

[00:00:00.600] - Kimberly Robinson

So Kaylin Williams is on the line today, and I'm going to introduce her in a little bit. She's going to take roll call before we get started.

[00:00:10.800] - Kaylin Williams

Hello, everyone. Good afternoon umm I hope you can hear me, can you guys hear me?

[00:00:15.990] - Edmund Mills

We can hear you.

[00:00:16.620] - Kaylin Williams

All right, cool. So my apologies if I do say any of your names incorrectly. So just correct me if I am wrong, as I go along Natalie Alden

[00:00:26.460] - Natalie Alden

Here.

[00:00:28.170] - Kaylin Williams

Daniel Nicholson? Patricia Dorrell? Suzanne Doswell? Joanne Hoertz?

[00:00:50.830] - Richard Zeidman

Suzanne Doswell is here but her ugh.. she's muted.

[00:00:57.410] - Kaylin Williams

Ok, Suzanne's here umm Joanne Hoertz? Ok, Marsha Martino? Michael Fada? Kevin Mullen? Rhonda Ross? Jeffrey Secure? Larissa Swan? And Richard Ricky Zeidman?

[00:01:38.460] - Richard Zeidman

Present

[00:01:38.460] - Kimberly Robinson

So how many people do we have Kaylin is that four council members?

[00:01:45.310] - Kaylin Williams

Yes, ma'am.

[00:01:46.870] - Kimberly Robinson

OK, so as of right now, we do not have a quorum, so. OK, very good. Thank you. So Ricky, would you like to call for the approval of the minutes?

[00:01:57.190] - Richard Zeidman

Yes, we have the minutes of the January fourteenth two thousand twenty one meeting to get those approved. Do I hear a motion to approve them?

[00:02:07.070] - Natalie Alden

I believe we'll have to table them if we do not have a quorum.

[00:02:11.210] - Kimberly Robinson

Oh, you're correct, you're correct, we can't vote.

[00:02:16.400] - Richard Zeidman

OK,

[00:02:16.760] - Edmund Mills

Now, Kim, what I think we could do is if anybody found any mistakes or anything, we could go ahead and get those updated so they could be ready for the next meeting, too. So were there any issues?

[00:02:28.220] - Richard Zeidman

Yeah, are there any issues then if not, we can come back to this later if we get a quorum.

[00:02:37.190] - Kimberly Robinson

We'll take a look and see if we get more members on in a little bit. All right. So I'm going to start right away with some program updates. And so I first want to members know that we have a new bureau chief. His name is Steve McCoy. He was previously the section administrator for EMS. For many years, he has worked with the trauma section, the data unit. He's very familiar with BSCIP. And so we want to welcome him. He's fabulous. He just started not too long ago. So he's just getting in and getting his feet wet. And there's some really exciting things that are coming our way. So I wanted to make sure everybody had an update on that. Another update is Teresa. We all know who Teresa George is. So she was recently promoted to the bureau level as the Bureau of Emergency Medical Oversight Administrator. That's a huge loss for BSCIP, but a win for the bureau. So we're really excited for Teresa. She's worked really hard and she earned that promotion.

[00:03:45.140] - Natalie Alden

That's definitely a double edged sword right there.

[00:03:47.790] - Kimberly Robinson

Yeah, it is. Kaylin Williams, which was the young lady taking our role. She's new not to the bureau, but she recently got promoted to a new position and she's part of the Bureau of Emergency Medical Oversight Advisory Council liaison. So she's kind of taking Teresa George place on our advisory council in the roles that she played. So you're going to be seeing and hearing a lot more from Kaylin as she gets involved with our council. Her name's going to come up quite a bit. She's going to be on all of our committee meetings. She'll be taking minutes for us. She's going to be helping to schedule all of our meetings. So I'm very excited to have Kaylin on board. So we want to welcome her. Pending applications. So right now, the council has four seats that are vacant. We have a professional, a TBI survivor or family member, a spinal cord injury survivor or a family member in special needs of children with TBI or STI. I do have four applications that I'm going to be working with Kaylin on next week. Two of those are actually for a seat as a professional and two are for survivors of spinal cord survivor or family member. So I'm hoping that when we're looking at those applications, because we have duplicate for two of those sections, that maybe those folks will qualify and be able to take one of the other vacancies and maybe we can get some of those filled we can at least get two. So I'll be working with Kaylin on those applications next week. Her and I've already got a meeting scheduled for that. Next is the BSCIP program update, the status on our program. So for this section, usually this is where our regional managers, as you know, are present in talking about happening in each of their regions, which is really good. But I changed it up a little bit for this meeting. We still have attached the report that gives you all of the statistics, but just had it up there, you know, for each region on how many new applicants we've had for adult pediatrics and all that. But what they're also going to provide for you is actually some success stories on how this program has benefited our clients. So with that, I'm going to turn it over to Beau so he can introduce his team.

[00:06:31.660] - Beau Pfister

Good afternoon, everybody. If you can't see the screen, just let me know and I can magnify it. Yeah, we're not going to go through the numbers like we have been on a regular basis. We figure we can have more impact, more meaning when we're giving you updates on a region by possibly giving a success story within that time, within that quarter that we're talking about. So with that, we're going to start with Beth in Region one. Just give a little bit of a regional update if you want, and share what you have with us Beth.

[00:07:01.880] - Beth Collins

OK, thank you. For this quarter, we have had two meetings, two virtual meetings, through teams with the sills, the Northwest Florida Sill and Jacksonville Sill. We met with northwest Florida in March. Sills Jax actually just a couple of days ago this week, just to have some re-introductions and introductions for newer staff to each other. All of our training has been handled through webinars and you read from and that kind of thing. And for our success story. The clients that I chose, I was thinking that I was probably not the most exciting story, but this one, I think was a really big but the client was so appreciative and impacted so much. This is he was a brain injury, 60 years old and single man at the time of the injury. It was a motor vehicle crash and all the motorsensitive cognitive. And at the time that they were trying to discharge him, he had nowhere to go. And really through our program, through our case manager, they're able to work out getting everything that he needed and actually moved in with a neighbor because he was so determined that he wanted to go home and throughout we only spent about two thousand dollars in dollars on this client. But we did refer to to brooks, a brain injury specialist. We were able to work with him to get a driver's evaluation, which was his number one main focus, that he wanted to have that independence and really be able to get back to that part of his life, to be able to be independent in that way. And, you know, just a couple of follow up appointments and, you know, and in terms of getting him approved for Medicaid, but he he was most thankful. He was so appreciative to us. And just for case management, which really is a big impact on a lot of our clients, just having that guidance of knowing sometimes when and where. And one of the biggest things that he said that was helpful to him was having someone call in and check on him every couple weeks to a month to make sure, you know, that he was on track and keeping up with his appointments. You know that at the beginning that was especially very helpful to him.

[00:10:12.320] - Beau Pfister

I appreciate it and I really like to hear. Absolutely, and I'm going to share one, I'll I'll do the region two update. Currently, we have a vacancy for Region two regional manager. So I've been covering that region as well. We just hired in the last month and a half our month and hired a new rehab tech. Nettie Chattin is with us and she's not on this call, but she's doing a great job catching on very quickly and couldn't be happier to have her. As far as a manager we're moving with a wave to hire to get one of our most experienced case managers to fill that seat as the regional manager and be a leader for the region two office, who's continually shown herself to be reliable throughout the last 13 years and the eight years I've been with the program. So I'm excited about that. As far as a success story, I did reach out to my case managers and one really stuck out and it was it's a little different than the ones you hear where it's this is the service provided and this just happened. And this result with this one, this was an individual in their 20s who had a lot of substance abuse issues, was excommunicated from the family, ostracized, pushed out, had no relationships when he was admitted. He was

borderline homeless and had a lot of other ongoing issues because of symptoms of the substance abuse that he had. With that, we became the mediators for him and his family. And our case manager worked very, very hard to make the family understand. As this individual was discharged, he was still having a lot of the same behavioral and emotional issues that his parents were seeing and his family was seeing while he was in the dependent state of the substances. Now, they're not understanding that the brain injury can also cause those types of symptoms and cause those types of deficits. Eve, was able to get in there and work with the family, mediate between them, explain what the subtle differences are and apply the professional help that would be needed. Got family counseling for everyone, peer group, peer support groups, family psychosocial counseling. It was just something she went above and beyond to make sure that the family had a clear understanding of this throughout this whole process. And this is still an active case that will be closed here in the very near future. He's been more than compliant, has had zero substance abuse issues. We haven't actually spent money on him because or provided much funding because he's following through with all of the community partners and all the programs. Programs throughout the state that were able to benefit him medically and help with a lot of his medical bills and things like that, as of right now, he's living with his family, has no substance abuse issues. And this is over the last seven months that this is so this isn't just a month or two we're talking... We're talking a full seven months of living with his family. Being able to communicate effectively with them has completed his outpatient physical therapy and outpatient speech therapy that he was working on. And actually he just got referred to VR has complied one hundred percent and has an interview next week and we're hoping to close him here essentially, community reintegrated in the near future, an eligibility determination of his vocational rehab. So to me, that is the ultimate success story. We start where we don't have much and we are moving down to where he's looking for a job. He's motivated and he's able to appropriately maintain himself in the community as the administrator rules statute says. So I'm very happy to share that one. And as far as region two, that is it here in the lobby, I see Joanne. OK, so with that, we can move on the Region three, if you want Rosalind's on the phone or on the line, and Rosalind, what would you like to share?

[00:14:25.850] - Beau Pfister

Here is Ross. I see her on there and it doesn't look like she's muted.

[00:14:37.050] - Rosalind Myles

Hello.

[00:14:38.190] - Beau Pfister

Yes, we can hear you now.

[00:14:40.500] - Rosalind Myles

Yes. Currently, we are still reading through this, still teleworking from home. We're looking forward to returning to our new office space by the end of the month. Also, we had a vacant case manager's position, which we filled. So we're excited about that and my success story. There was an elderly gentleman who sustained a spinal cord injury. His daughter was taken care of him. He was very independent prior to his injuries. He became depressed because he was unable to do what he was doing prior. We provided this gentleman with van modification, which allowed him to get around to to go perform his own shopping and gave him back his independence. And he was just so grateful and so excited about that even. I think it was like an hour when we were in the office to show us, just move in and to show us, you know, his

driving skills. So, you know, was very happy about that. We're very excited for him. That's all I have.

[00:16:02.400] - Beau Pfister

Thank you, Rosalind. Let's see John Wanecski, are you on the line?

[00:16:07.680] - John Wanecski

Yes, I certainly am.

[00:16:09.450] - Beau Pfister

All right. You want to talk for Region four.

[00:16:13.370] - John Wanecski

Yes, can anybody hear me?

[00:16:15.180] - Beau Pfister

Yeah.

[00:16:16.450] - John Wanecski

OK, great. Good afternoon, everybody. Kimberly, first of all, thank you for letting us gloat about what we do on a daily basis here. And I whittled it down to two success stories, but I could talk about them all afternoon. But as far as our region goes to start with, we're fully staffed. Thank the good Lord for that. And the Fort Pierce office. Unfortunately, we're looking for a new space for the staff that we have in that office. They were asked to leave and so we're looking for other office space for them. But other than that, everything else is good in Region four as far as the success stories go. I picked two. I picked a pediatric case. Number one, that one of my case managers, Paris Calhoun, really did a fantastic job with. This particular pediatric case, her accident was actually back in April of twenty eighteen and it was a horrific car accident, brain injured. They didn't think she was going to make it. But in long story short, we were able to monitor her all through her therapy. And again, Paris did a wonderful job. We did pay for a specialized custom wheelchair for her. But it really was the case management, the follow along with Paris that really, really, really made this case outstanding, you know, overlooking her therapies and making sure that she was making progress. And this girl now is doing so well that she's going to graduate high school this year, which is great. And she was volunteering at a place called Be Strong, which is kind of a community, kind of the same kind of thing we do that kind of help individuals not just with disabilities, but substance abuse and reintegrate back into the community. And she was actually volunteering there before her accident and after her accident. Now they've hired her to be a mentor. So now she has a job. So she's going to graduate and she's going to have a job in the community and continue to help other disabled people. So that one that one's a really good story. There were videos and they had a ceremony where they awarded a plaque to the first responders for her. And it's just it's just a heartwarming story. But she's doing well and she's going to be able to help other other folks. So I think that's a great story. And the second one, and then it'll be quiet. The second one was that it was a collaboration between our resources with the Center for Independent Living and with Fast. We had a client that lived alone with his mom. The mom was providing sole financial support for him and they needed a van and they needed a modification for the van. Lot of work went into that with with the case manager myself. Fast was able to hook them up with an unbelievable loan and a percentage rate so they could buy a new van, which they did. And then we paid for the renovations for that van. And he is now able to go back out into the community and hang out with his friends and

possibly get employment by just getting that van and having the van modifications in there. So we improved his independence three hundred percent. And so that was a really good story because we really did use the resources of Center for Independent Living and Fast and and those are my two stories. But other than that, Region four is doing fantastic. Thank you.

[00:19:35.620] - Beau Pfister

Thanks, John. Yeah. And that second one, I just I remember that so vividly. That is one of my truly favorite stories. All the ins and outs of what what you guys went through. I know how hard that was and how time consuming. But and it really made a difference so I'm glad you pulled that one up. Gave me goosebumps just thinking about that one again. So awesome.

[00:19:56.710] - John Wanecski

It's a good story.

[00:19:58.310] - Beau Pfister

We have Jose here with region five by the manager in afternoon. Jose, feel free to share.

[00:20:04.390] - Jose Dubrocq

Yeah. Good afternoon Re-supply. Everything is moving along the Staff is back into office and most of them are vaccinated so basically we have been doing a lot of training and also webinar. Some of them, two of them were the COVID vaccine and they just went over with a forum, and open forum to ask questions. So we try to educate ourselves so we can educate the client as well. We have had some meetings with ourselves, too. And in reference to the success story, the one that I have to share, the client is not close yet. It's a client right now we're actually serving and this is a special case at three. But this is the one that I think he saw. Thirty one year old and with a fall in California doing a hiking, the thing is that he's a complete paraplegic, but he's not accepting his injury. He actually isolated himself. He was refusing any kind of help. And that was very difficult for us to help the case manager with this case. And he would only talk to the psychologist. Thank God for that. I happen to know a facility that's close to my house and I happened to be close to the client as well, and it's a psych facility, so I gave them the psychology right now under psychiatric treatment. And he's responding well. He's taking the meds and all of a sudden he's turning around. He is willing to go back to the therapy he just got about a week ago. He wants to be consistent and he wants to do everything. So we're very happy about that. And the thing is that I think the mental working and approach that the psychologists took with a humanistic and also existential and is helping him a lot. So I would just want to share because cases like this that are very hard and when you see that the actually the client's turning around, that makes us feel better about what we're doing. And that's basically all I have if you have any questions.

[00:22:13.510] - Beau Pfister

All right. Thank you. That is one of the hardest parts is cooperation. We are purely cooperative kind of it takes that cooperation for us to be able to provide our services. So we push our case managers to stay consistent and persistent with it. And you never know what that catalyst is going to be for somebody to turn around. So thank you, Jose, for that. And a great job with your case management team. Now in the world of the Spinal Cord Injury Resource Center, Justin, is there anything you'd like to share on your side with the program or with the council?

[00:22:46.660] - Justin Starke

Yeah, I'll just touch on a bunch of kind of appropriate things here. Over the last quarter, we've distributed over one hundred packages, information to individuals with spinal cord injury in their families, as well as some other things like coordinate a monthly support group, be it zoom, as well as attend other groups around the state to try to remain connected as much as we can to communities of people out there. We're also in the process of moving along with Rosiland into the Region three office. So we're looking forward to that in the next coming weeks. Last month we spoke to approximate one hundred twenty students from USF's medical school program to educate them about spinal cord injury and and things to to look for. When you you have a patient that with a severe disability in their... Office, you would... The number one question we probably get from from people around the state. Are, you know, looking for doctors with S.I experience. That's hard to find, and especially when you're talking about neuro physicians out there. So this is kind of a good way for us to get on the ground floor before the physicians get out in the field and at least have some background of. All right, when I get out there and I have somebody with a brain injury or a spinal cord injury come to my office, what are some things I should know about who can I contact? Things, let them know that what Centers for Independent Living do, what fast does, what we do, what Brain and spinal does? So those are all very important things. Some other things that we worked on. This was also the first full quarter that we've been conducting the satisfaction surveys. We've been doing those entirely by phone at this point and and looking towards, you know, moving towards email and text to your future and and which will, we think allow us to to reach more more individuals, make it a little bit easier and and less intrusive for them to complete the surveys. And and and so far, it's been going pretty well. You know, we've done we've attempted one hundred and sixty at this point and completed over fifty two. So we're reaching about thirty three percent of the people. So that's a pretty high amount for Surveying. And the results have been overwhelmingly positive at this point from the people we spoke to. And lastly, you know, a big part of our program is our technology aspect of it, the FSCIRC website. And as you know, we've been going through a major overhaul for that. And it's got to be done in phases... and and there's various components that really go into kind of the shell of the website. And I've seen a little bit of where we're at from behind the scenes. And Ed and his team have done a tremendous job and it really looks great and it's coming along well. And once we're fully functional and. Can start repopulating, and I think you guys will really like what you see, but so that's all I have. And I guess I'll turn it over to Ed to to talk about a little bit more about the phases as far as the website. And thank you guys for the opportunity to speak to you today.

[00:26:34.220] - Edmund Mills

And I'll go ahead and thanks justin the... Erick, I know this is the part you were ready and waiting for, right, when you even jumped on. This is something we've talked about in so many of our committees. Everything keeps tying back to the FSCIRC website, which at some point we're going to be renaming as the BSCIP Resource Center. And just so everybody remembers, the end goal is that at some point we start having not only spinal cord injury information, but we bring in brain injury information as well, too, and we start filling the gaps from like where we're BIF left off since they're no longer around that. We can start picking up with that as well. To what Justin mentioned, this website is being brought back in phases here. And I'm just going to kind of read through these and kind of go through so I can hopefully get everyone up to speed that I wanted to kind of ask me questions about this phase one. This was this phase is complete already. And this is the one where the website was

moved over to a new content management system called WordPress. It used to be on something that was called Drupal. And we just decided to move it. And it was because the old website was was outdated. And at some point, technology kind of reaches a point where you have to do something major with it in order to, you know, move it into a next realm. And we reach that where when updates were coming out on the server, it was causing other stuff to break and the site became very, very, very unstable. It was not showing up working sometimes. Sometimes it was, even though it was still up. So we went in and let's see, we were basically on this on this first phase. Our main purpose of this was to go ahead and get the static pages up, get everything moved on, static pages, meaning like it's not dynamically driven where the FSCIRC team can go in and enter stuff in. It's just stuff where it kind of has informational pieces in there, things about like peer mentoring, support groups, research studies, things like that. But they're just the page doesn't really change very often. So that was our first phase was just so we could get a presence back up there. There's all the contact information. So if somebody needed to, they could contact the Erick team and go ahead and get questions answered. Now, while that was going on to we went ahead and downloaded all of the old information they had from the A to Z Resource Center. The A to Z Resource Directory was really the meat and potatoes of that website, and it was because you could go in there and go click on that and pull up information about any kind of topic. And inside that topic was all these different pieces on it, like fact sheets and stories and web resources and things like that. So that's the next piece we want to get up. And that is phase two and that is where we currently are in. And this is basically, like I say, this is where the engine that's behind the scenes is being created to allow content to be added and content being regular stuff. So Justin and Anthony will be able to go in there and regularly go add stories and immediately they show up on the website for people to be able to see. A module for how code values and related code values are stored was created, and that may not mean much to people, but it's basically a dynamic piece of content that allows developers to easily add or modify items onto the Web site, such as like adding new categories to the ADC resource directory. If you don't have things like that set up properly, that can take forever to do in a Web site. Sounds kind of crazy, but we build for having it being dynamic and we don't have to keep hitting the same things again for future development of new modules to having this code value piece really significantly decreases the amount of development time that we need. It shrinks it down like 10 fold. So it was a pretty big piece to put in there. And so and if you guys are kind of picturing this like building a house, you got to build a really strong foundation first. And if you do that, everything else is super easy after that. So the next piece we've been working on is a model for how content is added to the website, and just so everyone knows that the old site there was like five different pieces that were in there that you'd have to have one for each type. There was one for factsheet, one for stories, one for Web resources, and each one of those took time to build. We found a way to be able to combine them all into the same thing. They tie in to that code values piece. So in the future, we can go ahead and a new type. So like we talked about that we may want something. I could easily see this where we want community partners listed in there. That's not something we've ever put in there before. All we have to do is go add that to the code value. It shows up on the content page and automatically Justin and Anthony within five minutes can go in and go start adding in these, you know, our community partners information stuff. And then it shows up on the website so we can get really rapid with what we're doing. And that way we're not sitting around waiting on other future phases.

[00:31:31.430] - Edmund Mills

This is just all being built now. The nice thing about this version, too, is that behind the scenes we've added in the ability to tag any item is either spinal cord injury or brain injury that again ties into the code value stables. And the way that that set up, we also built this to where if we ever had to do something else, like in the old days, BSCIP was we were tasked with doing adult cystic fibrosis that just came out of the blue and we had to do that. Well, this can actually be added in there to going through the code values piece. So we're talking about five minutes worth of time and it's up there and then we can start tagging other articles. So it's built robust where we can do as much as we want to do, but at the bare minimum to handle brain and spinal cord injuries. And we're currently in the testing stage of all this. So all of the content has been built. It's up. It's in our test area. All the developers were all hitting it. And we're if we're finding any issues, we're sending it back and we're going ahead and, you know, making the fixes. So we're just trying to get it towards completely stable. So that should be pretty soon that we'll be pushing that piece out. And obviously the council and everybody will be alerted when that one comes through. But I would expect that sometime in the very, very, very near future and once that's out there, you'll see the FSCIRC team will be entering and content back into the module. Based on what I said, we downloaded all that. We have it and we have to have it to where the guys are looking that because, number one, we wanted to make sure that the content still exists and is available. That was there because a lot of times things change. You know, websites go down, other things. But they also need to be tagging things. So they're going to be tagging it as this were, spinal cord injury related. But a lot of the content they had on the on the original site is also brain injury related to. So they can go in there and go tag that as well, too. And that'll come in. And I'll discuss that in a second to.

[00:33:28.280] - Edmund Mills

But phase three is going to be the news feed module. That's a piece that's out there. There's so much news that comes from Google, from Yahoo! From routers, from all these different places. There's a module that we can end up tying into that will grab all these stories, bring it down and bring it down based on keyword searches. And then Justin and Anthony can go through read through articles and once they like, they can promote them up to the website. So just pushing that module out itself will be phase three. So phase two will get a lot of the old content up there and they'll be able to put new stuff. Phase three will start being new, fresh stuff with news feeds. Phase four is the events calendar module and that's where they can add and stuff like if there is any support groups and stuff like that, they can go put those items in there, whatever other kind of calendar items are in, and it shows up with a calendar and it gives the ability to search and do all that kind of stuff. That'll be phase four.

[00:34:22.310] - Edmund Mills

And phase five is when we're going to be doing the swap over. And that's where we become the BSCIP Resource Center. We lose the FSCIRC dot com name for the site, and that is where people will be able to come in and select that they want to see brain injury information, spinal cord or both, and it'll show it up across the whole site. And then that way it's just a one time thing because if I'm brain injured only, I don't want to see spinal cord injury information and vice versa. But if I'm Dual, I want to see everything in there. So that's already, like I say, being built. The teams are already going to be tagging all the items they're putting in there. So once we hit this phase and we turn it on, the site should have a decent amount of content

at that point. And we've already been identifying other articles. I've had several of the committee members send me through information already, and we've been storing that off on the side. So once we're able to start adding the content, we will. So that's a pretty good rundown of where the site is. I know this has meant a lot to people because this is where all our our committees have all been focusing on. This is what we've talked about for years and here so. That being said, I guess if there's any questions.

[00:35:37.000] - Kimberly Robinson

So I want to thank the regions for great updates, I love to hear the stories and I wanted to make sure that we shared it with the council so you can hear right from the managers and so forth what we are doing, some of our success stories. I think that's very meaningful to be able to hear what we're actually being able to accomplish with our program. Is there anybody that has any questions that they want to ask any of the managers?

[00:36:05.780] - Natalie Alden

I do.

[00:36:06.940] - Kimberly Robinson

OK,

[00:36:08.370] - Natalie Alden

I'm just wondering, so when you have some of these individuals that where you're getting them like adaptations for vans and stuff, are they being discharged right after that or are they still part of the program?

[00:36:24.560] - Beau Pfister

Well, the vehicle modification can happen any time within the process of the program and it's not a contingency of keeping a case open or closing in case. It really just depends on the entire scope of where they are in relation to community reintegration. They might that might be one of the first steps because they need assistance to get to their outpatient therapies. They need they need that transportation. They need that that resource. So it's not necessarily going to be a determining factor of where they are of closure or anything like that. A lot of the times when it is a driving eval, that's usually towards the end of outpatient therapy. I think it's a good indicator that if that's the case, that we will be most likely closing in the near future. But there's nothing that lies heavily on that. It's all dependent on the medical documentation we receive and the process in which to go where the where the client is in the process of the case flow and the rehabilitation.

[00:37:21.030] - Natalie Alden

And so what makes you decide on doing the modifications on a vehicle versus just helping them get paratransit?

[00:37:32.270] - Beau Pfister

Well, really depends. There's a lot of factors on that. It could be where they live. We have we hear too many stories of where you are getting picked up three to four hours before your appointment and then your one hour therapy appointment because it becomes an all day ordeal. So it really depends on where they live, the type of support, the level of injury. They still need a lot of support to utilize those paratransit services, especially brain injuries that require a twenty four hour supervision. They're not necessarily going to be able to hop on a bus themselves or hop in a van without support or contact or something along those lines. So it helps expedite the process. And I can imagine that somebody utilizing their own transportation and have

the benefit, they're going to be accessing the community a lot faster, a lot more frequently, and it's all going to aid towards community reintegration. So I think it just there's a bunch of I think the whole scope of the case has to be looked at to make that determination. And as it referred to, are we getting that request from a therapist? A lot of what we do is based on physician request, is based on therapist requests and what what's going to benefit the client the most. So it really just all depends. And there's no...

[00:38:45.590] - Natalie Alden
And who purchases, the vehicle that's modified?

[00:38:49.100] - Beau Pfister
Say that again

[00:38:50.300] - Natalie Alden
Who actually purchased the vehicle that's going to be modified?

[00:38:53.510] - Beau Pfister
Usually that's going to be a vehicle that the client owns or the client is purchasing. Now, there are some circumstances and we actually have another one that we've done where they purchase the vehicle and we covered the modifications. There's nothing saying we can't purchase a vehicle at all. And that's not anything that we would deny. We would certainly look at that. Obviously, a year round those purchasing vehicles isn't going to be a good for the budget, but we don't get many requests like that. Usually it's to an existing vehicle that's certified by a mechanic. And our policy is actually state that that has to be certified. Certain vehicles over a certain age have to be certified by a mechanic to make sure that it's going to be a viable transportation for the foreseeable future.

[00:39:41.000] - Natalie Alden
Well, I know V.R. as far as when they modify vehicles because of the cost. I mean, you're talking if you're just if you're just doing a conversion just for the ramp itself, you're talking thirty five thousand dollars. And when you're talking about somebody with a spinal injury, depending on their level you're talking, that could be upwards over one hundred thousand dollars for just the modifications alone. And if you're telling me that these individuals are getting this and then basically... just basically at the beginning or in the middle of their stuff, I mean, that's just kind of concerning because that's a lot of money that you're putting into an individual that's going to be remaining on the program for a who knows how long. I mean, and is this same person are they going to be you know, are they going to be able to maintain the upkeep on these vehicles or are they going to be able to you know, there's just so much more involved. And I would never, ever want to see the program purchasing a vehicle because there's all kinds of liability concerns. That's why V.R. doesn't do it, because of the fact that if they purchased the vehicle and the person wrecks it, they possibly could sue VR, if there's issues with that, I mean, there's just a lot of liability in it. And I just, you know, I hearing this and I'm kind of taken back a little bit. I would think that this would be something that if somebody were at the end of their thing and they were going to be discharged soon, that he may entertain helping them with that with the vehicle modifications. But also VR is going to do that. And if you're discharging them to the rehab, then why aren't you going ahead and allowing both rehab to do those things instead of putting that kind of financial burden on the program?

[00:41:32.240] - Beau Pfister

Well, when you first ask the question, just to kind of reiterate and I think that's a great point you're bringing up when you first asked is you asked what scope and all I'm literally saying is that there is no barrier to when we can provide it. I will say that the overwhelming majority of what we are providing is towards the end of case closure. It's not always for that client to be driving themselves, though. It's also for support for to be assisting in their rehabilitation. Our definition of community reintegration also entails a supportive contact so it can be them appropriately maintaining themselves or having support to be able to. I will say that the majority of them are towards the end of the process. And with that, I think that we're always we might want to request I wish we could send every single person to VR, but it's also their choice. And sometimes they're not going to be capable. Who says that they're going to make it to VR every single time? A lot of our cases don't. A lot of them are too severely injured to go through the VR process. So I don't want to be the delay in our program of them getting to their rehabilitation. We have to focus on those initial stages of the rehabilitation and keeping them in the community at the end of the case. So I think that's where my mentality we weigh it every single time we evaluate every single case and look for the necessity in it. But the previous question wasn't answering saying, oh, we provide it right off the bat. I'm just saying there's nothing that says we couldn't if it was necessary. We have provided I provided somebody with a wheelchair hitch on the back so they could get to it was a C three, C four. And I provided them with a trailer hitch to go on the back for the wheelchairs, for transfers and things like that just to get to there. So we're looking at the task at hand, which to us is the immediate needs and therapies that are going to help them stay in the community for a considerable period. So it is a fine line and we have to weigh them and we have to provide the services that had right then and there with what's going to benefit them the most.

[00:43:38.380] - Kimberly Robinson

And, Natalie, I want to add that I don't believe in the history of BSCIP, I can't think since I've been with the program any time that we've actually bought a vehicle.

[00:43:49.300] - Beau Pfister

We have not

[00:43:50.440] - Kimberly Robinson

We have not

[00:43:53.710] - Natalie Alden

That wouldn't be something that you guys would do anyway just because there is a liability with that. And I know that the you know, as far as the state in itself, you know, they're there with VR and everything. They're kind of very much you know, they don't want that liability at hand. But I think moreover, I mean and I know unless, you know, on a case by case basis, it kind of, you know. Knowing I mean, when you say like somebody with a TBI and you're saying you're helping with that, are you actually helping with the family member's car so that the person's able to do it? Because if the person has that much of a traumatic brain injury, as you're stating, are they even capable of driving? I mean, doing a driver evaluation? I totally understand, because you're trying to find out if they're capable. But I mean, I think I would just need to know more about it, because it's just I. I drive a modified vehicle. I know the cost. I've seen the cost on a lot of these modified vehicles. And and and moreover, you know, if you've got somebody who's on SSI or SDI and they're not planning on working any time soon, they

may not be able to afford the maintenance that they're going to be required in order to maintain that vehicle over a period of time. Because even if you just have a ramp, you're supposed to go in there annually. And that could cost anywhere from two to five hundred dollars just to get, you know, everything checked out. And that's saying if there's nothing wrong with it. And so are you thinking about what these people are going to be capable of doing as far as the financial obligation after you purchased it? And are they are they understanding the insurance? And all of that is going to be something that they're going to have to pay for? Because I really hope we're not paying for insurance on vehicles.

[00:45:44.510] - Kimberly Robinson

No, we do not. No, we do not. So Kevin is typing in the chat. I don't know if you all see it, but I'm going to read his chat for you. He says, sadly, my speaker does not work to join the conversation. I do want to imply that if a person needs to get to and from rehabilitation and they have adequate abilities to do assistive assisted driving, I think it's feasible to help assist in driver transportation, to help build functionality, independence and everyday daily living skills. I also drive a modified vehicle and know that it has given my life 90 percent more ability, freedom and independence, not only with the rehabilitation, shopping for myself for functionality, work, environment, support and abilities, and so much more so are vehicle modifications. We really don't do a whole lot of modifications because of the cost and because of our funding. So always keep in mind that everything, as we all know, is based on available funding and this is a service that we consider to be a special funding request.

[00:46:55.040] - Kimberly Robinson

So I think in this last year, I may have had two requests come through that were approved and I'm trying to remember how much the last one was. I think it was like around thirty thousand dollars was the request. I'd have to look it up to tell you one hundred percent. So these are services that we provide that we don't get those requests very often. We do not buy the vehicles. We do not pay for insurance. And our policies are very specific as to what the requirements are for us to provide that service. So good conversation.

[00:47:34.010] - Natalie Alden

Yeah, it is one of those things that, you know, when you know the cost on some of the things, you're kind of like, OK, well, wait a minute. Because, you know, and a lot of it is the ongoing cost that I would be worried about because. You know, I last year, I had to spend almost five thousand dollars just on my ram, you know, and that was just maintenance. And so it's like if you don't have some other kind of income, you're going to end up having someone that that's going to have this vehicle that's going to sit in their yard that they're not even going to be able to use. And so I think that that that's something that when you guys are doing that, if you if somebody does qualify and you are going to be doing that, I think that you need to be educating them also on what that ongoing maintenance is going to be so that they're not surprised or not to be anyway. But I know a lot of people, when they're first injured, they don't realize that, like, if you mess up your wheelchair, it's not that quick to get it repaired. If you mess up your vehicle, it's not that easy to get it repaired. And I would hope that there's some kind of education through through case managers that they're letting them know, hey, you know, you might be trying to become independent. You're trying to learn the dos and don'ts. But but I think also realizing that, you know, the biscuit program is not a cash cow. And if you decide to misuse

something that you're not going to be able to get something twice in the time that you're using it.

[00:49:08.550] - Kimberly Robinson

Very good comment. I'm taking notes here because I'm going to follow up with Beau after here or after this meeting to... ensure that we are providing that education to the clients.

[00:49:20.410] - Beau Pfister

Well, not only are we but the modifier, the place where they're getting it done, who's providing the training for the equipment and those types of things, that we're explaining that as well. But we also have to keep in mind what we are able to do. We make it very clear that by statute, we're not allowed to provide repair and maintenance of certain things. So we do make it very, very clear up to and at the same time, we have to we don't have any criteria based on income and financing. So we have to watch out where we are with that and not disregarding somebody because of something that's not written. So maybe that's a legislative thing, I think, on that side, and that would have to go way higher up. But as far as our policies, when it comes to income and financing, there no policies that we have as a program.

[00:50:10.420] - Natalie Alden

Right, and I think I think that even more so, that's why you should be making sure that you're not making these really large expenditures know. Jeopardizing somebody else who may need program services, you know, and we all know you always have that one person who's going to ask for everything, but just because somebody ask for everything doesn't necessarily mean it's what they have to have for independence. And I never I understand paratransit sucks, you know. And but I also know that depending on where you live, you may not have the options to get paratransit, especially if you live somebody somewhere more rural where your closest physical therapy may be out of county or something like that. So, you know, I just I just want to make sure that you guys have some solid criteria when you're looking at that, because I agree with Kevin, having a modified vehicle is life changing and a lot of ways. But I know some people that, you know, they they they misuse a lot of things.

[00:51:20.690] - Kimberly Robinson

Yeah, so we keep a pretty tight eye on our budget to make sure that it is used fairly across all regions, all clients. So there's some things that we can't provide. But when we can provide something, then we absolutely will. So we're very aware of our budget. And I really appreciate your input on this, Natalie. Great information. A good insight. Does anybody have anything else they'd like to add, any other questions for the managers?

[00:51:55.920] - Jane Johnson

Hey, Kimberly, this is Jane Johnson. Hey, how are you guys? I'm with the Association of Centers for Independent Living and I just wanted to thank everyone, Kimberly and your leadership team and also everyone in the regions for working so well with the Center for Independent Living. I hope things are going well for you in that. And I want you to know, if you run into problems or issues, please don't hesitate to reach out to me. But we really value the partnership. And I wanted to report some good news, although the governor hasn't signed the bill yet. But we did get legislation passed this session to increase the capacity of the JP Pass program. And that's something that's important for people who are being discharged from the brain and spinal cord injury program. It's a financial a monthly financial subsidy for people who

are working, who require personal care assistance. Right now, we don't have a waiting list, but we are the program is over capacity, so we spend more than we bring in. And we've been having to tap into a reserve account to cover that. So this if the bill gets signed, which we think it will, we'll have the ability to take in to serve more people. And we're really hoping that people who are coming off the brain and spinal cord injury injury program who want to work will be able to be picked up because it's you you know, people with spinal cord injuries are kind of the primary candidates for the assistance this program provides. So we're just really happy with this partnership. And when I was listening to some of the success stories and listening to Natalie's comments, too, about vehicle modifications, it's wonderful when we are leveraging all the resources that are out there instead of having a program, do the work of another that's already covered through another agency. So and the Centers for Independent Living are really good at knowing where all those resources are. So we're just again, I just really we're pleased and thankful to be part of the process with all of you and happy that hopefully will have expanded capacity in our personal care assistance program so we can serve more of your clients.

[00:54:04.560] - Kimberly Robinson
That's fantastic news. Thank you for sharing that.

[00:54:07.350] - Jane Johnson
Sure. Thank you.

[00:54:08.460] - Kimberly Robinson
That's wonderful. Anybody else have anything? They want to add questions? OK, so before we go on to client surveys, we can go back to our minutes because we do have a quorum now. We've had other council members join us. So we have. Well, I think Ricky stepped out, but we still have six if we want to go back and revisit the minutes, Natalie, as the co-chair. Do you want to make a motion for approval?

[00:54:39.890] - Natalie Alden
Well, Ricky actually did make the motion so I can make the second.

[00:54:43.310] - Kimberly Robinson
OK, well, OK, very good.

[00:54:46.370] - Natalie Alden
And then is there any discussion, everyone? All those in favor.

[00:54:54.460] - Audience
I.

[00:54:57.770] - Kimberly Robinson
Fantastic. Thank you.

[00:55:00.260] - Natalie Alden
I just want to make sure any... Any opposed?

[00:55:02.360] - Kimberly Robinson
I'm sorry I jump ahead.

[00:55:06.110] - Natalie Alden
That's ok. Then motion carries.

[00:55:09.030] - Kimberly Robinson

Thanks so much, Natalie. OK, so next we'll move on into the client satisfaction surveys and just in touched on this a little bit. So Beau, do you have anything that you want to add to Justin's comments about how the surveys are going?

[00:55:24.730] - Beau Pfister

Well, he did touch on a lot of the things that I was going to say. So I do appreciate that, Justin. And I just wanted to give thanks to Justin and Anthony and Ed and Joseph, one of the best developers, because they've been a big part of making all this happen and really moving spinning the wheels on this and keep moving forward. And I think the last time the last council meeting we spoke, we talked about how we were attempting to get servicemen involved in attempting to find the best way to disseminate these surveys, to have the maximum outreach in the maximum efficiency. At this time, Justin and Anthony have been doing all the legwork and making the manual phone calls and in making attempt after attempt. And we have over 30 percent success rate with those, like Justin said. But since the last meeting, we've been approved for Survey Monkey. Not only that, Ed and his developers have been working on the functionality of it. We're trying to just kind of get a baseline of what the data and analytics are going to provide. We are happy that we are going to be able to start disseminating via email. We're going to start utilizing that. It will remain anonymous. That's the best part about it, unless they would like to be named. Not only that, it has a tracking system within Survey Monkey where we're not going to get repetitive with it. Once it's complete, that email address will no longer be on the the mailing list, I guess you would say so. So far it's been going really well. Justin and Anthony, you had to manually enter all 52, I believe, believe of the surveys that were completed into Survey Monkey. They're now part of that system. And Ed and the four of us, Justin and Joseph, have been meeting on a weekly basis to continue to move this. And I think we're going to really have a good finished product here in the future. So I'm just happy about that as energized. And anything else you want to add on that?

[00:57:18.040] - Edmund Mills

I think my only thing would be that how much effort we put into we really wanted to make sure that when somebody does submit something, that it truly does remain anonymous and that, you know, we don't just say that and behind the scenes. And so we were able to test that and figure that out and make sure that that is correct. And so we were excited about that. And, you know, being able to stand behind our word of what we're telling people is is key to us. So I think we found out alot of what the software can do, and it's pretty nice. So...

[00:57:45.010] - Beau Pfister

Awesome. But...

[00:57:49.030] - Natalie Alden

Just wanted to say kudos guys, kudo's that a lot of surveys, they have to input.

[00:57:54.250] - Beau Pfister

Yeah, they did a heck of a job. Couldn't be happier with Justin and the other than what you have been doing.

[00:58:01.520] - Kimberly Robinson

All right, our next agenda item is the Nyko benefits, and Ricky has still stepped away, so Ed is going to speak on behalf of Ricky. He wanted to speak on this subject. It was a document or it was a link that I sent out to everybody, if you hadn't read the article or not. But it is that link that's on the agenda is a link to the article.

[00:58:28.930] - Edmund Mills

Yeah, and yet it's been a little bit since I read this when this first came out, but what I remember from this story was that this was about a son who at birth, there was some malpractice stuff that had happened. And the mother, a lot of laws and a lot of other stuff came out of this case as well, too. But the mother had to struggle tremendously in order to help provide care for the son. And the just the thousand foot view of this for anybody that didn't read through this was that there was epic failure in regards to people not guiding this woman, who is sometimes she was typically doing two jobs. That was one of the main things I remembered with this, that they were not pointing her in the direction of services she could have gotten when she was with certain places. They should have been doing more for her and weren't and she just wasn't aware of stuff. And this kind of touched a lot of us because there was a little bit of, you know, some conversation that had come through through email. And it's just epic failure. And, you know, we relate this back through to what we do and the necessity for us to ensure and I hope like tying this against what we're doing now. We talk about all of this, about how we're using the skills, how we're connected up with Fast Florida Disabled Outdoors Association. I mean, you know, you start going through all these community partners and Jay Pass. I mean, there's just so much stuff that's out here for people. And we've really been making a push to ensure that our case managers understand this, that they are pushing this with people so they understand what's there with vocational rehabilitation, how far they can go this. So that's that's our job. And that's why when we talk about our single best service that we can provide is case management and case management and being able to show people what's out there is the key. And so Ricky did send through something, too, just because he wasn't sure. You know, just everyone knows he did. He's at a funeral for a very close friend. So he's supposed to be jumping back on here soon. But his words were the purpose of sending the Florida birth related Neurological Injury Compensation Association article to all advisory council members was to ensure everyone in the brain and spinal cord injury program and especially the regional manager, in case workers are aware that it is critical in every case handled that the recipients of our program and services are fully aware of all benefits they are legally entitled to receive.

[01:01:08.620] - Edmund Mills

The abject failure in the case of NAKE illustrated how the recipients of benefits only received a fraction of the benefits she was legally entitled to receive and sadly, how it ultimately adversely affected her life. While I have the utmost confidence in our regional managers and caseworkers, nevertheless, it should be a routine practice that they advise and ensure the recipients of our programs always are aware of and receive the maximum benefits and services to which they are entitled and never to repeat the mistakes made by NYCA. It is our responsibility inclusive, it is our responsibility and duty to do so. And those were Ricky's comments. And I think this just is important to feed back to everyone to this is where we've been building with the BSCIP Resource Center. We need to make this to where people can go in there and see things and find things. And instead of them having to go out and start from square one, we give everybody something in one spot. We help to guide them and we put them instead of being at square

one, they're at square ten and we just give them that big of a jump. Even if they're not related to our program, we have stuff that can help them. So I just think it was it was a great article and it really does highlight what we need to be doing and and hopefully continuing to do. And that's what we've been focused on. So. I think that's it Kimberly.

[01:02:27.070] - Kimberly Robinson

OK, so I'm going to skip on my agenda here just a little bit, because I think this ties in to what the Sills in the transitional case management is doing. It's it's showing the importance of that. So I'm going to have Bo talk about the update on that service right now and then we can take a break if anybody needs to take a break and then we'll pick up on budget when we come back. So you want to speak on this still's transitional case management, Beau.

[01:02:56.620] - Beau Pfister

Sure, I can give a little update on that. And yeah, I really think this does all tie in. And when I read that article, Ricky sent it around perfect timing. When this is all all happening, when we're working with the Sills, when we're trying to get the website going, when we're doing all these things. And the first thing I thought honestly was, wow, this is what we prevent. This is why we're here kind of thing. So it was a nice revelation to think like we actually do make a difference and this is what we prevent. So I was happy to tie that together. With the Sills Transitional Case Management Services, we have made some strides and where we are with this and we actually have some authorizations out right now. This, like before the last meeting was kind of a four thought. We were just getting in, getting into this. We didn't really know we were starting from scratch, essentially. So from there, each regional manager has done a great job with starting to communicate with all their Sills with every 18 and 19 that are out there, I believe over half of them are already active and enrolled with the brain and spinal cord injury program. And I believe the other overwhelming majority of what's left are in process and finalizing the process to become vendors with our program. So, you know, like Beth said earlier when she was talking to her agent, she had to interservices with them. I had a meeting with the Sills in central Florida. So I know that's happening all around. We're starting to work with them a lot more. We're starting to let our clients know about how far we're about to kind of just have a real big push for this towards the end of this year and and see what we can do and see who we can provide the service to and identify the candidates and the clients, if not as many as we possibly can. I wish we could do this for every single client. I really do. And I think we we need to find the ones that don't have funding and have minimal services and minimal family support. Start with them and just keep working our way out. So like I said, we do have some authorization set up already. We already have this service in the making. We have documentation and operating procedures in the works and being completed. So I think this is going to be a success. And this just leads to community. To me, this is more efficient handling of a case. And these are the things that our case managers might not have the most experience with when it comes to health housing, when it comes to these other alternative programs that we might not know much about.

[01:05:20.200] - Beau Pfister

I don't want it to limit there. And I think that Kimberly and Ed share that we don't want to their rehabilitation to be limited to what we know. And that's why we're always trying to educate ourselves and always trying to put it out there and get more facilities and get more services involved. So I think this is a great stride towards that. And Jane, everybody has been

great. So it's going both ways. And I know we're both kind of starting with a clean slate from scratch on both sides of it. So it's nice to come together and and really have that communication. And we're going to keep working on this. And I'm just excited to see what this is going to do in the next even the next couple of months. I think there's going to be huge strides in this. so... Appreciate it.

[01:06:03.000] - Kimberly Robinson
Thank you.

[01:06:05.130] - Edmund Mills
Hey, Kimberly, can we make one clarification to that? We need to give credit to Erick Collazo on that article because he's the one that sent it to us and then we had sent it out and had the discussion. So

[01:06:17.050] - Kimberly Robinson
Absolutely.

[01:06:17.920] - Edmund Mills
I just want to make sure to recognize Erick on that because he's the one that brought it forward. And I know that really touched him because of some of the stuff he's had to deal with with his struggles so.

[01:06:26.140] - Beau Pfister
Well, I think that that's something that should be shared among the regions, too. So managers that I know I have on my managers in here. So that article and information is available on the calendar and I can really put it on there. So I'm sure going to share it with region, too. And I would encourage you to do the same thing.

[01:06:47.600] - Jane Johnson
Kimberly, this is can I just say one one other thing. This is tangentially related. We received a notification from Department of Children and Families today about a webinar next week that the Centers for Independent Living Staff are going to participate in. But it's the state of Florida is receiving 893 million dollars to pay for rental assistance to low income renters. And so if you have clients who, because of their injury, have not been able to work and are having me, are going to be discharged to a situation where they haven't been able to pay their rent or, you know, the program that allows people to receive up to 15 months in rental relief, which means the program will pay their landlords for any back rent and prospectively up to three months prospective rent and also pays for utilities. And I don't know if your clients come into those problems when they become injured and they're in a rehab facility, they're unable to work in there. But their landlord, you know, still needs these help to pay. And, you know, if because of their injury, they are they've gone from if they're now low income, they may be eligible for the Centers for Independent Living. Should have information about that program after this webinar and can connect them to to the Web. There's a Web site called I Think It's Our Florida. But so there's a Web site that provides a lot of detailed information and the application forms. But I thought it might be relevant to folks who are experiencing a loss of income because of an acquired injury.

[01:08:20.610] - Beau Pfister
Jane if you would... Would you be able to add that website to the meeting chat or.

[01:08:25.200] - Jane Johnson
Yes,

[01:08:25.790] - Beau Pfister
Inaudible

[01:08:28.510] - Natalie Alden
Jane, do you know if that's going to do mortgage payments to you? Because I would know that some people that that when they end up having some kind of catastrophic injury, they may actually own a home. And, you know, if they're not able to work because now they're in the hospital or they've been in the hospital for for so long, it may not be a rental payment. It actually might be a mortgage payment. And they may be in jeopardy of actually losing their home unless they can get, you know, help like you're describing.

[01:08:56.460] - Jane Johnson
Right. So it does say rental assistance and it's the programs with the Emergency Rental Assistance Program. And this was a response to this nationwide moratorium on evictions. So this was the federal government's way of making landlords whole after not being able to collect rent. So I don't know if it'll it'll apply to mortgages. But the language does include a clause about helping people with disability disabilities maintain or stabilize their housing. So at least 10 percent of the funds have to be used for that. But it's a lot of money and there's a deadline for spending it. So I know DCF is under pressure to get the money out there, but I put the the link in there and I see that none of the Kahrizak dollars that people receive, like the stimulus money, have had been applied as income to that would disqualify you from SSI because technically this would not be income. This would be a pass through from this program to your landlord. So that to get you out of arrears, so that you can start fresh with your landlord and get, you know, up to 15 months of your rent paid by through the federal government's program. But there's a on the website, there are some frequently asked questions and other information, but it just seemed like this would be something that could be really helpful to a person who's been unable to work because of their injury. But again, it's brand new. The DCF just announced the webinar yesterday, but the website and the website live, I think, on Monday of this week.

[01:10:36.880] - Natalie Alden
Does the (inaudible) Just to go directly to the landlord.

[01:10:39.930] - Jane Johnson
That's my understanding, yes. But I have not you know, I'm going to participate in the Web webinar on Monday to get more information. But I think those questions are all addressed in the FAQ that's on the DCF website.

[01:10:52.030] - Natalie Alden
So long as the funds go directly to the the landlord and the and the beneficiary weren't going to have their hands on it at all, then. It definitely is not going to be counted. It would only there would only be a chance of it being counted if they got the funds and didn't use it for the purpose for which it's supposed to be.

[01:11:09.720] - Jane Johnson
Right.

[01:11:10.170] - Natalie Alden

And then they'd probably get in trouble for the program, too, because they didn't use it for what they were supposed to.

[01:11:14.170] - Jane Johnson

And my my understanding is these I know DCF has hired a company to administer this for them. And so they're going to work with local, county and city governments. But it's the whole idea is you don't put it in the pocket of the renter. You you have to the renter has to validate or prove that they haven't been able to make their payments or they've had a financial hardship. And if they can establish that, then the program will then send the money to the landlord.

[01:11:40.950] - Joanne Hoertz

In our county, all of their great amount of money available and they are very flexible with it, but there has to be some link to covid like you are sick and you couldn't work or you lost your job or your hours were cut or you used to babysit and now you can't babysit. They're pretty loose with it. But there has to be some tie into covid being the reason that you're that you had a loss of income.

[01:12:07.780] - Jane Johnson

Yes, and I think that's a good point, that you probably need to kind of come up with that, you know, before you apply, but... It was this it OK? Anyway, I just. It's exciting because it's a well, it's a lot of money and there are a lot of people out there I know that are are hurting because of covid and covid on top of an injury or if, you know, if if the primary breadwinner in the home is unable to continue earning money because of covid. And you need to stabilize the housing for the person who's coming home with the new injury, I mean, I think there's a variety of scenarios where this might be helpful.

[01:12:48.490] - Kimberly Robinson

Good information. Thank you, Jane. You always find the good stuff for us. Thank you for that. All right. Does anybody need to take a break before we continue? Our next agenda item is just to take a quick look at where we are with budget. Anybody need a break first? If not, we'll we'll just keep rolling, everybody's good with that. OK, let's keep rolling then. So I just wanted to update the spreadsheet. I've been keeping this going all year here and Ed, Ed made it nice and pretty for me. Thank you, Mr. Mills. So I'm not going to go down in the weeds on all of this. It's kind of self-explanatory as to where we are with our expenditures. So both for trust fund and general revenue. And we're right on target with everything. We're not having any deficits anywhere. So we're doing real good with that. And if you scroll down one more screen Beau to revenues, even revenues look like they're on target. We're we're still about two point five million shy of what the projection is. But we have this last quarter to go. So, you know, with the state opening everything back up and everybody's going back to work, I don't wish anybody to get any kind of a traffic ticket. But when my family does, I always thank them for contributing to the program. So we'll see what this last quarter ends up with. So I think we're on track.

[01:14:29.990] - Kimberly Robinson

I think we're doing pretty good. Some things we've exceeded in as far as our revenues go, other categories, we're pretty close. We're I think we're doing pretty good. I think we're going to be OK. So does anybody have any specific questions they want to ask about budget? OK, then we'll keep moving. And our next agenda item is so in our last meeting, the question came up about terms

term limits for our council members and council members can serve for years. They can serve twice. So the question was, can we have that changed? Well, I post it on the agenda what are our statutes says about that? And in order to have that changed, we would have to do to go through the following, going through the procedures for changing a statute. So that's something that is on the table. And for consideration then, you know, we're going to have to further discuss that. And maybe that can tie into a little bit when we come up to our charter. But as for right now, the way it is. We can't change it unless we change our statute, and I just wanted to put in there specifically what it says where our council members. So then going down to the next item regarding on our agenda here. Our charter, so our charter expired as of May 7th, it actually expired, so we as a council need to look to see if there's any changes that we want to make to our charter or do we continue with what we have?

[01:16:20.450] - Kimberly Robinson

If you want to think about it, we can think about it. And I can schedule a special meeting to go over the charter. Specifically, I do want to point out that the council responsibilities. So if you scroll down a little bit further below. Because this is a problem that we seem to be having with some of our committees is actually participation. So we try to get as many members to participate as we can, we can't make anybody participate, but it is in our charter that it is part of the responsibility. So I just wanted to point that out because I know we have some members who don't participate on anything. And I have reached out to those members. And like I said, I can't make them participate. I can only ask them to participate. So what do you all think about our charter? And, you know, how would you like to move forward with it? Anybody? Do we want to vote on this?

[01:17:35.320] - Joanne Hoertz

This is Joanne Hoertz. I think there's still things that we want to try to accomplish. So I didn't really think that. Do we need to revise that or can we just continue it?

[01:17:45.250] - Kimberly Robinson

We can continue it. We don't have to make any changes. But this one's expired, so we're not going to make any changes to what we had. And the council needs to make a motion to vote on that and we can just reinstate what we already have. Our committees are doing really well and we're going to go over the committee updates next.

[01:18:09.710] - Joanne Hoertz

I would make a motion that we continue it. OK. Natalie, do you want to take the chair on that because Ricky's not here?

[01:18:28.130] - Beau Pfister

Is there a forum to vote without Ricky?

[01:18:31.040] - Kimberly Robinson

Well, Natalie's the co-chair. You're muted, Natalie. Oh, maybe she's having problems with her mic. Yeah. Well, all right, well, let's let's see if Ricky comes back on or maybe Natalie can get her mic, maybe she got distracted. So let's come back to that vote. We'll come back to it. So let's go down to the update excuse me, updates for our committees that we currently have going. So the first one is the performance and quality improvement. And Beau, do you want to speak to that? Excuse me.

[01:19:22.770] - Beau Pfister

Well, since the last council meeting, we've actually gained another member on this charter. So we have a total of three now. So I do appreciate all the input that Natalie Kevin Mullen Rhonda Ross Dr. Ross provide. We didn't touch based on the surveys and a couple other things, and we really broke it down to what we're all about performance, equality. And so educating our staff, educating our staff about how we can help the best way that we can be consistent.

[01:19:53.310] - Beau Pfister

And I think everything that we're talking about and everything that we're working on when it comes to the website, when it comes to surveys, when it comes to every Sills, all that entails is all part of this council. And that I think everybody can say those are aspects of their charter in some way or another that all ties in together to build this huge gap. And I think it's great. So our next focus is to continue to educate. And I'm still going to be working with Natalie to try to get an in-service with disability rights and just so we can be a better advocate for our clients that we serve as well. Anything else I want to add to that? Oh, yeah, just external resources, education and training and consistency are really what we're focusing on. We are going to be scheduling another one, I think, for the first week of June will be our next meeting. I'm just waiting on some boats to come back on that. And the poll I sent out. Other than that, we're moving right along.

[01:20:54.250] - Kimberly Robinson

Excellent. Thank you

[01:20:55.690] - Beau Pfister

Natalie's typing, Kimberly, she might be having some issues or something. I do see her name typing on.

[01:21:01.450] - Natalie Alden

I'm back. I'm back. I'm sorry. I had a. I my dogs, I couldn't hear everybody.

[01:21:12.670] - Kimberly Robinson

I have a rooster that interrupts me.

[01:21:16.300] - Natalie Alden

When somebody comes up to our door, it's like the dogs just start barking their heads off and you can't hear anything and you have to calm them down. So I kind of missed, like maybe like three or four minutes in there.

[01:21:27.850] - Kimberly Robinson

OK, so we'll back up a little bit then, because we were talking about the charter, because currently, you know, it's expired. It ended on May 7th. And so some of the other members were commenting that, you know, to continue with what we have and not make any changes. So we were going to go for a vote on that. And since Ricky's not here and you're the co-chair, I was going to let you..

[01:21:58.330] - Natalie Alden

I'll make a motion for that, because I agree with that. I'll make a motion that we go ahead and go with the just to update this for for this fiscal year. But I need a second.

[01:22:12.210] - Joanne Hoertz

I'll second is this is Joanne Hoertz.

[01:22:14.990] - Natalie Alden
OK, is there any discussion on this? All those in favor.

[01:22:22.140] - Audience
Ay, ay, ay.

[01:22:27.110] - Natalie Alden
Any opposed? Motion carries.

[01:22:28.700] - Kimberly Robinson
Wonderful

[01:22:29.960] - Natalie Alden
Good until the May 7ths 2021.

[01:22:33.210] - Kimberly Robinson
Twenty two.

[01:22:33.570] - Natalie Alden
Oh twenty two years.

[01:22:37.110] - Kimberly Robinson
OK, thank you, I really appreciate that. OK, so we'll go back to our committee updates in. The next one is public awareness. And since Ricky is still not back yet, it's going to speak to what they've been doing.

[01:22:53.610] - Edmund Mills
Ok, our committee is made up what we've had Ricky and we've had Marsha for the entire time, and both of them are solid as rocks, and it's been amazing having both of them. And we just add, added Michael Fada really recently. So that's been great having him on there, too. So we're up to three members, plus myself as the facilitator. We've had a couple of meetings, one of the we've been able to tackle quite a bit of stuff with this committee and it's been really good discussions. And and I both said most of the stuff kind of ties together with the other committees. And most of us have been kind of going to all three committees. And you can kind of tie pieces together pretty nicely. But one of the topics we covered was the Open Advisor Advisory Council committee positions, because we see that as being a necessity for getting more people on here and getting more people being active and not having the open rolls. So the committee discussed it and we tried to figure out what was the best way to get those filled. And it really came down that the best plan right now was to, especially with the types of positions we have open, was for both to reach out with the regional managers and determine if there are any previous clients and or family members that would be a good fit for, you know, the advisory council. Now, when Beau and I talked about this. He came through with the suggestion that we probably need to put together a flier that can be just really high level, that just kind of has a little bit of information so the case managers and everyone can and that out to families and everything. And I know they've already disseminated this information and have talked about it, but having that consistent message is good. So I added that is an item for our committee to talk about next time we meet. The other thing we talked about public service announcements. That's our next big piece we focused solely on is the last time we met, we had somebody from the communications office come in and they were there basically to help us to figure out parameters of how we should be creating administering a successful PSA and anyone can do a PSA the question is, how

are you going to reach people and make sure we're doing it properly? And and, you know, what's the plan? And we basically agreed as a group, because one of the concerns we had with this was that if we go out there and we put PSA is let's say that you're dealing with a sports team and you have it flashing up there and talks about brain and spinal cord injury program, and you don't put the right information out there, all of a sudden you can inundate us with a bunch of calls that we shouldn't be getting and we don't have the people to be able to handle.

[01:25:24.620] - Edmund Mills

So we determined again, this is where everything comes full circle back to the BSCIP Resource Center and right now the FSCIRC.com website. And that's going to be the focus of where we want the place to go. And the reason is that, like we said, the Resource Center BSCIP Resource Center website is going to have information that even if somebody was not dramatically injured, it still will most likely have a lot of information that will apply to them. Like if we put up the stuff that Jane just talked about and we had that on the site, that could go out, that affects anybody that's saying this. So, again, it's just beautiful, good information that will be out there. So that's going to be the cause of there. And we're currently researching some domain names because we realized that while the site will say BSCIP Resource Center, it's not going to be really easy to put up something like that and say BSCIP Resource Center to the most. Most of us in here understand what BSCIP stands for, but don't remember the acronym without really thinking it through. So if you put that up there during a like a sports event or something, they're not going to remember that one of the domain names that we had come up with already that that is available is resources that help Dotcom come up with something like that just so we can make it be something where it's meaningful. And then when they go in there, they'll see that it's the BSCIP. The other thing is that that's where you'd go in and see all the community resources, see everything else. So it's just a good place to get people in and then hopefully it helps to start qualifying them over. Let's see that. So one thing that we would like to know, if any of the members have a relationship with somebody that's associated with like a Florida sports team, we've heard where somebody has the a race car driver that's actually in the family. We have somebody else that has the tie in with, you know, like the Florida Panthers. There's the hockey team. I mean, so there's different tie ins with people. Those are things that we want to know. So if somebody could just go ahead and if anybody has those, send them to me. Because what we're looking for is the tie in to where we can set up the relationship. And doing that call cold is incredibly difficult. But if somebody knows somebody and they say, oh, no, no, I can get you to talk to Ted or talk to Susie, and you go have this conversation, it gives us a much better chance of being able to start setting up these relationships to have PSA starting to play.

[01:27:48.520] - Edmund Mills

So that's going to be what we're going to be shooting for. And I think everything is going to be kind of like convergence. Same time, I think we're going start seeing the resource center stuff getting together. I think we're going to see these going together and then there you go. So that's where we're at. And that's our that's our report.

[01:28:06.440] - Kimberly Robinson

Excellent. OK, thank you. A lot of good things going on, a lot of good things. Erick do you want to speak on the outreach program?

[01:28:17.960] - Erick Collazo

Sure, can you hear me?

[01:28:19.430] - Kimberly Robinson
Yes, sir.

[01:28:21.530] - Erick Collazo
Hi, everyone, I'm Erick Collazo. And first, I want to apologize to the council because unfortunately, we've had another medical emergency in our family and it's taken a lot of my time. But things are certain to lighten up now when we set the outreach program together. Our objective was to really set four objectives, set up a friendly website for BSCIP. And you heard the group talk about the process that we've gone through and connecting it to the Florida Spinal Cord Injury Resource Program. And we also wanted to go back and add resources like we had under BIF. And the fourth part and you heard Ed talk about testimonials and PSA. So I've sort of been the advisor to the group to try to get these ideas pushed out. And I know that Ed and the group and Justin have been doing all the work now that they've got the server problem worked out and we can get the info transferred. You heard Ed talk about they're doing a trial, so that will give us the ability to complete and get the website up and operational where you can actually get resources in and see the testimonials. That's all I have to report at the moment, we do need some help. Committee wise, it's myself and Suzanne Doswell. So anybody else that has some time that could participate, we'd appreciate the help. And I also had a question for you, Kimberly. At one time there was discussion about combining some of these committees. I don't know what the end result of that was.

[01:29:59.240] - Kimberly Robinson
We had voted at the last meeting to combine the education committee. It kind of blends in with all three of these. So we kind of get away with the education because it blends in with each one of the committees that we have going. And so since Teresa served on your committee with you, Erick, I will be taking Teresa's place for you.

[01:30:24.700] - Erick Collazo
Great, great, and anybody else that wants to join us are welcome, will start putting out schedules again.

[01:30:30.530] - Kimberly Robinson
We can do a survey monkey for all that I love survey monkey. It works so well. All right. All right. Well, thank you all. Those are great updates. So we got a lot of things that are happening and that I'm really excited about that. And our leadership for the bureau in the division, they're pretty excited to hear that BSCIP's got some things going on. So that's a win win for everybody. Do we have any new business that we want to have open discussions on? Anything anybody wants to bring up? OK, are there any public comments? OK, so for future meeting dates July, since we're trying to do these quarterly July is never a good month for BSCIP to have big meetings because that's when we are opening our new state fiscal year. And there is so much going on in July. So I'm going to ask to skip July. And if you would all like to maybe consider August

[01:31:46.400] - Natalie Alden
I think August would be better because we do know that all of the. Yeah, all of the state, it's very hard to get state state people in July because of the fiscal year, but at least in August, you'll know the new numbers and what's

going to be going on. I think we'll get better reports in August anyways, just on what the new budget is going to be like anyways.

[01:32:07.500] - Kimberly Robinson

I agree with you, Natalie. My other my other option to throw out to you all is if you wanted to wait and maybe try to do one in the fall and and maybe try to make that a face to face, that I would. That was my other option to throw out.

[01:32:23.520] - Natalie Alden

I would be fine with that also, if everybody else is.

[01:32:28.340] - Joanne Hoertz

This is Joanne, I'm good with that, either one is fine, I agree with July, not being good.

[01:32:35.310] - Kimberly Robinson

OK, so maybe we'll let me see what the other sections are doing, because I think they're having a big council meeting this fall. I heard mention of it to see if we wanted to try and have ours at the same time. So let me talk to Steve, our new bureau chief, and see what he's got going with the other councils. And maybe we can we can do that, but I'll get...

[01:33:01.920] - Natalie Alden

I would.. If if it seems like it's going to be feasible to do a face to face and possibly like September, October, somewhere in there then. And whether it is or isn't, maybe you can do a survey monkey to say or doodle call to say, hey, we are going to be able to do face to face here the potential dates and then we can we can do the date on that. Or if it's not, then you can go ahead and put that out for potential dates, possibly in like the third week of August.

[01:33:32.760] - Kimberly Robinson

Oh, yeah. Now that's exactly what I would be doing. I'll send a doodle poll. Well, that's exactly what I was going to do. So see great minds think alike. Natalie, thank you. Is there any other discussions, any new new business, any questions?

[01:33:52.290] - Erick Collazo

Kim, this is Erick. Was there anything legislatively that the council should be concerned with? Were there any changes legislatively in this last session that could affect the program at all?

[01:34:04.830] - Kimberly Robinson

Not that I am aware of, no. I just got the the approved GAA yesterday. And so I've been looking at that. And I see we're a couple of our contracts. One contract, I think went up or else I think it said a million this year instead of eight hundred thousand. And but that's passed through money. Keep that in mind. That's passed through. And I did not see and maybe I just didn't look hard enough, but it's usually right where the ALS is. I didn't see any funding out there for the Miami Project to cure paralysis. So I have to go back and really look at that because last year they got seven hundred and fifty thousand. I did not see it on the GAA. I might have just overlooked it. So I have to go back and ask about that one. But our umm purchase, client services, nothing changed on that, I didn't see where anything else changed significantly for the GAA.

[01:35:09.640] - Erick Collazo
OK,

[01:35:10.840] - Kimberly Robinson
Other than the contracts.

[01:35:12.100] - Erick Collazo
Thank you.

[01:35:13.240] - Kimberly Robinson
You're welcome. Good question. Thank you for asking. Anybody have anything else? OK, Natalie, would you like to any comments and to adjourn?

[01:35:31.420] - Natalie Alden
I will make a motion for us to adjourn is there a second?

[01:35:37.650] - Joanne Hoertz
Second.

[01:35:39.960] - Natalie Alden
Any discussion, all those in favor?

[01:35:44.750] - Audience
I

[01:35:45.980] - Natalie Alden
Any opposed? Motion carries great meaning, everyone.

[01:35:52.200] - Kimberly Robinson
Thank you,

[01:35:53.180] - Audience
thank you, thank you.

[01:35:54.300] - Kimberly Robinson
I appreciate you all. Thank you. Thank you