

[00:00:02.790] - Speaker 1

So it's five after, so we're going to go ahead and get started. We have a lot to go over. So, Rick, you might have to and Jeffrey, few of you might have to mute your phone at first because I'm hearing feedback. I'm getting an echo. So we'll just unmute when we're speaking, and myself included, I'll mute and unmute myself. So I want to welcome everybody. Thank you for taking the time out of your busy day to join our advisory council meeting. This is the second one that we've held for this state fiscal year. The first one was in September, and that was an actual face to face. When we get towards the end of our meeting, I'd like to propose some dates for our first face to face for the new state year, so we can be thinking about that and we can start preparing for that, because that takes a lot for Kalyn Williams to put together for an actual face to face meeting. There's a lot that goes into that. So anyways, I want to welcome everybody again. Thank you for taking your time out of your day to join us. We have a lot to go over today, so with that, we'll start with rocall Ken.

[00:01:19.620] - Speaker 1

Shafelle. If you'll take roll call, I'd appreciate it.

[00:01:24.260] - Speaker 2

Absolutely. All right. Natalie. Alden mullins. Dr. Rhonda ross. Present. Gregory Daniel Wilson. Jeffrey secure.

[00:02:02.180] - Speaker 3

You're here.

[00:02:06.150] - Speaker 2

Richard Sedman. Michael Fada. Madonna Stotsenberg. Joanne Horts. Larissa Swan. Dr. Brian Hayden?

[00:02:39.510] - Speaker 1

Here.

[00:02:42.660] - Speaker 2

Suzanne Doswell? Here. Marcia Martino? Here. Jill olivia brutanne tattersall.

[00:03:04.650] - Speaker 1

I'm here.

[00:03:06.980] - Speaker 2

Eric Kalaza.

[00:03:11.630] - Speaker 4

I'm here.

[00:03:13.650] - Speaker 2

And that concludes roll call. Thank you.

[00:03:29.440] - Speaker 3

Kimberly. It's Ricky. I have a question. I noticed that Eric Kalazo was listed as a member. Is he allowed to vote since he's still on our board?

[00:03:47.790] - Speaker 2

Kimberly, you're muted. Sorry.

[00:03:55.140] - Speaker 1

I do that to myself all the time. So, yes, Eric is allowed to vote until his feet is filled, and his feet is the last position on the council. And we do have an applicant for that, which I would get down to later in the agenda, but for today, yes. So, Kim, did we have a quorum?

[00:04:23.450] - Speaker 2

We have eight present out of let me just see real quick. Out of 17. So yes.

[00:04:32.600] - Speaker 1

Okay. I know there's a couple of other people that are going to be joining, probably late, so just we'll keep an eye out for them, and at the end, we'll double check to make sure that we still have a quorum for anything that we're voting on. Okay. So, Ricky, I'll turn this over to you for approval for minutes. And we have minutes from May 14, because at our September meeting, we did not have a quorum, so we could not vote on those meeting minutes. And then we have minutes from our face to face meeting in September 28.

[00:05:09.950] - Speaker 3

Before I do that, I'd like to welcome the two new members who are here today, dr. Higdman and Ruth Ann Tattersall. Thank you very much for joining, and we look forward to working with you. I'd like to call for the approval in the minutes from the September 28, 2021 meeting. Do approval request, I will move to about the approved minutes. Is there a second? 2nd Suzanne, all in favor?

[00:05:51.430] - Speaker 1

Aye.

[00:05:53.450] - Speaker 3

All opposed? Minutes are approved unanimously. Kim, since Natalie isn't here, do you want me to do the approval of minutes from May 14, 2021 also?

[00:06:07.030] - Speaker 1

Yes, sir.

[00:06:08.060] - Speaker 3

Okay. I will move to approve the minutes from May 14 2021 by here a.

[00:06:20.050] - Speaker 4

Second.

[00:06:22.080] - Speaker 3

All in favor? Aye.

[00:06:25.250] - Speaker 2

Aye.

[00:06:26.430] - Speaker 3

All opposed? The minutes from May 14, 2021 are unanimously approved. Thank you.

[00:06:34.680] - Speaker 1

Okay, excellent. Alright, so we'll get right into it, and we're going to start with program updates. So, as Ricky said, we wanted to welcome our new members. We have five new members that have onboarded, which I'm absolutely thrilled with, leaving one vacancy, which is for a TBI survivor or family member. And

we do have an applicant for that position right now that Kalyn Williams is actually processing that process, as you all know, takes a little bit of time, so we'll keep moving forward with that. But each of our members that we have here, I was going to give them the opportunity to speak a little bit about themselves and introduce themselves to the Council. And for those that are absent absent, I have a little brief here that I can read on those folks. So, Dr. Higdan, do you want to introduce yourself and give a little brief about that? Sure.

[00:07:32.400] - Speaker 5

Can you hear me all right?

[00:07:35.430] - Speaker 1

Yes.

[00:07:36.240] - Speaker 5

Okay, good. I'm a young physical medicine and rehabilitation doctor. I currently work at Brooks Rehabilitation in Jacksonville, Florida. I did my fellowship and spinal cord injury up in Pittsburgh, but then I did my residency for Physical Medicine Rebuildation in Tampa. So I'm familiar with Florida from that perspective already. So I'm just eager to work with you guys to help support the Beescape program and add my perspective. Thank you.

[00:08:15.100] - Speaker 1

Awesome. Thank you. Roseanne, do you want to give your update since your introduction in your brief, since you're here, and then I'll give an update on the others that aren't logged in yet?

[00:08:27.550] - Speaker 2

Sure. I'm Ricky and Patterson. Thank you. Great to be here. I'm a clinical pharmacist by profession. I've been a Pharmacist close to 18 years. I think if I'm doing the math right, I've worked in various places clinical practice, disease state management, and in health planner, managed care as both a practitioner and a leader. Most recently, I was the Director of Population Health for an insurance plan looking at programs and improved quality and cost of care. I just recently changed roles in January, and I now work for Pfizer, and I'm a medical outcomes and analytics director there. I became interested in this program because my 22 year old daughter suffered a traumatic brain injury January 2021. And of course, as a parent, I was looking at all the resources available, especially in the state. So I'm glad to be here as both a healthcare provider but also as a patient advocate.

[00:09:44.950] - Speaker 1

Thank you. The next new member is Gregory Kuzma, and I don't see that he's joined. So Gregory fills the position for a spinal cord injury survivor or family member, and he actually is a survivor spinal cord injury survivor. He has his master's of social work from the Florida State University. He has a Bachelor of Science and Social work from the Florida Gulf Coast University. And he has an Associate of arts degree with honors in the Edison State College in Punta Gorda, Florida. He is certified as a Gerontology Aging Studies, and also he's completed a training course for cognitive processing therapies from South Carolina, and he's currently employed at SPM Property Management as a service coordinator and social worker. So we welcome him as well. The next person is Jill Olenik. I'm really bad with names, so I ask for forgiveness in advance. She comes with a Bachelor of Science and Physical Therapy from St. Louis University and has a Certificate of Business Administration. She has a license I'm sorry, a Certificate in Basic Quality and Safety from April of 2020. She's a certified professional patient safety as of August 19, 2019. She has a physical therapist license in Missouri.

[00:11:31.680] - Speaker 1

In Texas? She is a certified Ergonomic Assessment Specialist and a clinical instructor. She is currently employed as a Director of Rehab let's see, director of Rehab. It doesn't tell me where. West Florida Hospital. I'm sorry. West Florida Hospital. She's currently the Director of Rehab there. Okay. And then the last person we have is Madonna Stattenberg, and she is filling the position of special needs of children with TBI and spinal cord. She has education from Snow College, Ephraim, Utah, as an Associate of Science. She has a Bachelor of Science in Health Services and Administration and an MBA. She is also a registered nurse and she is currently employed at St. Mary's Medical Center in Palm Beach children's Hospital. She is the administrator and director of the trauma and emergency services. So as we all know, st. Mary's Hospital is one of our main trauma centers. And that's it. And like I said previously, we still have one vacancy with an application pending. So we're doing really good with our council getting all these seats filled. It's been a while since we've had a full council, so I'm very excited to see all of this. So next on our agenda is going to be updates from the regional offices.

[00:13:11.520] - Speaker 1

Robert Fister is our unit administrator for some of the new council members. He oversees all of our regional offices across the state. We have five, and we also have out of those five, two of them have satellite offices. So each regional manager is going to introduce themselves to you, kind of give you a brief on what's been going on in the regions and attach to the agenda. Where the actual statistics that the council requests to give you an update on where we are with the number of referrals per injury applicants in service. And so if you have any questions about those documents, now would be the time to ask either Mr. Fister or the regional Manager specifically. And we also include our Resource Center manager Justin Stark in this mix because he oversees our B Skip Resource Center and he's got some updates as well. So Bo, I'll turn it over to you.

[00:14:13.530] - Speaker 5

There we go. Alright. Good afternoon everybody. And like Kimberly said, I'm Robert or Bo, as what I go by, it seems like with everybody, I'm the unit administrator, oversee all the client and regional operations. Like Kimberly said, I would like to have some of the managers present. Just some things are going on in the region. I know we're all doing kind of the same thing, but there is a little bit of a difference in the dynamic, so give them a chance to talk about things they have going on. I know at this time there's a couple of managers that are not in, so they did give me a little bit of a brief of a couple of things happening in their region with the reports, I will just glaze over some of the numbers lightly. In the last quarter, we had about 500 new applicants between our adult and pediatric programs. At that time, we're also serving approximately 800 individuals between brain and spinal cord injured individuals that are in service, which means they have met the criteria they were eligible for our services and receiving services. And in that time, we also had approximately 92 successful closures, which means they were either referred to vocational rehabilitation or closed as community reintegrated, which state definition just means appropriately maintaining themselves in the community with support or independently.

[00:15:30.530] - Speaker 5

So in that aspect, 92. So pretty happy about that. So with our managers, we just go on a regional basis. So our first manager would be Beth, who is region one. That covers the north side of Florida. Beth, I want to hop on up. There you are. Good afternoon.

[00:15:48.850] - Speaker 2

Yes. My name is Beth Collins. I cover the northernmost area of Florida. My region covers 33 of the 67 counties in Florida from east west. Where our offices are in our unit areas are Jacksonville, Gainesville, Tallahassee and Pensacola. I have nine staff positions that divide those counties. Amongst the teams, I have six case managers and three rehab techs. And within this area we have about 55 vendors that are available to us. That includes approximately 15 referral facilities throughout the region that we work daily with on the current referrals that are being sent to us, getting updated information and then the other vendors are as needed, of course. Let's see. So most recently we had an in service with CBS, which is really the only vendor that we use in our region that we have in our region for prescription services for our clients. They've been a vendor for a very long time, but we had not had a refresh in a while. So we did that in March with staff from CVS and our program just to have a refresher. We went through the whole process, billing procedures, everything from the client requesting assistance through our billing process and getting the authorization paid the client.

[00:17:49.640] - Speaker 2

I guess that I'm going to highlight. We had a successful piece of foreclosure right now. 35 year old female injured late 2019 in a motor vehicle accident.

[00:18:07.160] - Speaker 1

Complete.

[00:18:07.780] - Speaker 2

C Five spinal Cord injury. Was independent, completely independent prior to the accident. Living in her own home with two small children and had some pretty extensive time in the acute care facility. Skilled nursing, a little bit of time there, waning from the ventilator and then went on to Brooks actually for inpatient therapy there for a couple of months. She ended up discharging home with her parents and two children to what wasn't a small home until they moved in. But we did some really for that client. The insurance and Medicaid paid for a lot of the equipment and DME, that type of thing, but we skipped was able to provide a bathroom modification to really make the home more accessible. We did some door wide names and a couple of areas for the wheelchair. And then really what was exciting to me, what we saw was the mother was a really big advocate. She actually was able to find, luckily, a family that donated a shorthand ceiling track system to them. They actually had found somebody that had it just taken apart and sitting in their garage because they were not using it anymore. So we were able to work with the vendor in that area.

[00:19:50.910] - Speaker 2

This client is out in the western part of the territory and she.

[00:19:57.700] - Speaker 1

Was.

[00:19:58.090] - Speaker 2

Able to get that installed in their home. They got all the components together to make it fit their home and their needs to really help the client be as independent as possible. So that's kind of what thing going on in Region One.

[00:20:15.960] - Speaker 4

That's it.

[00:20:16.420] - Speaker 2

Unless someone has questions, I have a comment.

[00:20:20.060] - Speaker 3

That's a great success story. Congratulations.

[00:20:27.890] - Speaker 5

Thank you very much, Beth. As for region two, I do not believe Gemma is in yet. Let me just double check Gemma. No, she's not here yet. I cannot now. She had another meeting that we thought might run over, but she did provide me some information regarding Region Two. Gemma is our newest regional manager. She's only been, I think we're six or seven months in and that's still pretty young when it comes to the age of a manager. And learning about the 13 counties that she serves in central Florida, all the way from in verness in the west side of Fernando County to Bervard County and Cocoa and the Men's area and Sanford and everything in between. She has about four or five major trauma centers, level one and two trauma centers that do refer on a daily basis. So there's a multitude of different types of vendors and facilities that are used in region two, just like Beth stated, 50 something vendors that are utilized. And a major part of the manager's job duties are to provide in services. And there's a constant flow of new staff members and all of these facilities and people working from home and people doing this.

[00:21:34.510] - Speaker 5

And that really provides a challenge for the managers and for the staff, especially when we're trying to pay and give them money. So new people mean new education, which means we have to teach them. So Jimmy had in the last couple of weeks, she's had three in service with some of the major trauma centers central Florida Regional, Homes Regional and Orlando Regional. She has two of those planned and then has a couple of vendors that she'll be doing an in service with for therapeutic and medical devices that I'm looking at this paper. And the hardest part with that is you can't show the same person the same thing. You can't provide an in service for a billing department the same way that you would provide an in service for a trauma center that's making referrals. So there's a wide array of the ways that in services have to be provided, the information that has to be given, and constantly educating the facilities because there is that five day mandate by statute for referrals. And there's a lot of times where if the managers don't stay up with those in services and educating the facilities, that people fall through the cracks and that's what we really ultimately try to avoid.

[00:22:42.590] - Speaker 5

So Jimmy also shared a success story. I'll just kind of give a brief overview of it a lot. Thoracic T twelve injury, which means a lot of immobility with, I think it was her waist down. Just about 26 year old female involved in a motor vehicle accident. Went through every aspect of therapy successfully. Brain and spinal actually paid for the majority of it because she had no funding whatsoever in this, she kind of started dedicating herself to learning the Medicaid process and learning all the external services that might be available to her outside of brain and spinal, outside the scope of what we pay for her immediate rehabilitative needs. She's almost mastered the medicaid. She has uprooted herself and moved to Virginia a single 26 year old female, and is now partaking part of a study in Richmond, Virginia called Exoskeleton, which is using applying robotics to assist with some of her activities of daily living. She has since already expressed her passion to become a peer mentor in a similar program in Virginia and is actively seeking employment. So closed left Florida and is doing well. So those are the types of stories we love to hear, and we think you guys like to hear that stuff.

[00:23:58.120] - Speaker 5

Too. And that's the whole purpose here. So that's why we're sharing it. So for Gemma, that's our region to up to date. Next we have Rosalind, any questions for.

[00:24:08.020] - Speaker 2

Region Two, or I actually have a question. I live in region two. So do the managers also do in services to the rehabilitation places as well, or is it just to the trauma center?

[00:24:23.410] - Speaker 5

No, not just, and that's one of the variations of the dynamic. Actually, a lot of the trauma centers are not our vendors, so if we're utilizing rehabilitation centers, they're going to have to be one of our vendors. So we'd have to provide in services for them as well to describe the information that we would need to procure the services for billing. So we do provide that as well. Bottom line.

[00:24:49.410] - Speaker 1

Okay, thank you.

[00:24:50.960] - Speaker 5

We'll give him service to anybody that wants to listen.

[00:24:54.660] - Speaker 2

Thanks.

[00:24:56.390] - Speaker 5

Yes, ma'am. All right, well, next up is Region Three, Rosalind, who covers the southwest side of Florida, Tampa area and beyond. So. Good afternoon, Ross.

[00:25:06.440] - Speaker 2

Hi, good afternoon. Like I said, my name is Rosalind. I'm the regional manager for Region Three. And we have eight counties that we cover consisting of DeSoto, Hardy, Highland, Hillsborough, Manatee, Pascoe, Pinellas, and Sarasota. I have four case managers and two rehab technicians. And the most recent thing that we attended was we were invited to a community resource fair that was held at one of our local hospitals, St. Petersburg Health, where there were over 50 agencies in attendance. There were skilled nursing and rehab facilities, Salvation Army, just a whole lot of vendors. And we did a lot of networking,

sharing information. We even had a couple of vendors coming to us wanting to register to become a vendor of our program. So it went really well. We were able to get our information out there. So things went well. And that's pretty much it that I have as far as that goes. But I have one quick success story. I had a guy who was a parent, spinal cord injury. He went through the program. Eventually he went to school, he became a counselor. He applied with vocational rehabilitation and became a vocational rehab counselor.

[00:26:36.700] - Speaker 2

And he's doing really well. Thank you.

[00:26:42.740] - Speaker 5

Thanks, Ross. Up and back to work. Perfect.

[00:26:45.790] - Speaker 1

Yup.

[00:26:46.550] - Speaker 5

Alright for Region Four, the Managers John Wanawski. And John, I believe I saw your name on the call. And there he is from the streets of Italy. Is that where we have yes. Good afternoon.

[00:26:59.540] - Speaker 6

Good afternoon, everybody. My name is John Wineski, I'm regional manager for Region Four, and we handle anywhere from Bureau Beach down to the dad Broward County line and all the way over to Fort Myers. So we have a very large area today I just wanted to talk about as a regional manager, sometimes we get caught up in our administrative stuff and we get pulled away from the individual cases. So what I've done over the last few months is up my case reviews with the case managers, not so much to check up on them, although it's a little part of it, but also to get reattached to some of the amazing stories. Every single case that we have is just an unbelievable little soap opera story. And so in doing case reviews, it was hard to pick some to go over today. But one of the things that I want to point out is what's really important with what we do is the rapport that the case manager and the tech establish with the client. And you just can't get any better than that. The client responds more positively and they seem to heal faster. So I got a couple of examples today that I think are going to show that.

[00:28:11.170] - Speaker 6

And the one example that I have here today is really something I'm never going to complain about. Wife, I'll tell you. We had a 56 year old female. It was an incomplete spinal cord. Back in March, she was runner at a quadriplegic. She had some sensation in that, but she had cancer. She was diagnosed with B cell

lymphoma. So in addition to her spinal cord injury, now she's dealing with her cancer as well. Okay, long story short, we provided some DME, we got her a ramp. Her health insurance didn't cover any of our outpatient therapies, so we picked up the tab for that. And because of all that intervention that we did and the report that she had with the case manager here, the client is walking for up to a distance of 300ft, is in remission with her cancer, learning to be independent with her daily living skills, that is addressing herself. And that and she was so happy that she was able to brush her dog. It doesn't sound like much, but it was a big accomplishment for her. But unfortunately, during the time of her accident, her husband also got cancer. And so the good news with all of that was she went into remission and she's strong enough now to actually help take care of her husband.

[00:29:35.450] - Speaker 6

And they're both doing well. And I just heard today that he actually went into remission as well. But because we helped her out and she was able to improve her daily living skills a little bit, she's actually able to help her husband as well. So I thought that was a fantastic story. The other one that I have, we used center for Independent Living yet again. We had a 54 year old spinal cord injured program, referred them to CIL for housing, took a little while, did a beautiful job with that, help her fill out the application process. Long story short, she got a Section Eight voucher for housing and she's currently looking for an apartment to rent now. And what's really funny and I was talking about the rapport is that she moved and she's actually moved to Lake Worth. And I was going to reassign her to a case manager that deals with Lake Worth and the client absolutely refused. She only wants Kelly. Kelly is the greatest case manager, but that's another good story. That client is going to go on rent her own apartment and the community reintegrated. So hats off to the case managers and the techs out there.

[00:30:45.220] - Speaker 6

They take each case individually and just wanted to point that out today. So that's what I have.

[00:30:52.560] - Speaker 5

Thank you very much. Any questions for John? And finally, we have retail for Region wise, we have Region Five, and the manager for Region Five is Jose DuBrock, who couldn't be with us today, but I do have a little bit of information that he provided on his behalf. He has a total of five case managers. And is it four or five now? I'm losing my mind here. It's one of those four or five case managers. I think it's five, yes. With two rehab check. Thanks, beth always do my work for me. No kidding. So they operate in Miami Dade County as well as Monroe County in the south, and they just and that alone get a large amount of cases that come through. So looking at some data yesterday with Kimberly, we saw some of those numbers and just kind of throws you sideways that there's that many out there, but that is the case. So with Jose, his accomplishment lately, and I think that he's happy about it and that they've been working with is Jackson Memorial. And they just attended the Sci Summit at Jackson Memorial, which is a big Todo down in South Florida every year.

[00:32:05.030] - Speaker 5

So we had a booth there, he held the booth down, he presented Bscape information to everyone. He was able to meet some new vendors, he was able to meet some past B Skip clients that came up and showed their appreciation to him for services that they were providing. And he said he even met a couple of members that are a member of the council that showed up. So I don't know who that was, but I did hear that there was a member of the council there as well. So they're going to continue participating in those types of events. And he's also one that pushes events out and trainings and things. Almost every other day I get an email from Jose that gets sent to our resource center for a different training, a different event that's happening. And I know Justin gets those emails too at the resource center. So Jose is our resource pro when it comes to those types of events, countrywide or just webinars and different things, anything that could be available for our staff to continue to improve. And that's just what it's about, is the knowledge of what's out there. Also, they've been conducting a lot of in services, just like all the other regional managers did.

[00:33:07.430] - Speaker 5

One with HCA Healthcare, which was Kendall Regional. They had a transition. So there's a lot of staff transition happening, especially with billing. They have a few new vendors on board, design Neuroscience Center and a couple others that they're working on. And then they have a new or another in service, let's see, Jackson Memorial North and two scheduled this week with their billing side and their outpatient side. So kind of what I was explaining to Ms. Taylor Swell before is how one in service for one facility sometimes won't do it all, depending on the scope of services they provide to our clients. So one like this facility here, we're doing one for their billing and for their outpatient department. So that's just the hoops that our managers have to jump through to keep this boat floating, per se. Any questions? That's kind of a Region Five update. All right, last.

[00:34:05.610] - Speaker 3

Question. Is it possible that we could get some notifications prior to your participation in Health Cares or Expos, where you do have a booth? Because I think that would be interesting if something was convenient to attend also.

[00:34:22.490] - Speaker 5

Absolutely. And I think your one stop shop for that kind of information. And what we're really trying to push is to get out of all of that information on our calendar events on the resource center. So anything that we have, you might be able to find at the Beescaperesourcecenter.org and actually perfect timing because Justin is about to speak on that and give us an update on the resource center.

[00:34:44.610] - Speaker 3

Thank you.

[00:34:45.820] - Speaker 7

Thank you, everybody. I'm Dustin Stark and as I mentioned, I'm the manager of the spinal Cord injury or the Brain Spinal Cord Resource Center. There's actually two of us staff members, myself, who has a spinal cord injury, and Robin Tipton, who has a lot of experience in the past with the brain injury population. So we're able to kind of cover them both. But so I'll talk a little bit about our resource center, kind of the hands on kind of stuff. As far as clients, certainly we push our website is a big component of what we do. It's constantly being updated with resources. There's an A to Z resource page on it. We have support groups for both brain and spinal cord injury and as well as the new kind of components, since I think we last met, was really the event section. So, Ricky, we're really trying to push that. So as we come across events and I don't mean to speak on just, like, events as exposing things, but even webinars trainings, if it's something that would apply to either not just an individual with an injury of the family, but also a healthcare professional, it's something that we think it's good to get the word out there.

[00:36:14.470] - Speaker 7

So with all of us as we all come across events, please send them my way if you hear about things, because we're a big state. So it's really a collaborative effort to try to get that information out there. Some other things. Just to kind of some cooler highlights as far as what some of the outreach and stuff we've done. Obviously, March was Brain Injury Awareness Month. And so we had two big kind of things for that. In Orlando, Robin attended an expo, the March for TBI, which was done by the Standoff Rely Down Foundation. Actually, it started by a former council member with the TBI and that was attended. And we were able to kind of get the word out about PSIP. There were some individuals with brain injuries that attended that, as well as strengthen our community partnership with places like the VA and things that we don't normally necessarily, at least from a center, come and contact them every day. Also, we did a presentation for Advent Health and Connorn, which is in the region three areas of Tampa Bay area. They did a training for their Pts, OTS, SLPs and some of their physician nursing staff to try to educate them on brain injury.

[00:37:46.840] - Speaker 7

So their podiatrist and neurosurgeon kind of went over the main medical components and then we did the part as far as resources as a person looks to go back in the community. So this way, just so that staff kind of knows there are things out there, you don't have to send somebody out to community and just have to be handed. And kind of the last thing I'll talk about. I'm a big proponent of systemic change. You can't make something happen overnight. So we have a strong relationship with the medical school, locally, USF, and so their MD program. I've spoken this year to all their third year medical students and educated them on spinal cord injury. Brain injury. What it's like to actually live with an injury. How when a patient comes in to see you. Some of the kind of the do's and don'ts and what some things that would make the experience better and also letting them know that what's out there and. You know. That their staff and as well as no matter where they are in the state. That there are programs and there are things that can help

their patients. And hopefully the long term picture of this is obviously that it makes for better physicians and better health care professionals and things improve in the big picture for all of our population.

[00:39:21.620] - Speaker 7

So that's my update. So thank you guys.

[00:39:27.810] - Speaker 5

Justin, thank you. Any questions for Justin? Well, that concludes our regional updates. Kimberly, back to you.

[00:39:40.110] - Speaker 1

So I don't know if the council members had an opportunity to look at the reports that were attached on the statistics. I want to give you an opportunity, if you had an opportunity to look at those reports. Do you have any questions on those reports that you want to ask about? Okay, we'll go ahead and move on. I'm really proud to be I'm sorry.

[00:40:07.580] - Speaker 3

I have a question. Are you getting enough funding for the program or do you need more money.

[00:40:17.480] - Speaker 1

For purchase client services. We're doing fine with purchase client services. I'll show you that when we get to looking at a budget on the annual report and where we are currently with purchase client services. So we get a total of about \$2.6 million every year for that. And so far, we haven't run out of money since I've been with the program historically last year, which I was going to talk about a little bit later, I think we left about 300,000 on the table. It is our goal to spend every single penny of that funding that we get. And the best year I think that we had was about two years ago, where we left about \$100,000 on the table, and last year it would have been like \$65,000. But we got some reserve money pushed back to us towards the end of the year, and we just didn't have enough time to spend it all. Otherwise we would have had, like I think it wasn't about \$65,000 that would have been left unspent, stuff like that.

[00:41:26.480] - Speaker 5

Prior to the reallocation of the funds that they pulled for reserves, which was one week before the end of the fiscal year, if I recall, we spent about 98% of the total available purchase client services budget.

[00:41:40.610] - Speaker 1

Yeah, but thank you for asking, Ricky. That's a really important question.

[00:41:46.130] - Speaker 4

Kim. This is Eric.

[00:41:48.300] - Speaker 1

Hey, Eric.

[00:41:49.480] - Speaker 4

Could you explain what that means? Because in private business, if you have an excess, you can just roll over for the next year, but in government, you're not allowed to do that.

[00:41:59.100] - Speaker 1

That's correct. So in government, with your budget, when your allocations, or they call it your authority, is given out for the year, you either spend what is allocated down to you that you have the authority for, and what you don't spend does not roll into the next year. So even though for purchase client services we had some money left on the table, we don't get to roll that to the next year and use it again. It's the old rule of use it or lose it. So we're pretty good with our budget where we spend everything. We haven't had any issues with being short on funding, so we do very well. And you'll see that when we get down to some of the other reports that were attached and so forth. But excellent question, Eric. Thank you. Feel free to ask me questions. I sometimes forget that I've been with this program for so long and I know these things, and to me, just like you all's job, you know your job really well, and you think everybody else knows your job as good as you know it. So feel free. Please ask me questions. I don't mean to be that absent minded, but thank you, Eric.

[00:43:13.550] - Speaker 1

Jeffrey, you had a question. You had your hand up. Did you have a question? You're muted. You're muted. There you go.

[00:43:26.950] - Speaker 8

Still muted. Okay.

[00:43:28.360] - Speaker 5

There.

[00:43:28.640] - Speaker 1

Yeah. Now I can hear you.

[00:43:32.390] - Speaker 8

I was in a meeting yesterday, and they said that financial assistance was in the Arc of Jacksonville Village was not obtained as much as it was in prior years for going to a convention for one soon is not financially supported. And I heard the convention, Florida Sand Conference is not going on this year. And I just wanted to, I guess, see if the funding of it was based on priorities or not for the state funding for the sake of people's lives compared to advocating for the community to go to a convention in the comparison of importance.

[00:44:27.590] - Speaker 1

So your question is how is our funding determined by legislation during session?

[00:44:35.240] - Speaker 8

Yeah. What determines the amount of financial systems that are required to attend conventions one year and to the next?

[00:44:53.390] - Speaker 1

So as far as conventions go for our program, that would be a part of expense that we have to request in our operating budget. Every year I put out what I expect my budget to be, my needs to be for the next year. And so when session legislation goes into session, they deem what they're going to allocate to each what we call category. And from my program, they will determine what they're going to allocate down or give me the authority to spend in each section of my budget. And then it's up to me to make sure that I maintain and stay within my means for my budget. Does that answer your question?

[00:45:44.030] - Speaker 8

Yes. And it also opens up in the door for hypothetically if the federal is on hold for making choices like that for the betterment of our state. Florida. Are you the go to person on making big decisions that were formally decided from the federal government. But in the upcoming possibility of our decision making for the funding acquired by the state instead of the federal government. If they're in a halt because of decision making of the past few years. And the result of that would be based on the state rather than the federal government for the time being.

[00:46:36.740] - Speaker 1

My responsibility to the program would be if I have identified that the program needs more funding in a specific area. Whether it's salaries. Contracts. Expense. Purchase client services. It's up to me to take that responsibility and do what they call an LVR. Which is the legislative budget request. And within that

request, I have to explain why it is that I'm requesting more funding for a specific area and justifying how I'm going to use that funding so that's the only authority I have, and then that gets submitted and then it goes under review. But ultimately I don't get to say, I need this amount of money for purchase client services and they give it to me. It never works like that, not at all. It has to be a request and it has to be justified. So for like our purchase client service, I found that we had used all of our funding. Here's an example. For the last three years, we used all of our funding, and at the end of each year, I identified what we considered unmet needs for our clients. I could then do a legislative budget request to increase my purchase client services, because during the last three years, we have found that there were unmet needs that, let's say, came to a total of another million dollars that we would really like to have that funding for.

[00:48:03.460] - Speaker 1

So then I have to put in my request, and it has to go through all the layers to get up into session to where they would perhaps even consider giving more funding. Excuse me for that.

[00:48:15.740] - Speaker 5

Wow.

[00:48:17.090] - Speaker 1

Marsha, you had a question? Thank you, Jeffrey. Good question.

[00:48:21.370] - Speaker 8

You, too?

[00:48:23.240] - Speaker 2

Yeah, I have a question. I noticed in one of the documents I'm sorry, I don't have them open. I don't recall which one, but there was a reference to money going out for ALS. Is that like a pass through? Yes, it is. Okay. Are you still doing the cystic fibrosis pass through as well?

[00:48:47.240] - Speaker 1

No, ma'am. No, we don't do anything with just ALS in the Miami cure for paralysis and the magically fragile for Broward children. Those are all of our pass throughs.

[00:49:02.460] - Speaker 2

Okay, thanks.

[00:49:04.040] - Speaker 1

Yes, ma'am. Good question. Ricky?

[00:49:07.190] - Speaker 3

I had a comment when I was in private business, way back when, I worked for a distributor that sold, among other things, to the federal government. Each year before the expiration of the budget, we would get calls, what is your most expensive product? And they had no use for this, but they ordered hundreds and hundreds of thousands of dollars of this product, and we shipped it to them, and they paid the bill. And several years later, I saw where they had just warehouse that product that we sent them, and they sold it for \$0.10 on the dollar at auction. And it was that use it or lose it philosophy. What we're doing in this program, what you're doing with these dollars, and you're really looking after the taxpayers money from the state of Florida, I am really impressed. It's to be commended. Some people would say, well, it's silly. You should spend all the money. You can buy it. I've been on the other end of that, and I've seen it. And as a taxpayer, it's beyond irritating. So kudos to handling the money this way. And it's a great thing. I really appreciate it.

[00:50:19.850] - Speaker 3

Very proud of it.

[00:50:21.740] - Speaker 1

Thank you. Thank you. Any other questions right now?

[00:50:29.010] - Speaker 2

I have a question. I'm sorry, because I'm new to this and sorry if you cover this, but how do you assess or how do we assess the gaps and where funding might be needed? Is there a measurement and outcome survey? Because I do agree we shouldn't waste, but I do understand the user lose it because then sometimes you don't use it and budgets get cut. So if there's areas of opportunity that we're missing. How do we identify that?

[00:51:01.560] - Speaker 1

Well, I'll speak specifically with our purchase client services. We have several indicator reports that we use weekly to keep track of not only how our staff are performing, making sure they're keeping up with the policies, the procedures, the standards that are out there, but also how we're spending the purchase client services money. We have an indicator report specific for unmet needs which are identified on the care plans and so we keep track of those unmet needs and at the end of the year we look again at the unmet needs to see if there was anything that we could have provided or that we needed more additional

funding for or is there a service that we would really like to be able to provide more of. So we have several indicator reports for that.

[00:51:53.290] - Speaker 2

Thank you.

[00:51:55.490] - Speaker 1

I would have to say our biggest unmet need would be to be able to provide more inpatient rehab. That's very expensive. It costs about, I think the last service I saw for that it was about 14, \$15,000 for half day for a two week period. That's pretty expensive. Good question though. Thank you for asking that. Thank you. Ricky, did you have another question? I see your hands still up.

[00:52:33.360] - Speaker 3

No, forgot to lower it.

[00:52:36.440] - Speaker 1

Okay, just checking. Okay, so we're going to move on to our committees. So currently we have two advisory council committees. One is the Performance and Quality Improvement, which Beau is the facilitator for. We don't have a member who has taken the lead on that. We had one but he wasn't able to fulfill that. So Bo is still the facilitator for that and he will speak on what that committee is doing. And then Ricky, who is our chairman, also is the facilitator for the public awareness committee and he will be providing an update on that. So for our newest members, I just want to throw it out there and for any members that are currently on the council, if you are not participating in one of the committees, please we urge you to sign up for one or both. We have these meetings typically once a month for about an hour and we sent out a survey on these meetings a few months ago and so the most convenient and popular times were Thursdays and Fridays, thursdays from one to two and Fridays from two to three. So that's kind of how we've been handling these meetings.

[00:53:47.630] - Speaker 1

So listen to what's going on and I hope to hear from you. If you don't have a committee assignment, which committee you want to participate in? So both. I'll turn it over to you first. You're muted.

[00:54:06.660] - Speaker 5

Okay, let's try that again. Now I was going to say my biggest plea today is recruitment. We still don't have a council lead. I know Doctor Ross, you are on the short list for that and maybe you are interested after whatever else. So I'd love to hear from you if you want and maybe we could discuss further, but just to get some more members and have some more discussion on how we can improve internally and externally,

that's really the biggest part. What can we do internally to improve the quality of the work that we provide or the services that we provide to the clients that we serve? And then what is there outside of us? What can we be educated on? Those are the two main aspects of this committee. What can we be educated on that our program doesn't cover and what can we do to improve internally now internally, what we're doing right now, we're coming to the end of the fiscal year. State fiscal year is June 30. So there's a lot that goes into that from a regional perspective as well. We have to develop new care plans for every single client that's active, which is a cumbersome task.

[00:55:09.460] - Speaker 5

So right now I was working with the coordinator of our database system and we are creating a care plan refresher training. We're actually starting to instill a lot of refresher trainings on different aspects of the scope of our work on a cyclical basis kind of throughout the year. Instead of trying to hammer it all in a six hour training one day when they're most pertinent or applicable to that time of year, we know care plans are going to be the thing hammered most right now because it's coming to the end of the fiscal year. We're going to talk about budget, we're going to talk about things as well as transferring a case between regions to make sure that we're not leaving anything behind. So there's a lot of different perspectives that we have to kind of evaluate and see what can we do to make it better. So internally we are constantly doing that. Our refresher for our care plan training for all of our staff members, which is managers, rehab, tax and case managers because they all play a role in that process. We have that, I believe on May 17. So it'll give us time to develop a new care plans and everything prior to the end of the fiscal year and allow feedback from our staff.

[00:56:15.680] - Speaker 5

One thing that we've really been pushing lately is for staff to look at the policies and look at what we have in place and is it viable for the day to day aspects of their job. And if not, let's talk about it. We have open windows of time where we try to hear everybody and we are changing and modifying our field operating procedures based on staff feedback and trying to keep it within the realm of our policies, but still working on that aspect. So that's going to keep going. As far as the external part, that's where members of the council come in and other people like that. Where do you know of a program we're always looking for something. We want to know what's out there for our staff that we don't. That's why we've enlisted and worked with Jane and Centers for Independent Living and now have the transitional Case management service, which is kind of exclusive to our program. It's something a big bridge between sales of Florida and BSCA. So that's something I'm really happy that we were able to initiate and instill and it has been successful. One of John's success stories regarding housing was through transitional case management services provided between Beeskip and Sill.

[00:57:23.240] - Speaker 5

So the practicality of it is right there. It's a great little service. I would love to know and have input of everybody who's doing this on the daily basis. What else is out there that we could learn about right now?

I have been trying to get in with Natalie and get disability rights to come in and do an in service. And when you're talking about statewide in services, sometimes it doesn't operate like that. So it's a lot harder. There's regions, there's breakdowns. That's why it's almost impossible to get Medicaid to come do something for us because there's different regions, different MMAs, different types of plans with different benefits. So learning all that kind of stuff has been cumbersome. But there is the database with Flemis, the Florida Medicaid Management Information System, where now Kimberly, I just sent an email out a couple of weeks ago and there's a lot of trainings on calendars now of Flemish trainings and things that our staff can access to understand the Medicaid process better. So anything like that, we're really interested in. As of right now, the one thing that we do have scheduled on the calendar is June 21.

[00:58:29.980] - Speaker 5

We have an in service with sports ability which was formerly the Florida Disabled Outdoors Association. They have so many great things going on and I would encourage you to go look at their website and go look at the virtual world. Right now, virtual worlds are where it's at, the Metaverse, and you hear all these things. So they have created their own virtual world where you can go and sit in a support group by a fire in virtual reality, where you can go meet with a peer mentor in virtual reality. And that's a huge thing for someone that might have some mobility deficits they can't get out of their house. So I want our staff to learn that so we can relay those types of messages and relay that information. So that's June 21 and that's going to be something I'm excited about. That was as early as we could get it in with the end of the fiscal year and everything like that. But if you have anything out there, know of any programs or anything that would benefit the population we serve, please reach out, let us know, and we'll be talking about that in the next meeting as well.

[00:59:30.140] - Speaker 5

Jane, I see your hand up. Hey Jane, I didn't even know you're in here.

[00:59:34.560] - Speaker 2

I am, and I hope I can just make a comment really quickly. First, thank you for the shout out to the Centers for Independent Living. I'm Jane Johnson. I'm the executive director of the association of Centers for Independent Living. But my organization also is responsible for administering a program called the JP Pass Program, and it's basically cash assistance to people with significant injuries or significant disabilities who require personal care assistance to work. We received additional funding from the legislature for the program last year. So we currently do not have a waiting list. We have funding available to serve new clients. I just want to put in a plug for especially for people with spinal cord injuries. They can receive up to month in cash assistance to help offset the cost of their personal care. They have to be working, not enrolled in Medicaid. But it's a really important subsidy or assistance for people with significant injuries. There is no cost to apply. Everything can be done online. And again, as I said, several people who have come through the Brain and Spinal Cord injury program have enrolled in the program, but it is a benefit funded by a collection of delinquent sales taxes.

[01:00:48.050] - Speaker 2

So it's not medicaid. One 8000 hundred dollars a month is transferred automatically to the bank account or the person who's paying for the personal care assistance. There's information about it on the faculty website, which is www.florida.sills.org. But we encourage K managers and advocates to refer people to the program so we can get them signed up.

[01:01:16.040] - Speaker 5

Thank you very much. What a perfect time to take that information as well. And I think I heard no waiting list. I think we need to make sure that our managers and managers, you hear that too. Let's make sure our staff know that information and keep getting that information on Jpops out there. Thank you, Jane.

[01:01:36.740] - Speaker 3

I have a question for Jane. Can you repeat that web address, please?

[01:01:42.590] - Speaker 2

Sure. It's [www dot floridafills](http://www.floridafills.org). floridacils.org. And there's a tab at the top of the page for personal care assistance. There's an application that you can download from the web page. And for someone with a new spinal cord injury, it's a nice incentive to let if they're thinking about going back to work, to know that if they're going to make a salary of \$60,000 a year, at least \$20,000 of that of their personal care assistance can be covered because it's effectively like a tax on working if you have to pay for personal care. So sometimes it can be a disincentive because they're thinking of their income net of PCA expenses. But this is a nice program that offsets that cost.

[01:02:32.390] - Speaker 3

Okay.

[01:02:38.160] - Speaker 1

I saw you joined the meeting. I was excited to see you.

[01:02:41.760] - Speaker 2

Thank you, Kimberly. Yes. We really enjoy our partnership with you and your staff, but like I said, no waiting list right now. So we welcome new applicants and I.

[01:02:51.290] - Speaker 5

Just saw that Kim shop will just put the website in the chat of this thread or under the thread of this meeting. So if you all want the website, it's also listed there. I thought I saw another hand up. Marsha?

[01:03:04.340] - Speaker 1

Yes.

[01:03:04.670] - Speaker 2

I had a quick question. And the question is, can the personal support be cognitive support or is it personal physical support? The person receiving the support needs to need assistance with at least two activities of daily living. So if they can get themselves out of bed and dressed and ready for work by themselves, then probably not. But it's worth applying so we can take a look at where the deficits are and then make a decision based on that. Thank you. Sure.

[01:03:35.810] - Speaker 5

Not only that, but even if they're not, you'd be able to provide possibly other resources or services that may be beneficial. And that's what I love about it. Even if you're not eligible, and that's what we try to do. If you're not eligible for the program, there's nothing we can do about that. But we can provide as many resources as we possibly can to help facilitate whatever needs or deficits that are out there. So that's why the resources plays a role and all in sales and Fast and all these different organizations play a major role and it's a major collaborative effort for sure. Thank you, Jane.

[01:04:08.030] - Speaker 2

Thank you guys.

[01:04:11.240] - Speaker 5

And I say that wraps up my committee, but let me know if anybody's interested. Dr. Ross? I see it. Thank you, Kimberly.

[01:04:24.060] - Speaker 1

You're welcome. The next committee is the public awareness committee that Ricky is going to give a brief on. And then Johnny, who is our project manager for B Skip, is going to share some of the updates to what Ricky is going to be talking about today. So Ricky, I'll turn it over to you.

[01:04:44.770] - Speaker 3

Thank you very much. Our big problem is also participation. We need more members of our committee to be doing the participate and help come up with ideas and be able to help us move forward. Our goal is

indicated in our name. Public Awareness committee is to make everybody aware that our program is there. And to that effect, we were very fortunate that Justin has created and expanded this phenomenal resource center that we have online. And in that vein, we've also looked at doing a public service announcement. And the problem there is that we want it to be successful, but we're concerned that it would be too successful. So how do we balance that? We talked about the simple campaign Dr. Ross had mentioned that similar to one used by the Brain Injury Association of America to be shared on social media. We talked about the FSU connection. Kim Chappell had a connection up at FSU and we thought it might be a good idea to begin small and test the public service announcement. So we're waiting. We're still waiting to get the approval of what we can and cannot say in a short PSA, keep in mind a public service announcement is going to be, I would say a maximum of 30 seconds, probably more like 15 seconds, and we will need some assistance in getting that done.

[01:06:30.620] - Speaker 3

But that's really the goal at this point. We want to point people toward the resource center that we have and now that it's up and running and it's just chock full of valuable information, that's the goal and that's what we're trying to do. That's my report commuted.

[01:06:57.880] - Speaker 1

I do it all the time. Do you also want to talk about the pre screening instrument that we're developing to put out on the resource center?

[01:07:07.180] - Speaker 3

I think Johnny Nash will be doing that, wouldn't he? Or no?

[01:07:12.820] - Speaker 1

Right, but I didn't know if he wanted to explain a little bit about what it was first and then he's going to pull it up and share it and show the changes that we had discussed at our last committee meeting.

[01:07:25.350] - Speaker 3

Yeah, it's a program, a very good program to ensure that we don't get flooded with people who are not qualified for the program at pre screens and they ask several questions and then if you don't qualify, just direct you to other resources.

[01:07:42.580] - Speaker 1

Correct. So, Johnny, you want to show the council members what that looks like?

[01:07:49.960] - Speaker 5

I'll stop presenting.

[01:07:52.180] - Speaker 4

There we go. Share my screen. Okay. One see that?

[01:07:58.550] - Speaker 5

Yes.

[01:07:59.750] - Speaker 4

Okay. As Justin alluded to earlier, this is the Biscuit Resource Center website that he's responsible for. The plan is to have our pre screening tool be a component of this website. A link or some other type menu items you can actually click to here. And as Rick alluded to the purposes so that we can give clients the chance to determine in advance if they're going to qualify for the program. We met as a team and we pretty much came up with a six point questionnaire that if any one of the questions is negative, then you don't qualify for the program. And we're going to walk you through each question on the questionnaire. The question is that three parts. One, the question, two additional information about the question, and then three if, like I said before, it's binary if you fail. If the question is negative, answer is negative. We tell you that it's negative and give you an option for additional resources such as the resource center. And we also tell you that you can still apply, but based on what you've given us so far, there's a good chance you won't qualify. So as I said, we will start from the Resource Center.

[01:09:08.350] - Speaker 4

We presented this a few months ago at our last meeting and we had a couple minor cosmetic changes. So I'm going to walk you guys through this fairly quickly. So this is the main resource on the website we would launch from here. As I said, we have a tool start the. Pre screening process. One of the things we made was that we had hyperlinks here before. One of the committee members suggested that we use buttons to actually navigate through the system so that changes been made. And by the way, this is just a mock up. The final will not follow the same look and feel, but this is the PowerPoint markup, like I said. First question is are you a legal resident? Three parts answer yes, no unknown. If you want additional information in terms of what qualifies as a legal resident, click here. We give you the statutory definition of a legal resident. If you answer yes, we proceed you to the next question. If you answer no, we give you the disclaimer that you were not qualified. Additional information is available. We return you back to questionnaire. Next question. Type of injury? Brains?

[01:10:20.370] - Speaker 4

Final, dual? Not applicable. Depending on your answer, we take you to the response that you don't qualify. Or if you want additional information, we have statutory language defining what a brain injury and a spinal cord injury. What constitutes a brain and a spinal cord injury? If you apply an affirmative, we take you on to the next question. As I said, this is binary. Any negative answer disqualifies you from acceptance to the program. Potential acceptance to the program. Definition? This question, is that's medically stable? Yes no if you have a life threatening condition, you're not eligible for the program, et cetera, et cetera. Fifth question is a two parter where's the applicant currently located? If you indicate that you are a home, then sorry. Actually, sorry, there were five questions. Six if the answer here is under the applicant is located at home, then you qualify for the program. If the applicant is located in another facility, you answer a follow up question, which is when do you expect to be released from that facility? If it's within the next 60 days, we tell you that you qualify any longer, we tell you that we would like for you to apply within 60 days of your discharge.

[01:11:58.650] - Speaker 4

And here's where we define what that means in terms of being able to get back into the community. Like I said, there's five questions. Information about what each definition means from external trauma, brain injury, spinal injury, as well as information about if you are not qualified. If you are, we tell you that you may qualify for the program. We redirect you to a link to download the center registry form, as well as fax numbers and email numbers and other websites from our main website, as well as our resource on the website to get additional information. That's the pre screening form. Any questions?

[01:12:51.380] - Speaker 1

The committee discussed putting this prescreening form together first before we wanted to go full blown and put out a public service announcement. Because if we put out the public service announcement first, we get an influx of everybody thinks they may qualify for the program. So we took a step back and talked about doing this screening first. So it will drive people to the resource center, for one thing, and the other is it helps to identify who is eligible and who is not eligible and screens them out right then so that we don't get an influx of referrals, especially for people who they might have an aneurysm or something, and that does not qualify somebody for our program. So we want to be able to screen people out first so that the program can handle the influx that may come once we put out a public screening or a public service announcement. So that was our mindset behind both the PSA and the pre screening instrument. Now when our committee gets back together, we'll vote on what Johnny has here today, make sure it's what we want. This is the importance of having council members participate in our committees.

[01:14:10.820] - Speaker 1

We want everybody's feedback, everybody's ideas will vote, and then we'll begin the construction of adding it to the resource center. Adding it out to the resource center. We were looking at maybe the beginning of the new state fiscal year, being able to build that in and maybe pushing that out and start utilizing that. Suzanne, do you have a question?

[01:14:42.900] - Speaker 2

I have a comment for those of us who've lived through brain injury early on who might come across this as a possibility. I think you need to highlight your line that says if you need assistance with this, here's the telephone number. You put it in there. But anyone who has any kind of early brain injury cognitive issue, who doesn't have someone sitting there working with them on this, it could be really confusing and become more of a problem than you'd. Like.

[01:15:20.100] - Speaker 1

Why we need the feedback. That's exactly what we need.

[01:15:24.110] - Speaker 2

Yeah.

[01:15:29.100] - Speaker 1

So that was highlight additional contact information.

[01:15:33.750] - Speaker 2

Do you have a line in there that's very well written that says if you need additional assistance or something? I don't remember what it says. Call this telephone number. Yes. I think you need to somehow make that folder or highlighted or something.

[01:15:56.700] - Speaker 1

That's an easy fix. We can do that. That's an excellent suggestion. Thank you.

[01:16:02.930] - Speaker 2

Welcome.

[01:16:05.030] - Speaker 1

Vicky.

[01:16:06.300] - Speaker 3

I'm pleasantly surprised how quickly this was developed. Yanni did a great job on this. A year ago, we didn't even do this, and all of a sudden we've got this incredible resource. And I think our main mission

now is to get this public service announcement, to do the trial and to get it moving and see what happens to the response that we get from it. I think we're prepared for the response because of this prequalification screen.

[01:16:38.610] - Speaker 1

But before we do that, we have to have it out there and ready because I don't think you want to put out your public service announcement without having a tool in place to help that influx of referrals that are coming in. So that's where we're pushing is to get the final vote on the pre screen, which will do at our next committee meeting, and then we'll start getting it programmed into I say program. I don't know that that's the right word, Johnny. You can correct me, but get it into the resource center so that it's out there. So in our public service announcement, we can say, if you think you qualify, go here and fill out the pre screening instrument.

[01:17:22.410] - Speaker 3

Exactly.

[01:17:25.410] - Speaker 1

Suzanne, did you have another question? I see your hands still up. I'll wave to you. Any other questions or recommendations? Anything that you've seen? Jeffrey?

[01:17:47.090] - Speaker 5

Hello?

[01:17:48.740] - Speaker 8

Can you hear me now?

[01:17:50.760] - Speaker 1

Yeah.

[01:17:52.640] - Speaker 3

Okay.

[01:17:56.240] - Speaker 8

I really missed you all over the past year. Just so you know, I had my own difficulties in my own personal awareness and stuff, and I wanted to know if there was a committee of instead of people classified as

conspiracy theorists, but as a definite finding of truth and facts according to law and order, justifying that statement instead of being falsely accused of things because they have an open mind. Is there a committee of that sort? So I don't have to bring that up into something that is maybe unfamiliar in that topic. For instance, in here, I don't want to create anything like called similar to an enemy or not. I'd like people that have open guidelines of what can be discussed for what is said to be in the past, you know, conspiracy theorists. So the hierarchy or the higher up on the latter totem pole whatever you consider it, distinguishing what can be told to the public or not, that's for the sake of the mediators, for the people that have disabilities being disconfigured for getting proper rehabilitation or community involvement. And I'm struggling with that for two years. And now that I'm not a president of the community I'm living in, I'm seeing things like, are you prepared?

[01:19:50.690] - Speaker 8

And that's good and everything, but are you prepared for what? I don't know what that points that and may if I convinced the convention, I might be able to listen. But with the community of the village village be able to adhere to things that far out in the open, like of unspecific details. Because, like, the public is scared of being called a conspiracy theorist and being fired from the job for those whatever reasons, prepared for what? I say that because when the economy was bound to be like this, some states are more like this. Some states are more like this. Safe or not, I didn't have support to inform the community or the advisor of the community. What is preparing for something other than a hurricane? If this history doesn't repeat itself, but if something beyond what we've ever seen happen in our lifetimes, if it happens, what do we do? If the big shots come to ground and are in trouble and have time out then what do we do when everybody's overwhelmed by the sudden change in attitude or atmosphere of what was once a conspiracy theory and right now or in the future is true.

[01:21:46.010] - Speaker 8

It's kind of like scary case scenario that me and probably a few others, I think majority would actually kind of agree to that in the population or maybe possibly the world if they knew enough details. So instead of the few like this.

[01:22:05.080] - Speaker 3

6% or not determining what is spoke.

[01:22:09.010] - Speaker 7

Of.

[01:22:11.460] - Speaker 8

I'd say the majority like as we vote in this committee, majority should have a chance to know the truth instead of being fearful of telling that to each other. I don't know if you want to just think about that before you respond to me. I'd be okay. Because it is kind of really odd of a topic.

[01:22:41.690] - Speaker 3

I just want to be prepared or.

[01:22:44.390] - Speaker 8

As a community approaching the world, maybe not at the same time what is approaching. We're able to be prepared in a good way because a lot of different aspects is good, but it's not going to seem good at first or for maybe a lot a long time. But after we overcome this unknowingly manipulation, we're going to be able to come into uniting with each other and it's great. I thought that's a good future outlook too.

[01:23:33.210] - Speaker 1

Our committees, when we meet, we're all very open minded. We exchange ideas, we exchange comments. We all come together and vote on any changes or anything that we're going to be doing for the program in each committee specifically. So I'm a little confused on what you're asking when you talk about conspiracy theories and so forth like that and looking for committees to join for that because that's not something that Be Skip is looking to do. But maybe out on the resource center, justin has a lot of links there for support groups and perhaps there's a support group there that might be more geared for what you're looking for. But our committee specific are just focused on the brain and spinal cord injury program. We work together. We are open minded, we exchange ideas, we exchange comments, and we welcome you to join one of the committees. You're welcome to join because we love to hear the feedback. Okay. Ricky, did you have a comment?

[01:24:41.230] - Speaker 3

Yes, I do. I'm totally confused by Jeffrey's comments about the manipulation and conspiracy theory. I don't see any of that. And our group, our advisory council, we are egalitarian, we are apolitical. We don't get into politics. We don't talk that there's no conspiracy theory that I'm aware of that I see. And I'm very political person. I'm very aware of what's going on in the world, but that's not us. And we do appreciate the comments and we encourage you to join our committee or committees and give your input. But there's no conspiracy theory going on.

[01:25:25.900] - Speaker 1

Here at all in my mind agree with that statement.

[01:25:31.710] - Speaker 8

Thank you.

[01:25:32.990] - Speaker 1

You feel comfortable? I want you to feel comfortable.

[01:25:36.660] - Speaker 8

I do because of Ricky saying that. Thank you.

[01:25:54.660] - Speaker 1

Anybody have any other questions about our committees right now? Comments, questions, suggestions? If not, we'll move on to new business. Can you bring the agenda back up, please?

[01:26:09.010] - Speaker 5

Sure can.

[01:26:13.260] - Speaker 1

So first on our new business is Bow is going to talk about the Family Cafe. We're pretty excited about presenting at Family Cafe this year. I'll let him talk about that. Everything that we got planned and that we're going to be doing.

[01:26:31.040] - Speaker 5

We're going to Family Cafe this year. No, I'm kidding. Yeah, it is something we are very excited about. And I've attended a family cafe a couple of times. And if you don't know what it is, it is, I think, the biggest conference in the state for individuals within their caregivers and families with disabilities and all types of all aspects of disabilities to meet, maybe find a solution or a resource to problems they have or issues they have in their everyday life. It's free for any individual with a disability to attend. And registration is still opening for exhibitors as well. So Beescape will be an exhibitor this year. We'll have a booth. We'll have plenty of information regarding our program, regarding the resource center. We have a total of seven staff going. So not only will we be having providing an exhibit and trying to get our name out there, which is, I know, a major part of the public awareness committee. It doesn't get more public than that when it comes to this venue. So the coolest thing is we're going to have promotional items, we're going to have our staff walking around. Our vendor coordinator is going to be there and her job and what her goal is to go out.

[01:27:43.970] - Speaker 5

She's not going to be holding the booth down. She's going to be out trying to explore new vendors that would benefit the population we serve. That's the bottom line. We're going to have our Resource Center

staff, Justin and Robin, out there trying to accrue new things for the website and new resources for the program. Then we'll have some case managers, rehab, text, myself. We'll be discussing with individuals sharing the program and just try to get the name out there and make it more of a household name. The one thing I hear, the one way that I've explained is you haven't heard of us until you need us. And I don't think it should be like that. People should know what this program is and what it does, and I'm very proud to be in this program. And that's the best part about it too, Jeffrey, is no matter who the person is, no matter anything about that person, we're going to help everyone the exact same. And that's something I take pride in this program too. There's no limitations besides what's written in statute with the population we can serve. There's no economic, there's no aspects of that when it comes to eligibility.

[01:28:41.590] - Speaker 5

So it's something that I'm happy to be a part of and definitely going to be there shouting out our name and just keep it going. So, yeah. And it's May 27 through 29 if you didn't know, so and it's Family Cafe.net. If you ever want to know or find some more information about the Family Cafe, feel free to push it because, I mean, the more the merrier is the way I look at it.

[01:29:05.760] - Speaker 1

One of the things Bor Justin didn't mention today that I do want to bring up because it is going to be part of our Family Cafe is Justin and Robin both created what we the Traumatic Brain Injury Guide. Tip Guide. Is that what is the resource guide? I'm sorry, they each have a new resource guide that they created specifically. Justin did one specifically for spinal cord injury and Robin did one specifically for brain injury. And they are beautiful. They are. One is, I think, 26 pages long, and one is maybe 36 pages long. And that sounds like a really big document, but the amount of information that is within that document for a newly injured person is priceless. Right now, I can't share with the public because it has to be approved and we're routing them for approval. So right now they're over in communications and we're waiting for them to give us the final okay on that so that we can actually use them for the public. So that's why I can't share them with you today, because they haven't been approved. And this is considered a public meeting, but once they are approved, we'll push them out to the council and show you exactly what they are.

[01:30:26.380] - Speaker 1

And so I think it's critical documents when, like I said, we have newly injured people handing them out at the Family Cafe. They're very powerful. They did an excellent job on these documents, and it took them about three months to really pull them through because we look at them, send them back, look at them, send them back, and so then we got them to the point where we could route them for approval. So anything that goes out publicly for the brain and spinal cord program has to go through communications and get approval first. Just so you know, that is the dynamic and that is not a quick process. So we started on that. I think Kim Chappelle started routing them about three weeks ago. So it goes through all kinds of levels. It goes through legal final approval, goes through communications, and that's where we're at today. So we should have those also available for our council.

[01:31:28.260] - Speaker 5

The family cafe is actually Hyatt Regency in Orlando.

[01:31:32.910] - Speaker 1

Thank you. I just saw that comment and I was going to see what the comment said.

[01:31:40.560] - Speaker 5

I know a lot of their hotels are booked up. I know the Hyatt is fully booked, but they do have rates for attendees of the Family Cafe that are for those hotels in the Rosen Center and those big name, expensive hotels in the middle of Orlando, dead in the heart of downtown. They have some ridiculously low rates for individuals that are attending the Family Cafe. So if anybody is interested, if they call the information, they will tell you which hotels still have room left, and you'd be able to book that as well, or anybody interested for a pretty good rate.

[01:32:17.380] - Speaker 1

Any questions about Family cafe? We're pretty excited this year. I wish I could show you some of the promotional items that we had the opportunity to order. We have these special little pins. Not your ordinary office pin. Not like these are cute pens. People that have disabilities with their hands can actually grab these and could actually use them. We have some little rubber ducks with helmets on to promote prevention, safety prevention, brain injuries. And we have water bottles. Everybody likes water bottles. So we have water bottles that are going to have Bsdip on there. And we're promoting the resource center and the logo and everything. So that's another way with public awareness, Ricky, where we're able to push out be Skip, because, you know, people go to the conventions, they go to these things. Everybody likes to see what the handouts are. So you get your bag and you walk around to the table and you get all the neat stuff. Everybody likes that. So I believe this is the first year that Beeskip has had these kind of promotional items. Other than Justin used to be able to hand out backpacks. We used to have backpacks, like back in 20 09, 20 10.

[01:33:39.400] - Speaker 1

We had these nice backpacks, and we haven't really had anything since then. So I'm pretty excited to know that we have some promotional items going out there. Kim, I was going to try and show you what they were, but we'll show you at the next meeting. We'll have them at our next face to face meeting to share with everybody.

[01:33:59.860] - Speaker 3

I collect rubber ducks, so I need to get one of those rubber ducks with a helmet.

[01:34:04.700] - Speaker 1

Yeah. Oh, they're cute. They're real cute. They're real cute. So we'll share them once we have all them in. Kim Chappelle put the order in, and we're just kind of waiting for them to come in. Now we're on pins and needles to make sure that they're going to get here in time for Family Cafe. So that's been a long time. That's another one of those things that has to go through levels of approval before you actually get the okay to order. So it was amazing that we were able to do that. So that's exciting. Anyways, I'll move on. Any other questions about Family cafe? Anything? Anybody have comments? Okay, the next item is the client satisfaction survey. So, as you know, we had client satisfaction surveys that we were doing justin team, and Justin and Robin were doing all the surveys that we had created over a year ago and we've been utilizing them. And so Bo and Justin and Robin have been looking at those and they have some recommendations on what they want to make for new client surveys. Now, we're going to talk about this, but this may be another meeting that we have to draw together to actually put these into the document, show the changes and then vote on.

[01:35:23.170] - Speaker 1

But we bow wants to just kind of talk about what they have found and give you an idea on some of the changes that they want to make on these surveys though.

[01:35:34.330] - Speaker 5

So I will very briefly gloss over this and I think this will be a major topic maybe in the next Performance and Quality Improvement Committee meeting as well because a lot of this did happen in that meeting and a lot of it was right when the committees are being formed. But it all has to do with the increased production of productivity and the quality of the work that our staff are providing. And I can't take much credit except for sitting with Justin and Robin and reviewing these. And this is actually a really good time to give major props to the resource center because not only when it comes to helping build the website, creating resource guides, we have other assignments that they are taking on that take countless hours. The surveys themselves take hours because before we had survey monkey instilled with as our main delivery source for the survey, justin and Robin, they were calling every individual. And even now, after I think three unsuccessful attempts, two or three, they are making the last attempt as a phone call to try to complete the survey over the phone, over the phone surveys. And the information that they have found out is where they're getting the most feedback.

[01:36:44.010] - Speaker 5

And that feedback is what is inside some of the changes in the questions and some modification of the survey. So I think everybody knew and expected it's trial and error. You set something up, set your baseline and work towards whatever outcome you're trying to achieve. So with this, we're noticing some feedback and noticing a couple of things that might need to be shifted. Some repetitive questions, some

things that had to have major rewarding for an individual with a brain injury to comprehend. So we're trying to simplify it a little more, reduce the number of questions in it just a little bit, but still get some pretty meaningful data that can help improve us and actually give us a chance to continue to provide services to somebody that might need them. So I just wanted to let you know that we were working on that Justin and Robin did just submit all of them. I'm going to be reviewing them with leadership, with the Bskip leadership team and I think that's something that we should have ready to go and talk about in the next committee meeting. So like a whole nother reason for you all to come to the Performance and Quality Improvement Committee meeting.

[01:37:46.890] - Speaker 5

Maybe we can have a quorum and even voted on something or maybe get some new members. So I had to throw that in there again, too, my promotional salesman attitude. So I don't think we need to spend too much time on that, though, until we have something some more to show, and that once has gone through, leadership, and then we'll present to the Council. But the major thing is mad props to the resource team because they've done a heck of a job. So more to come.

[01:38:15.650] - Speaker 1

Right? Any questions for Bo on the survey, the client survey? No? Okay. The next topic is our charter. So we're going to have to renew our charter. It expires, I believe. May 14, the current charter will expire. If you can pull that up for me, please.

[01:38:39.550] - Speaker 5

On its way. Yeah. Loading.

[01:38:43.400] - Speaker 1

So I attached the draft that was sent out by Caitlin. She sent the draft out, and the only changes that I made on this, where I updated the Council members, and then if you scroll down just a little bit, please. Down where we have our committees. Stop. Go back up a little to the committee. Okay.

[01:39:09.860] - Speaker 5

Right, there we go.

[01:39:11.200] - Speaker 1

So we used to have four committee, and so we merged Education In with Performance and Quality Improvement, and then we merge the Outreach Committee in with the Public Awareness, because we found that we were overlapping and kind of doing the same thing. So we merged the committees together. So on this charter that we have right here, the only two things I changed are the things that I

have highlighted. So I don't know if all Council members have had a chance to review this document. Go over and see if you want to make any changes. If you're okay with the way it is and we keep going another year with what we have here already, we can do that. If you want to vote on this today, we can. If you want to make changes, then I recommend scheduling another meeting to go over it and discuss changes.

[01:40:08.680] - Speaker 3

I would ask a question. If we can get anybody on the advisory council to chair the Performance Quality Improvement Committee.

[01:40:22.330] - Speaker 1

That's Bose committee. That's the one he has right now.

[01:40:25.480] - Speaker 3

But it really should be chaired by or led by one of the Council members.

[01:40:33.250] - Speaker 1

Yes. I misunderstood you, Ricky. I apologize.

[01:40:38.750] - Speaker 3

Someone would like to step forward. This has been the problem with these committees from day one, and you alluded to it previously in this meeting, that we need participation from committee members. It's not just enough to be on the Advisory Council, but participation in these committees that we have is actually mandated by statute, and we need volunteers to step up, please.

[01:41:16.100] - Speaker 5

I did see that Jill said that she would like to join the committee. Is that correct, Joe? One down. Check one.

[01:41:26.980] - Speaker 3

Thank you.

[01:41:32.300] - Speaker 1

Like I said earlier, the committee meetings are typically once a month for about an hour, and that's it. We try not to belabor. We jampack a lot in there. Sometimes they're pretty short because we don't have any

changes, but we still want to meet and keep moving forward. Other times we're right to the 11th hour, still chatting and making decisions and sharing ideas. So for today, my point was, do we want to continue to approve this charter with the changes that I have on here, or do we need to table this and have another meeting prior to May 14, or it could be after May 14 to discuss changes to our charter. I'm opening this up to the Council.

[01:42:22.410] - Speaker 3

I think we could go ahead and vote on this today with the changes incorporated, unless somebody has objections to it.

[01:42:29.530] - Speaker 1

Okay.

[01:42:32.080] - Speaker 3

We do have a form.

[01:42:33.880] - Speaker 1

We do. And we would make the effective date May 14, 2022. That would be the effective date of this charter.

[01:42:52.480] - Speaker 3

Do we need somebody to move on.

[01:42:56.860] - Speaker 1

It in order to vote? You'll need to make a motion and approve.

[01:43:03.730] - Speaker 3

I make a motion that we approve the revised Brand and Spinal Cord Injury Advisory Council Charter that will be adopted May 14, 2022. Do I hear the second?

[01:43:15.800] - Speaker 2

Suzanne?

[01:43:17.250] - Speaker 8

Second.

[01:43:19.930] - Speaker 3

All in favor?

[01:43:22.030] - Speaker 2

Aye.

[01:43:23.100] - Speaker 8

Aye.

[01:43:24.210] - Speaker 3

Opposed. So the Advisory Council charter, the new one is unanimously approved.

[01:43:34.250] - Speaker 1

So I'll update the dates on this and take my highlights off, and we'll send it back out again.

[01:43:41.830] - Speaker 3

Thank you.

[01:43:45.050] - Speaker 1

1 second. I just got to make a note to myself. All right, we're moving right along here pretty quickly today. Next up on our agenda is the annual report. So if you want to bring that up and I included that because I don't know if everybody knows where to go out and find that and look at that. So I just like to include it. I'm going to mute you, Jeffrey, just because I'm getting feedback. So I included it in here, and if you can scroll down just a little bit, just a few things that I wanted to highlight to everybody. So on page one, scroll down. The number of clients served for 2021 was a total of 1202 clients. Those were our eligible clients, third by the program and community reintegrated. So that's a pretty good number there. That's a pretty good number, especially when you compare to right now. Today, I think we have where is it? 1028 currently served since July 1. So we're doing pretty good in comparison to last year. And last year, of course, we were dealing primarily with the pandemic, so that was pretty good. The next thing I wanted to just kind of go over let me pull up mine here.

[01:45:18.890] - Speaker 1

If you scroll down to budget allocations, so when we talk about somebody was asking earlier about allocations and how our funding so that's on the general appropriations that comes out every year after Session. So this is what the allocations were for, 2021. This was our spending plan. This is what we had the authority for. And so I'm not going to go over all the numbers here, but you can kind of look and see what our total was for. Operating and administrative cost was 3.3 million. Programming costs total down there to like 16. And that 16 million, which included our pass through programs as well. So if you scroll to the next page, it gives you a report. Scroll down to the next page. Our revenues so our total revenues collected from all of our traffic find subgregations grants, we had some grants and donations refunds and so forth, came to \$9.1 million. So that was pretty good considering everything that we were challenged with during that year with the Pandemic, people didn't travel as much, so referrals were down. It affected everything going on to the next page of our expenditures. So on this table, our total expenditures was \$10.7 million, but that also includes our pass throughs.

[01:46:52.860] - Speaker 1

So I break it down each year on our operating and administrative costs. We have a table three, and we have a table four. They look very similar to each other. One, table three is reporting on expenses by the program. Excuse me. And table four shows you the same figures and its expenses by funding sources. Because we have trust fund and we have general revenue. Trust fund is the fines and everything that we get. And general revenue is appropriations through the GAA, which ties to Sessions and requesting what you're going to need for your budget and everything. So we really didn't do too bad. So our expenses, our operating expenses came to \$2.9 million. And then our total programming cost, which includes the pass through services, came to \$7.8 million. So overall, we did the \$10.7 million, which was I think was pretty good for 2021. Does anybody have any specific questions they want to ask about this? I just wanted to share, in case you hadn't seen it or perhaps you don't know where to go look for it out on the DOH network. Okay. The next document I wanted to pull up was just where we are with budget right now.

[01:48:22.920] - Speaker 1

Everybody likes to kind of see this and ask about it. So our budget report, if you can open that one, Beau. So this is as of the end of the third quarter, which is March. You can kind of see where we are with our expenses. I'm sorry, I'm getting ahead of myself here. I'm getting hit a bow. You can see where we are with expenses each quarter. What I want to point out is in the expense category, that's a pretty high category. It looks like it's pretty high. But what I want to share with you all, and this is something that I'm putting in, we talked earlier about the LBR and the legislative budget request. And so for expenses, what I'm going to ask to change this year, working with my budget manager, is all of our rentals and our leases come out of our expense category, and that comes up to about \$302,000 for this current year. It'll change a little bit, go up a little bit for 22, 23, because we've had to have some offices move and so we had to get new leasing. And so each year with a lease, they usually go up.

[01:49:44.080] - Speaker 1

So what I'm going to request this year in an LBR is just to move our rentals and our leases out of our expense category into our contracted services category, which is where they really should be because they are contracts and they'll have to put more appropriation out there for the contracted services. But that's more of a realistic so when you look at expenses here, it's kind of misleading. It looks like we're buying a lot of stuff and we're really not. A lot of that is just our leasing. So that is something that I'm going to ask to actually move to the correct category this coming year. If you scroll down if you scroll down, though, just a little bit, it will tell you where we are with revenues. And I forgot to total my last column on there. So right now, under projected, that projected total amount was \$9.2 million. And currently we're at \$7.6 million on our revenues. So we're doing pretty good. We got one more quarter to go and I think we're going to either hit it or we're going to be really close. So I think we're doing real good with revenues this year as well.

[01:51:00.260] - Speaker 1

Does anybody have any questions about this? These are all attachments that were sent out to you all so you can look at them. So if you look at them later and you have questions, feel free to reach out to me. Suzanne, you have a question?

[01:51:15.490] - Speaker 2

I have a miscellaneous question coming from another state that had a similar program. Do you provide any financial support to support group leaders or support groups? Have you ever considered that?

[01:51:36.640] - Speaker 1

I have a contract. It's not really well, I don't know if you would call them a support group, but the Fdoa, the Sports Ability Program, that is a contract that I choose to have with the program that doesn't go through the GAA, like ALS and the Cure for Miami. So that is a community partner, I guess, is what you would call them that we do support. We pay \$65,000 to them each year. But in answering your question, I could entertain that idea.

[01:52:15.040] - Speaker 2

So how do people handle the start of a support group in an area where they don't have any financial support? They're just really good advocates who are willing to get a group of people together. What happens?

[01:52:34.090] - Speaker 1

Well, that's a really good question, and I really don't have an answer for that. I really don't have an answer for that. Ricky.

[01:52:45.490] - Speaker 5

Go ahead.

[01:52:45.900] - Speaker 1

I'm sorry.

[01:52:46.780] - Speaker 3

As somebody who actually started a support group in 2003 that's still functioning today, the solution for that is to get those people together, find a meeting place to meet and organize, which might be a library, it might be a conference room in a hospital or any type of facility that would give you space to just meet and then organize and put out some publicity to begin. The support group that I was involved in, one of three people involved in establishing the support group, we didn't get funding from anybody. What we did get was a room to hold our meetings in and actually wound up being two rooms, one for survivors, one for caregivers family members over the years. That was a Ventus hospital in Maryland. In Rockville, Maryland. But that's how you do it. And we never got any money. We never requested any money for anything. I don't see, as somebody who is a very strong advocate for people with brain injuries and spinal cord injuries, I don't see where it's necessary to ask for that money. And I don't think it would be proper to have that unless I don't.

[01:54:03.340] - Speaker 2

Disagree with that at all. I actually ran about 20 support groups in Massachusetts and probably started ten of them, and some had money and some didn't.

[01:54:14.190] - Speaker 1

But.

[01:54:17.960] - Speaker 2

We had an agreement with our state office whereby we had a certain amount of money that was passed through the Brain Injury Association eventually to the support groups in the state. And we all got a little bit which allowed us to do things like starting libraries and having them in public places where we met, and having a few social rec activities. And we started with nothing. It's now a very big program for them, and they do get additional support from independent agencies in their counties and their cities. But I just wonder if that's a discussion that's ever been brought up.

[01:55:09.790] - Speaker 1

Whether.

[01:55:10.240] - Speaker 2

It's worth having that discussion at all.

[01:55:15.410] - Speaker 3

We can have that discussion. I think it might be worthwhile. I see the opportunities for abuse when money's coming in. When we had social events in our support group, for example, in the holidays, everybody would contribute. It was pot luck. You'd bring a dish, you bring somebody to bring paper plates, and there was never a lack of anything to do it. But when you start to introduce money, I think it just opens the door for bad things to happen. I think that the people who are in the support groups can handle that themselves, or at least the ones that I've been involved in, and I've probably been involved in about six personally over the years. But it's certainly something we can discuss at a meeting and put that out if people want to do that. No problem.

[01:56:11.960] - Speaker 2

Just curious.

[01:56:14.360] - Speaker 3

Thank you.

[01:56:18.860] - Speaker 2

I was wondering if there were any support groups that are by Zoom. Are they all live? There are, because there is cost involved with Zoom? Over 40 minutes. There is that cost.

[01:56:37.990] - Speaker 3

I participate now in about five different support groups. As a matter of fact, this evening, I have two. They're all by zoom.

[01:56:46.090] - Speaker 2

And who's paying for the Zoom?

[01:56:48.040] - Speaker 3

One of them is a Vettis hospital. One of them is a person out of her pocket. You can zoom for 30 minutes for free, isn't it 40 minutes?

[01:57:02.730] - Speaker 2

But most support groups are longer than 40 minutes.

[01:57:06.860] - Speaker 3

Well, then you sign out, sign in. That's what we do with the second support group I'm in tonight. They go for the 40 minutes, and they sign up, and they resign in. And usually that 80 minutes is enough to handle it. But pretty much everything now is by Zoom.

[01:57:24.370] - Speaker 1

Justin has a lot of experience with support groups. I see your hand up, Justin.

[01:57:29.520] - Speaker 7

Yeah, I mean, financially, I don't think it's as big a barrier as you would think. There are, at least in spinal cord groups, there is an organization, nonprofit spinal Cord Injuries Support Group of Florida that kind of has chapters, and so they kind of are like the nonprofit overseas. So I would say start with a group with doing it locally, because the biggest barrier is not necessarily financial, but it's getting constant attendance. And so you really just need to kind of start up with a firm like location, keep it a constant date, and just have it consistently for at least a couple of months or whatever frequency every other month or whatever, or every other week or whatever to start building that base. And then if it grows from there and they want to do more community outings and things like that, that's how you kind of get to the point where this fundraising makes sense. But you can also bring in vendors to talk about a topic, and often they'll be willing to come in and supply whatever dinner or lunch or kind of thing. So you can kind of go that route, too, where you're not having to deal with the financial aspects of money changing hands.

[01:58:55.540] - Speaker 7

It's all kind of done the same. And as far as Zoom goes, like Ricky said, a lot of people do it kind of like how he said, where they do it for 40 minutes and then restart. Zoom accounts aren't that expensive, so I always try it out, do a short group, see how it goes. But also keep in mind with the way a lot of things are going to zoom out, you're not tied into geography. Like, for instance, the Tampa support group gets a lot of people from South Florida. Now we've gotten some people from even out of state that join us. So those aren't necessarily I mean, in person is better, but Zoom has opened the door for some people with disabilities that don't have transportation. They can't travel.

[01:59:48.560] - Speaker 3

I think when we started our support group, I remember there were three of us who started it. And for the first several meetings, there were four of us in the group. We had one person coming in consistency and

same location, same time, and just keep at it. I think that's the key which you mentioned, and it will eventually work.

[02:00:13.910] - Speaker 1

You had your hand up.

[02:00:20.730] - Speaker 2

Yes. I was going to offer the Centers for Independent Living. There are 17 locations around the state, and they serve all 67 counties. They are another resource that can host a support group, and they all have zoom capability. They receive funding during the pandemic to upgrade their technology. So that's another place that you can go if you need someone to host it. And we've done that with the people on our JamesPatrick Personal Assistant Services program. We do periodic zoom sort of chats and they wind up being about 2 hours. And we brought in guest speakers. We brought in VR to talk about vehicle modifications and how that process works. We brought in financial planners to talk about retirement planning for people with disabilities. So the center for Independent Living are another resource that is available to you. And they are federally funded. So they are something that they're created on purpose to be part of the infrastructure available to people with disabilities. So I would encourage you to contact your local SIL to see if they might be able to help support a support group. And by law, 51% or more of the employees in the center for Independent Living have to have disabilities themselves.

[02:01:34.770] - Speaker 2

So there's a lot of lived experience and peer supports already available just in the staff and the board of directors.

[02:01:44.650] - Speaker 1

Thank you. Marsha, did you have any questions?

[02:01:48.720] - Speaker 2

I did have a question, actually. I kind of got sidetracked on that one. But the question I had was, do we get or is there available a breakdown of the contracted services or client services? Like what that money is actually spent on my category, how much on rehab, how much on housing, how much on, you know, whatever the various categories could be services.

[02:02:17.220] - Speaker 1

It's really simple. It's like Lexmark is one of our contracted services, and that's our printers. So in that category, you have equipment which would be contracted and we have staff that are contracted. And that's pretty much what our contracted services are. I think the FBOA is in that category, sports ability,

because that is a contract that we have with them. So those are the types of services that are in that category. Good question. Thank you.

[02:02:47.890] - Speaker 2

So what about the client services then? I guess that's maybe the one that I'm more interested in.

[02:02:52.450] - Speaker 1

Okay, so Bo, if you scroll up, client services are the purchase client services. We call it purchase client services, which is right here you have trust fund, which we get just over \$2.6 million for every year. And then down at the bottom, we have general revenue where they give us what we call special funding. And additional \$1 million.

[02:03:17.290] - Speaker 2

But I was interested in how it spent, not where it came from.

[02:03:21.480] - Speaker 1

It's spent on clients purchase client services.

[02:03:24.100] - Speaker 2

Right. But I was wondering what are the categories that it's spent on?

[02:03:29.580] - Speaker 1

Like service types?

[02:03:31.040] - Speaker 2

Yeah.

[02:03:31.800] - Speaker 1

Okay. So home modification, physical therapy, occupational therapy, vehicle.

[02:03:37.890] - Speaker 2

That's why I was wondering, is there a breakdown of that? How much of that, even general percentage wise, of how much is spent on those various things?

[02:03:46.530] - Speaker 1

Yes, we can produce that. Yes, I can't give it to you today, but I can get that information and perhaps at our next how about at our next council meeting?

[02:03:58.200] - Speaker 2

Yeah, that's great. Thank you.

[02:04:00.180] - Speaker 1

Okay, let me write it down here. We did that, I think, once before by fee code. We broke it down by fee code, but we can break that down even further.

[02:04:19.140] - Speaker 3

We also need to watch our clock now.

[02:04:23.040] - Speaker 1

Yeah. Okay. Any other questions? Jane, did you have another question? Hand was still up. You're waving. Okay. Questions. Good discussions. Good discussions. So next on our agenda is just any recommendations from the council. So I would dare bring up, since we've brought up our next council meeting, looking at October for a face to face meeting, if you all are in favor of October, what we can do is send out a survey monkey looking for a specific date that would work for the majority. Any feedback on October?

[02:05:15.530] - Speaker 3

I would suggest it will be after any time after the week of 17th or later, because there are some religious holidays earlier in the month.

[02:05:34.800] - Speaker 1

I'll have Caitlin send out a short survey monkey on that, and we'll pick the best date and time after the 17th. After the week of the 17th.

[02:05:44.580] - Speaker 3

Yeah, that should be fine.

[02:05:47.480] - Speaker 1

Is there a preference if it's Orlando or Tampa? I was looking at both areas.

[02:05:54.450] - Speaker 3

Orlando is easier for me.

[02:06:01.730] - Speaker 1

We can include that in the survey. Orlando or Tampa area? We can include that. Okay. And we'll get that sent out. All right. Any other recommendations from the council on any topics? Anything you perhaps might want at the next face to face meeting? Marshall had the great idea, the breakdown of services. That's an excellent idea.

[02:06:39.660] - Speaker 3

I think we'll have a lot to talk about at that meeting. What should be transparent between now and then.

[02:06:47.460] - Speaker 1

Sure.

[02:06:48.280] - Speaker 2

Eric, you have your hand out?

[02:06:51.430] - Speaker 3

Yeah.

[02:06:51.880] - Speaker 4

Tim, with the growth in the state and I know when's the last time you've been to South Florida? We've become Los Angeles down here for traffic. Are you guys concerned at all with the amount of population moving into the state, the amount of growth that we're seeing, the vehicular traffic rising, are you concerned at all? And you're doing any projections over the next couple of years as far as how much funding? Not this year, but what you'll start needing for the next couple of years?

[02:07:25.560] - Speaker 1

That's always a concern of mine, and I think once we get that pre screening out and we do that public service and we start getting some feedback, that's really going to tell us a lot more. We can always think about the future and what's coming, but until we can actually start looking at some real data as to what's happening, I want to be cautious on how I move forward with projections for funding. Okay.

[02:07:57.010] - Speaker 4

I'm sure there are other agencies that do data that you can sort of I wonder from a traffic perspective or from an accident perspective, is other agencies that provide you resources so you can start looking at what the trends are.

[02:08:10.710] - Speaker 1

Yes. So I've already been talking with EMS and Mstar because they pull a lot of information and a lot of data reports. So my bureau chief and I, we've already been talking with them on some reports that I'd like to see pulled to give me some idea of my thing is we're serving right now. We've served what, I say, 1028 people since July. You have millions of people in Florida. That's just a speck of the population that's already here. So my mind goes to, are we really getting all the referrals that should be coming to the program? What's happening to these people who have fallen through the cracks? Who are these folks that really need our services, don't even know we exist? So Steve and I have talked this many times. My call, who is the administrator for EMS, about looking at some of the reports that they can pull from Mstar and from Aka, because there's a report where you can get admissions into the hospital. So we're looking to try and pull some more of those reports to really look and see how many injured brain and spinal cord injured people out there, how many are there really out there versus how many this program is actually serving.

[02:09:38.540] - Speaker 1

So when we start looking at those numbers, I think that would be a better idea and looking at projections in the next couple of years as well.

[02:09:47.760] - Speaker 4

Okay. It's just a cautionary. I see it down here in the South Florida market, and I'm just concerned about the future as our population continues to grow because it's at a pretty toward pace right now.

[02:10:02.460] - Speaker 1

You're correct. And it's interesting enough, I was looking at a report that our DBA created yesterday. Bow and I were looking at a report on injuries and where the most injuries are. What's the amount of brain injuries versus spinal cord injuries and the services or the offices where our brain and spinal is located and how many injuries come in to like Miami is the biggest area that gets the most referrals. But of all those referrals, those are also people that are coming in from the islands who don't qualify for our program, even though they show that they have the most referrals coming in. Some of those referrals are people from the island, and we can't serve them because they're not a citizen. So, interesting enough, our DBA is pulling some of that data for Florida health charts specifically for us to look at. Marsha, you had a question.

[02:11:12.290] - Speaker 2

Well, a couple of things in another state, but when we were trying to pull data, we found that a lot of brain injuries were not recorded when there were multiple injuries, and the brain injury piece was left out. So ultimately the orthopedic issues were resolved, the brain injury remained, but that was actually never even recorded because the orthopedic injuries were pretty significant when the person came in. But the other piece that I would say is I work for Anami National Lines on mental illness. There's probably, I would guess, maybe a week that doesn't go by that we don't have someone calling who has a brain injury that doesn't even realize that it's a thing. You know, like they call here because of someone's behavior and should they be baker acted. And I started asking questions about how long have they had this behavior? Oh, ever since that car accident. I was like, did they lose consciousness? It just has amazed me. Yeah, there are people out there, and I would bet that a fair number of them are being treated through the psychiatric system, which is 49th out of 50th in the country. So there's not really much to even access there.

[02:12:31.940] - Speaker 1

Interesting enough, when you talk about they don't even realize they have a brain injury or the family doesn't. So the guide sheet that Robin put together on brain injury, she goes into the detail of signs, symptoms of a person with a brain injury, things to look for. So part of educating, even at Family Cafe, if we're able to hand that out, imagine whoever picks that up and they start reading this, and then they think about their loved one. Okay, so now that might send them back to our program or even to our resource center to get more information, because I agree with you, a lot of people don't even recognize a brain injured person with their behaviors. They don't understand what that is. They don't know what to look for. So I agree with that statement. I do agree with that. Jeffrey, you had a question?

[02:13:33.000] - Speaker 8

Am I good?

[02:13:34.580] - Speaker 1

Yeah.

[02:13:35.150] - Speaker 8

You hear me? Okay. I was just given an agreement to the transparent info that I hope we all come to see more often than not in the near future. I work at a grocery store, and I hear from a lot of people they're coming from different states, and some want to stay, and some want to just recollect in a safe place before choosing to move to another state. And so the more that we are doing here, like we're doing for the good goodness of mankind, it really benefits them. So I just wanted to thank all you all for doing what you're doing. And people coming from all over the world on a smaller scale from the wow. West to right,

the county next to us. So it's really cool to hear all you all giving the different dynamics and broader and smaller scopes of things. So keep it up with good work, guys.

[02:14:55.950] - Speaker 1

Thank you. Eric, you had a question?

[02:15:01.350] - Speaker 4

Yeah, we were talking about injuries. My son recently suffered a concussion from playing Ultimate Frisbee. Right. And so one of the things that we have to watch as a community is there's a highly likelihood that a brain injured person or somebody with a dual diagnosis could have another injury, and we sort of lose track of that. Right. Fortunately for our son, my wife called me, and we could get them to the yard, get them scanned. Let's figure out what's going on with him, start getting busy, and he's doing fine. But when you go into these Ers, I don't know how they track that information. I don't know if they actually if there's data collected for any of the agencies. If you're already a survivor and you suffer another concussion or another injury, do we get that information as, like, a second incident?

[02:16:04.280] - Speaker 1

Sometimes in our program, we will get another referral. So if we have a client that's already, let's say, in service or maybe was referred to the program before and they were close to their community reintegrated, we'll get another referral on that person when they have a new injury from the facility, whether it's a trauma rehab or whatever with their new injury. So in our program, they're enrolled again into the program under a new injury, and it shows that they have dual. They've had a brain and they've had a spinal, and it could be two different times. So my answer to your question is yes. I do believe that they're still reporting even if it was a previous injury, they're still reporting that brain injury to some level. And that's where the reports from Aka come in that show all the hospital admissions and what the diagnosis were and why that person came in through the hospital. And that's like, one of the reports that I'm hoping to get and be able to pull so that we can see do some kind of comparison with clients that we currently have in our program to that report to try to see what facilities are we not getting these referrals from for people who have these injuries that may qualify for our program.

[02:17:22.110] - Speaker 1

We want to be able to do a comparison.

[02:17:25.800] - Speaker 3

Doesn't that also matter how the injury is coded in that emergency room?

[02:17:31.580] - Speaker 1

Yeah. Dr. Higgin, you had a question? Do you have your hand up?

[02:17:46.880] - Speaker 5

Sorry.

[02:17:49.580] - Speaker 1

Getting back to my mic here.

[02:17:54.600] - Speaker 5

All right, now I'm blinking on what I raised my hand about. I'm sorry. I forgot how I raised my hand. Hopefully, I'll think of it and raise my hand again here. I apologize.

[02:18:10.800] - Speaker 1

No problem. It'll come back to you. Eric, did you have another question? I see your hand up?

[02:18:19.360] - Speaker 4

No, I thought I turned it off.

[02:18:21.390] - Speaker 1

Okay. Did I answer your question?

[02:18:26.040] - Speaker 4

No, you did. I'm glad that we're actually getting subsequent reports. I was just wondering how that happened, because since you're not in a trauma unit, you're like a regular Er. Are they also reporting to you? That was my question.

[02:18:43.060] - Speaker 1

Well, some rehab centers do, and they'll still report injuries to us, but that's where we want to go and look at these other reports to see who isn't who are we missing? Joe, I know you had a question in the chat. Joel's question is, do we have access to all of the rehab facilities in the state to be able to reach out to them? And can we also reach out to CGIs and contact the list of those certified to increase awareness of V Skip, as well as seek feedback for outreach CBIS? I'm not sure who CBIS is, but, yeah, we can reach out to any facility because Ricky does this quite a bit and give them information about our program. And if there's a facility that you would like either one of our regional managers to go and provide an inservice on who we are and what we do, we can make arrangements for in services as well.

[02:19:48.310] - Speaker 2

Okay.

[02:19:49.010] - Speaker 1

Sorry.

[02:19:49.430] - Speaker 2

I should put B-I-A brandry association.

[02:19:52.130] - Speaker 1

Okay.

[02:19:53.640] - Speaker 2

Yeah. I was thinking we just had some therapists certified that passed their certification and foreseebus, but I was thinking we could gather the list of all those who are certified brain injury specialists and reach out to them.

[02:20:12.690] - Speaker 1

Yes. So Robin has in their Bia certified brain injury specialist. Yeah. And we've had some of our case managers certified as bia. We have some certified brain injury case managers that have taken that program. Yeah.

[02:20:31.780] - Speaker 2

They just may be another resource for finding advocates and connecting. So that to increase awareness of Bskip.

[02:20:41.060] - Speaker 1

Absolutely. I think Bo, weren't you talking with Via about providing peer mentoring, working with them? Because we have a peer mentoring program and we're working with them. They want to do a peer mentoring program. So they were reaching out to us to see what our peer mentoring program is about. Am I correct on that?

[02:21:06.340] - Speaker 5

Yes. Well, actually, I met with their director of Consumer Relations and just gave them an inservice about our program because they weren't aware of it. And obviously, we're trying to fill the void that the Grain Injury Association of Florida being dissolved no longer here. We're trying to fill that void. That's why, obviously, in the last couple of years, we went from Florida Spinal Cord Injury Resource Center to the Brain and Spinal Cord Injury Program Resource Center. So we met with them, and it just so happened that I brought it up with them that we would like to we're getting our spinal cord injury peer mentoring back up and running and doing a great job at that. We're about to onboard our first. Set of mentors again as vendors with our program. So Justin and Robin have been doing a great job on that. I said one thing I know is a lot more difficult and there's a lot more that goes into it, but creating a brain injury peer mentoring program as well. And they said we're actually doing the same exact thing. Maybe we can collaborate, start throwing things back and forth. So that has been in the talks and I just met with them, I think it was two weeks ago.

[02:22:05.140] - Speaker 5

So I imagine there will be more meetings to come. But we kind of have one of the same goals in mind. So I think that will be working hard with the Brain Injury Association of America and especially to help fill the void, a brain injury resource facilitation in the state.

[02:22:25.990] - Speaker 1

Jane Johnson has a chat. Eric, you were asking this question. She has in the chat a link to the economic and demographic research who conducts estimates of revenue expected for Beeship Trust Fund. So Jane, I think you shared that with the Council quite a long time ago and I actually forgive me, I forgot about that whole thing. I forgot. So thank you for providing that again and I will take that link and put it in my favorites.

[02:23:02.660] - Speaker 2

They update the revenue estimates periodically. The thing I thought was interesting, though, was they show that the revenue is going down, which doesn't make sense because it should increase with population because you have the number of DUIs and buis and fines should increase as the number of tourists and people living here increases. But I don't know what the rationale would be interesting to find out from the people who are on that revenue estimating conference what the rationale was to come up with that number and what data they looked at. But that's like really geeky and in the weeds, but it's just good information.

[02:23:39.900] - Speaker 1

I'm going to say that I was just trying to click on it later and save it a little bit later. I got to write that down so I don't lose it when the meeting is over. There's got to be a way to save it.

[02:23:52.330] - Speaker 2

You can email me and I'll send it to you.

[02:23:54.460] - Speaker 1

Thank you. Yes, that would be easy too. Thank you for that. Jane is great to work with. I don't know if you all have ever had an opportunity to work with her and her team, but fabulous people over there. Anything else before we ask for public comments? Jane, I think you might be our only public participant. I'm not sure. So we'll open it up for public comments. Okay. So Ricky, if you want to do the summary and adjournment, then if we have no other business.

[02:24:37.390] - Speaker 3

I haven't been taking to summarize, I think we accomplished a tremendous amount today and look forward to the next couple of months. Unless I'm missing something. I think I'm ready to call for adjournment. I'll make a motion to adjourn the meeting. Do I hear second? All in favor? Aye.

[02:25:09.310] - Speaker 8

Aye.

[02:25:09.900] - Speaker 1

Aye.

[02:25:10.800] - Speaker 3

All opposed? We are unanimously adjourned. Thank you very much, Kimberly, for putting this all together with your team. Greatly appreciate it.

[02:25:20.440] - Speaker 1

It takes a village to run this program. It's not just one, it's a village. And I have an excellent team. Excellent team. So thank you all for coming today and taking time out of your day to join us. And thank you very much, Jane. You're always a good support. Have a good day.

[02:25:38.800] - Speaker 5

Thank you, everyone.

[02:25:40.690] - Speaker 1

Bye bye.

[02:25:41.920] - Speaker 8

Thank you.