because of this recurrent problem of of of not meeting quorum, but at least we can address this if this is passed and we can address this on the on a sub or or on a committee level on a special committee level if not that.


The next order of business I did want to go back to the Public Awareness Committee.

I do.


We want to.

Don't know how this works without a quorum, but do you want do US members want to make a referral to one of the two of the committees, particularly the to Public Works Committee?


Regarding umm, kind of in an overview and the further discussion on B skips interaction with I with brain injury Florida in there and their new network program.


 **Robinson, Kimberly S** 2:12:40
If if I can interject on that.


 **Dr. Brian Higdon** 2:12:44
And.


 **Robinson, Kimberly S** 2:12:46
This would not be the meeting to bring up the discussion of the grant between the University of Florida and BIF this is a there is a special meeting that's going to be coming up about that that I will be attending.

 **Dr. Brian Higdon** 2:13:01
OK.

 **Robinson, Kimberly S** 2:13:03
This this would not be the meeting to discuss that at this time due to the scope of the Council, which your position is and what your position is for B skip.

 **Dr. Brian Higdon** 2:13:09
OK.
Alright, I understand.
Alright, so the the Council recommendations.

 **Robinson, Kimberly S** 2:13:33
I think we lost Doctor Higdon.
You froze.

 **Kevin Mullin** 2:13:39
I have the same on my end.



Robinson, Kimberly S 2:13:45

I think he was going in to ask about Council recommendations, perhaps for our next meeting in May, which will be a face to face meeting.



Carrie Rayburn 2:14:00

Kim, I know earlier this year we had our face to face meeting in the Tallahassee area. Is that where we'll be looking again this year or for next, the next meeting or do you not know that yet?



Robinson, Kimberly S 2:14:12

Actually that is a great question because I was just talking with Josh yesterday.

I would like to and Roslyn.

I'm gonna have to call you again of that place.

That's over there towards Pinellas, which is more centrally located.

We're trying to look for a centrally located place and we're gonna be starting in January, reaching out to hotels.

But Roslyn, what's the name of the one that's right there?

It's on the beach and I can never remember what it's called.

Are you are you still on the call?



Myles, Rosalind M. 2:14:49

Dreadwind tradewind tradewind yeah.



Robinson, Kimberly S 2:14:50

And see if she's still here.

Yeah.

I'm sorry, what?

Is it trade wind?

That's the one that's on the beach in Pinellas.



Myles, Rosalind M. 2:15:00

Yes.



Robinson, Kimberly S 2:15:01

OK, so I'm kind of hoping because we've had meetings there before and they were very nice.

 **29c8391a-0b16-481b-9163-008a471cf00e** joined the meeting



Robinson, Kimberly S 2:15:06

I do remember the hotel.

I could just never.

I can just never remember the name of it, so let me write it down again.

But in answer in short to your question Karen, I I would like to try and keep it centrally located.

2

29c8391a-0b16-481b-9163-008a471cf00e 2:15:19

Hello the.



Carrie Rayburn 2:15:24

OK.

2

29c8391a-0b16-481b-9163-008a471cf00e 2:15:24

I this is this is doctor Hicken.



Robinson, Kimberly S 2:15:25

I'm sorry.

2

29c8391a-0b16-481b-9163-008a471cf00e 2:15:28

Somehow my my computer connection got did did did disconnected.

Could you quickly catch me up?



Robinson, Kimberly S 2:15:35

Sure.

We were talking about Council recommendations and Kerry asked about for our next face to face meeting where that might be if it was going to be in Tallahassee or somewhere else.

And I was just in discussions with Josh yesterday about starting to look for the hotels that were more centrally located starting in January for the February face to face

meeting.

And one of the places that I really would like to look at is trade winds on the beach in Pinellas County because that is centrally located.

I've had meetings there before and it's a very nice facility.

2

29c8391a-0b16-481b-9163-008a471cf00e 2:16:12

Alright, very good.



Robinson, Kimberly S 2:16:12

So my hope is to find some something centrally located.



Dr. Brian Higdon left the meeting



Robinson, Kimberly S 2:16:26

Actor Higgins.

Well, I think we lost him again.

2

29c8391a-0b16-481b-9163-008a471cf00e 2:16:29

Very good.

No, I muted myself.



Robinson, Kimberly S 2:16:30

Ohh OK.

2

29c8391a-0b16-481b-9163-008a471cf00e 2:16:31

Umm, I hear you.

I'm still trying to pull up my meeting on on my computer, but but yeah, but I'm here.

Umm any other new new new business for our for Council?

All right, let me double check my agenda here because I think the next step would be the uh to motion to adjourn.



Kevin Mullin 2:16:59

Yeah, I think the next step would be the.

I motion to adjourn.

2 **29c8391a-0b16-481b-9163-008a471cf00e** 2:17:06

Are there any public comments that from people who are not on the Council?

KM **Kevin Mullin** 2:17:06

Are there any public comments that people are not on the Council?

2 **29c8391a-0b16-481b-9163-008a471cf00e** 2:17:17

Alright, not hearing any.

I do wanna make my own comments and then I'll entertain a motion to adjourn, but this is my first my first whole Council meeting as the as the Chair of the Council.

We're all kind of very young in this.

If you feel like you're not a newcomer, you're not.

You're not alone.

This is really I've only been part of this Council for.

For a little bit more than a year, year and a half.

So but in future and and then as we go along here, please, please, please, any

Council members, feel free to ask questions and just for real, for your own personal edification.

But I really look forward to working with you all on an ongoing basis.

Would anyone and I like to to motion to adjourn.

KM **Kevin Mullin** 2:18:24

Hi, Kevin. Aye.

2 **29c8391a-0b16-481b-9163-008a471cf00e** 2:18:26

Yep.

And 2nd.


KM **Kevin Mullin** 2:18:30


2nd.


2 **2f4d31ca-63ce-4969-9e72-631f50ce97ce** 2:18:32


Second, this is Jill.


 **Kevin Mullin** 2:18:32
2nd.


 **29c8391a-0b16-481b-9163-008a471cf00e** 2:18:35
Alright, thank you very much for all for, for attending.

 **Kevin Mullin** 2:18:35
Alright, thank you very much for all, all for attending.
Thank you, team.
Have a great day.


 **Robinson, Kimberly S** 2:18:42
Have a good day.

 **Carrie Rayburn** 2:18:42
I thank you.

 **Kevin Mullin** 2:18:42
Have a good day. Goodbye.

 **29c8391a-0b16-481b-9163-008a471cf00e** 2:18:43
Alright, bye bye.

 **DiCaro, Samantha** left the meeting

 **Brewer, Evelyn T** 2:18:44
Thank you everyone. Bye.

 **Moore, Fallon** left the meeting

 **Kevin Mullin** left the meeting

 **Dubrocq, Jose A** left the meeting

 **Fernandez, Aleskia** left the meeting

 **29c8391a-0b16-481b-9163-008a471cf00e** left the meeting

 **Brewer, Evelyn T** left the meeting

 **Collins, Valerie B** left the meeting

 **001d08cf-5a29-4aaa-828f-49effb22acc0** left the meeting

 **Carrie Rayburn** left the meeting

 **Robinson, Rebecca** left the meeting

 **Hamilton, Joshua A** left the meeting

 **2f4d31ca-63ce-4969-9e72-631f50ce97ce** left the meeting