

[00:00:05.010] - Kimberly Robinson
OK, I've printed everything out, so I've got all that. OK, OK, that's good.
All right. So I want to welcome everybody today. Thank you for taking time
out of your busy workday to join us for our quarterly meeting. I'm excited
about it. We have a lot to go over. We're going to start with Teresa George.
You'll take Roll Call first.

[00:00:28.950] - Teresa George
Good afternoon, everyone. If you would, just acknowledge that your present
when I call your name Natalie Alden.

[00:00:37.650] - Natalie Alden
Present

[00:00:39.030] - Teresa George
Erick Collazo,

[00:00:40.680] - Erick Collazo
Present

[00:00:41.850] - Teresa George
Patricia Dorrell. Patricia Dorrell. Suzanne Doswell

[00:00:49.350] - Suzanne Doswell
Present

[00:00:51.150] - Teresa George
Michael Fada, Michael Fada. Joanne Hoertz

[00:01:00.340] - Joanne Hoertz
Present

[00:01:01.870] - Teresa George
Marsha Martino. Marsha Martino. Kevin Mullen.

[00:01:09.680] - Kevin Mullen
Present

[00:01:12.450] - Teresa George
Daniel Nicholson,

[00:01:14.610] - Daniel Nicholson
Present

[00:01:16.560] - Teresa George
Rhonda Ross. Rhonda Ross Jeffrey Secure. Jeffrey Secure Larissa Swan. Larissa
Swan. Ricky Zeidman

[00:01:45.470] - Ricky Zeidman
Present.

[00:01:50.330] - Teresa George
OK, so we have six members that are absent.

[00:01:56.680] - Kimberly Robinson
I think Jeffrey will probably come on a little bit late. He usually works
till about one o'clock, so he may come in late and Marcia had a meeting that

she had to go to. So she may come in late. We'll just have to keep an eye out for them. So with that, I'll turn it over to you for approval of the minutes from September.

[00:02:23.920] - Ricky Zeidman

OK, we had minutes excuse me, from the I'm just trying to get set up here at my desk excuse me, the minutes from the September 24th meeting, do I hear a motion to approve those minutes?

[00:02:40.840] - Natalie Alden

I Natalie Alden will make a motion to approve those minutes.

[00:02:43.750] - Ricky Zeidman

And we have a second, please.

[00:02:47.300] - Joanne Hoertz

Joanne Hoertz Joanne Hoertz is the second.

[00:02:50.060] - Ricky Zeidman

Thank you. All in favor?

[00:02:53.290] - Audience

I

[00:02:54.050] - Ricky Zeidman

Any opposed? The minutes are approved.

[00:03:00.370] - Kimberly Robinson

All right, we're going to move right into the new council members, so we have two new council members that I want to welcome. Michael hasn't come on yet. He is he is filling the seat for special needs of children with TBI or FCI. And we also have Daniel Nicholson. He is a TBI survivor family member. Daniel do you want to give a little highlight about yourself?

[00:03:25.050] - Daniel Nicholson

Sure, yeah. Traumatic brain injury. Three weeks in a coma. This was twenty three years ago when I lived in the Bay Area. Have since done quite a bit with my life. I learned about technology, which I think was a big proponent of helping me recover from my accident. And I've worked in technology for the last 20 years. I'm also currently working with Zoom. So it's unfortunate that we're using teams, but that's OK. I'll get over it. But spent 11 years, 11, 12 years working for Cisco and Information Technology as a solutions architect. So happy to be here and join this team. I've been looking for a long time for ways that I can contribute back. I think I do have a lot to share with regard to the experience of coming back from a traumatic brain injury and what that looks like from a survivor perspective and looking forward to contribute in any way that I can. I do live in Sarasota, Florida. I have a son who's 14 years old, who's very, very bright, very gifted individual. I've been in Sarasota for 10 years and love it. And again, just happy to be a part of the team.

[00:04:54.790] - Kimberly Robinson

Thank you and we appreciate having you on. I don't have I wasn't prepared, I thought Michael was going to be on to give an update about himself and I don't have his portfolio in front of me, so I can't tell you too much about him. I'm hoping that he will come on during the meeting. And if he does, I'll reintroduce him and let him speak a little bit about himself, himself and his

experience. So my apologies for that. The remaining vacancies that we have for the council positions is we have a professional vacancy, a spinal cord survivor or family member, and a special needs of children with TBI or SCI. Erick Collazo is... His appointment has expired. But until we fill his seat, he's still considered an active member. So we're very happy for that. We're happy that his seat will be filled or replaced, unhappy that his plate will be will be filled at some point. But we're happy to still have him part of it as an active member. We're going to go right into the BSCIP program statuses. We're going to have each regional manager talk a little bit about their region and give an update. And you'll notice in the reports that were sent out, we gave you statistics from quarter one and quarter two. And we've done that in a couple of reports. And the reason we provided both quarters for this meeting is because our meeting in September was in the middle of the first quarter. So we didn't have any information that we really could provide. So we had used the fourth quarter of the previous year. So in this meeting, I'm wanting to give you both quarter one and quarter two. So with that, I'll turn it over to Beau and he can introduce his regional managers.

[00:06:48.010] - Beau Pfister

So first of all, just do a couple of regional updates, give me a little overview of what's going on in our regions. If anything, much has changed in some of the numbers just to gloss over them quickly. Each manager will do that. So, Beth, if you want to take it away with region one, OK.

[00:07:03.760] - Beth Collins

Thank you. OK, so I cover the region. I'm the regional manager for Region One, which covers the north part of Florida, Jacksonville, all the way over to Pensacola, down through Gainesville. Everything's running pretty smoothly, just kind of same as last time when we met last time. So lots of trainings and webinars, those types of things. We're still handling things like this, which I think everyone is running pretty smoothly. So I'll just go over these.

[00:07:39.460]

No. You muted yourself.

[00:07:49.110] - Beth Collins

Oh, I'm so sorry. I don't know that. OK, so I will go over the report. This is a report period, July 1st through September 30th with the new applicants. This is broken down by injury search for brain injuries. We had 70 for spinal cord injury. Thirty eight to nine for a total of 121. That was adult. And this is pediatric. It is nine for brain injury, five for spinal cord injury, three sole injury and 17 total were in service clients. Same report period is seventy six brain injury. Seventy one spinal cord injury, 11 DOOL or a total of 158 pediatric is nine brain injury, five spinal cord injury to deal or a total of 16. This successful closure's percent, same report, period, nine adult community reintegrated. And then zero community reintegrated for pediatric for that report period. Moving on to the next report period, which is no first through December thirty first for adult new applicants, brain injury. Ninety nine, spinal cord injury. Thirty seven to nine for a total of 140 for our pediatric brain injury, 12 spinal cord injury, three one dual injury to probe 16 service clients. Adult brain injury, a total of seventy six. Spinal cord injury. Seventy nine to 11 for a total of one sixty six. The pediatric program brain injury for spinal cord injury five dual injury three for a total of 20. Closures for adult community reintegrated. We had a total of twenty four. Pediatric community three, integrated three. That is it for Region One.

[00:10:36.130] - Beau Pfister

You bet. All right, well, I'll jump in and talk about region, two. First, I'd like to introduce our she is on the meeting today, but in November, we did hire a new regional manager to replace me in region two. Her name is Marcy Pryor. So, unfortunately, this will be the last time I'm presenting for Region two. She'll start next time. But I just want everybody to know that we have a new manager. She's active. She's catching the rogue. She's doing a good job learning everything, asking a lot of questions and is what we hope for. So we're going to keep moving on that aspect and just keep trying to improve as far as numbers for region to. Well, a couple other things as well. We are still working hard to make sure that everybody is on the same page. There's a lot of turnover in hospitals right now. There's a lot of things happening where we have had to have a couple of services just to re-educate the staff of some of our facilities that weren't doing it, things possibly delaying services. So we got a couple with some billing departments. We had a couple regarding referrals with some trauma center. So and that's something that we will continually do throughout the fiscal year. And any time that we find that warranted or needed. As far as the numbers, for the first quarter, we had a total of ninety eight applicants in the adult program. Sixty seven traumatic brain injuries. Twenty nine spinal cord injuries and two dual injuries. As far as any service I'm sorry, pediatric. For that same quarter, we had 10 brain injuries, zero and zero, a total often for in-service. We had a total of one hundred and sixty adults that were in service and that status during this quarter. Ninety two being brain injuries. Sixty two spinal cord injuries and six dual. And for pediatric, we had a total of fourteen nine brain injuries, five spinal cord injuries. As far as successful closures, we had a total of thirty adults closed as community reintegrated and two in the pediatric section. All right, and for the second quarter, which is the reporting period of October 1st through December 31st, we had a total applicant of eighty seven point sixty seven traumatic brain injury, 17 spinal cord injuries and three duels were pediatric. We had a total of 14 yep, 13 brain injuries and one spinal cord injury, four in service for the same corner. We had a total of one hundred and forty for the adult section. Seventy eight traumatic brain injuries. Fifty seven spinal cord injuries and five DOOLS And for the pediatric side, we had a total of than 16 11 traumatic brain injuries for spinal cord injuries and one school as far as closure for the second quarter, we had a total of twenty seven community reintegrated in the adult program and a total of four in the pediatric program. All right... And Rosalind, the regional manager for Region three, is not able to join us today, unfortunately. So I'd be glad to give an update for her region. I have her numbers jotted down as well. One update for Region three that I know was kind of interesting is when we spoke last time at the at this council meeting, we were discussing the grant that we had a few of our individuals apply for. Three of them were accepted. The work has been done. This was done through fast. And so far we're hearing good remarks. Rosalind and I are planning on in the near future, going to visit one of these, get a demonstration and just kind of get an idea of how this whole smart home system works and what it entails and how much it's benefiting our clients. But we've had a few different demographics of people that did get the grant, and it's working on all aspects. So that was good news to hear. As far as numbers for Region three, let's see how we pull out next year for the adult section first quarter applicants. Forty five traumatic brain injury, sixteen spinal cord injuries and one tool for a total of sixty two. On the pediatric side, she had eight brain injured referrals and that was in total for in-service for the adult section. In the same quarter, we had a total of one hundred and nineteen sixty three of those being brain injured. Forty nine

spinal cord injuries and seven DOOLS On the pediatric side, we had a total of ten placed in service during that reporting period. As far as closures for the first quarter, they were twelve community reintegrated closures and zero on the pediatric side for the second quarter. On the adult side we had a total of eighty nine applicants. Sixty seven traumatic brain injuries, 15 spinal cord injuries and seven Deuel. And for the pediatric side, we had a total of five three brain injuries, one spinal cord injury and one dual injury service for the adult section, a total of one hundred and twenty sixty five brain injuries. Forty nine spinal cord injuries and six DOOLS For the pediatric side, we had a total of nine seven being traumatic brain injuries and two spinal cord injuries and 10 total closures for community reintegration on that quarter. As far as Region three, that is it. So John, on region four John, one that I believe is on the call. If you want to present for region four, it's all yours.

[00:16:12.450] - John Wanecski

All right. Good afternoon, everybody. Happy New Year to everybody. First of all, I'm the regional manager for Region four. We my area coverage from Fort Pierce over to Fort Myers and down to the Broward, Broward Dade County line. In the last two quarters, we've been doing pretty good, pretty consistent with our services, strengthening our relationships with the Center for Independent Living and fast utilize both of those to help some of our folks in the last couple of quarters. Very, very helpful. And I can't wait to strengthen that and used them more. Very, very, very good resources for our population as far as the numbers go. We have in quarter one for new applicants status. We have a total of ninety three. We had sixty four TBI's twenty five spinal cord in four. Newly diagnosed for the pediatric program, we had a total of 12 new advocates for quarter one. We had eight brain injured and four spinal cord injured. We didn't have any tools for the first quarter in the pediatric program. As far as in-service status goes for quarter one and the adult program, we had one hundred twenty six total. We had sixty brain injury, fifty eight spinal cord and eight dual and four pediatric program. We had a total of thirteen nine brain injured, three spinal cord and one dual. As far as closures for quarter one needle program, we had a total of fourteen. That were eligible for that for the pediatric program. We had four successful closures in quarter one or two, which was October to December for new applicants status. We had a total of eighty seven. We had sixty seven brain injury, 18 spinal cord and two dual and four pediatric program. A total of nine five brain injured and for spinal cord injury. And we didn't have any dual diagnosis to that. The in-service part of that quarter to for the adult program, we had a total of one hundred and twenty. We had fifty eight brain injury, fifty for spinal cord and eight dual for the pediatric program. We had a total of 15 that were put into service, 11 brain injury, four spinal cord and no dual diagnosed individuals. Closure's for quarter to the adult program. We had a total of 10 10 brain injured. We didn't have any spinal cord injured and that was it. Dual nothing for the beach program. We did not have any closures for the quarter two. And those are my numbers. We're all doing well here in region four. And that's all I have.

[00:19:00.590] - Beau Pfister

Thank you. I appreciate it. Sure. In the region five, the regional manager is Jose Dubrocq, and I believe he's on the call as well and ready to present.

[00:19:12.110] - Jose Dubrocq

I'm the regional manager for the Region five, which Miami-Dade and Monroe and actually were doing quite well here. Everything is running smoothly and the

lines are going back to the therapies at the facility. And we're doing less telehealth at the moment with the applicants for the first quarter, we had a total of one nine nine and it was ninety two, bringing three 15 spinal cord and to Dual. And for the pediatric we had a total of three. It was to bring injury and one spinal cord, not a reference to work life in service. We had a total of 180 for one twenty seven, bringing fifty seven spinal cord and tandoor and the pediatric we had 11 which was seven brain injury, one spinal cord and three to four. And reference to a successful closure for the fourth quarter. It was a total of twenty three for the adult and for pediatric. We had one in the second quarter which goes from October to December 1st. We had for the new applicants a total of ninety six. Seventy seven. We're bringing in eighteen spinal cord Wonderwall and in the pediatric we had four in total and it was only for a brain injury that we had for the inservice. We had a total of what, eighty five. One hundred and thirteen brain injury. Sixty three spinal cord and nine two and the pediatric. We had 11 six brain injury to the spinal cord and three too. Now in reference to the successful closure for that period, we had twenty five in the adult population and it was zero for the pediatric. And basically that's all that happened. The numbers. You have any questions. Thank you.

[00:21:09.680] - Beau Pfister

I thank you very much. Are there any questions for the managers? All right, and our next question we have listed is Justin Stark. He's the director of a Florida spinal cord injury resource center. Justin, is there anything you'd like to leave the council with?

[00:21:27.150] - Justin Stark

Sure. I'll just touch on a little bit. We provide for those of you may not be aware, we provide information, education to everyone in the state with a spinal cord injury. And we're kind of that component of the program that can kind of help fill the gaps. And people need resources and wonder where to look and so forth. So I'll just touch on a couple little things. You know, we provide information packets to all the new injuries. And so, you know, the last two quarters, to give you an idea, we provided 70 to packet's tenderise the first quarter of the year and sixty nine packets this past quarter. So our number, we remained pretty consistent. We currently we also have a peer mentoring program where we have at the we recently closed four cases and have five open cases currently. So if you do have clients or people you come across that are struggling in the community that maybe need that one on one with somebody else that's been injured and and that nuanced help certainly let us know and we can provide that one on one peer support. And, you know, the last thing or another thing, the last thing we've been working on and I know Erick will probably be talking about a little bit in his report, but it's been our website. We're currently going on a redesign for it, so there'll be good things to come. So that's all I have. Thanks.

[00:23:06.900] - Beau Pfister

All right. Thanks a lot. I appreciate it. With that being said, there's no questions. Kimberly, good to move on. Thank you, everybody.

[00:23:15.960] - Kimberly Robinson

I just want to add, when we're looking at those numbers from quarter one quarter to quarter two, I'm really happy to report that everything seems to be maintaining we haven't really lost any clients due to covid. Everything seems to be going really good with our referrals in our facility that we work with. So I'm pleased about that. Next on the agenda is I want to present Nancy or I want to introduce excuse me, Nancy Lagasse. She's our nurse and

she is our health nurse consultant for the program. And she's pretty key to our program. She helps our case managers when they have those difficult cases to determine eligibility. And so what she's going to present to you today is something new that we have out on our BSCIPTraNet Web. And what it is showing you here is where it's an internal website that staff have access to, that we have all kinds of information out there for them, right down from policies to procedures to where we've created this medical reference library. So I'm going to turn this over to Nancy so she can tell you a little bit about this. This was her creation and it's come in handy quite a few times for our staff. So, Nancy, I'm going to turn it over to you so you can talk a little bit about this and what it is and why we have it.

[00:24:39.900] - Nancy Lagasse

Thank you. Well, the reason we have it is because we have such a variety of knowledge and what this is, people, rather than going to Google and doing other research, which is time consuming, I developed this. So it's one stop shop. They can go in here and they can find just about anything on any type of injury, complication. Pre-existing we have. And we have it as an ongoing resource where it can change as a new diagnosis comes up, we can. Enter a new a new document or an update. They can be updated monthly where as Brabo just pull out the document that's there, replace it with updated and it really helps in that it can be printed out and people can go as deep as they want into the document. They if they just need a simple explanation of one diagnosis, it's there if they need a definition. I did 19 pages of single spaced definitions so that they can go in there. They can also print things out and keep them. It's basically pretty inclusive. A lot of people. Don't like to ask questions, they don't like to look like they don't understand or they don't know. So here they can go just as deep as they want. They can look at it superficially or they could go down into very detailed information. It is divided into brain injury, spinal cord, which then have subcategories. The other thing we have is other related diagnoses and that can be pre-existing. It can be complications and it can be inclusive of many things. When we look down at spinal cord that is broken down into the many types of diagnoses that can happen to a spinal cord injury and many times in doing eligibility. Which I also am referred cases to do for eligibility as we have to be external trauma, many times we don't really have external trauma. We have another complication, another form of injury. The other thing that I've done is I have done color illustrations for all of these so that most people are visual learners. They can go in and they can find exactly what they want in color. And I also have an spinal cord, the projected type of equipment that will be ordered, that will be needed so that they're prepared ahead of time in the brain injury. Most people don't know about the different types of brain injuries or locations or what it really means as far as where the brain is injury injured, excuse me as to what type of a deficit you're going to have. So all the way through this document. It is illustrated. And I also use a lot of bullets, so it's pretty simplistic. Pre-existing sometimes it takes a lot of looking at pre-existing to see how it impacts, and one of the things we see is when we have I.V. drug users, that they'll end up with the sepsis and abscesses on the spinal cord, which basically is not trauma. So we have a variety of things here. And I, I just love the fact that as something new comes up, it can just be added. It can be replaced. We take the document down and Rob puts a new document up so that we're always up to date. Also, if someone calls me and ask about a diagnosis or a problem in a case when I do eligibility, many times there will be complicating factors. So I can just go in and I can add that to the case. So I'm pleased with this, it's it's really growing and it's it's a valuable piece if people choose to use it. Thank you.

[00:31:05.100] - Kimberly Robinson

Excellent. Anybody have any questions for Nancy, anything that you any documented here you might want to just take a quick peek at? Again, this information is on the BSCIP, BSCIP Internet Web, which is internal only for Biscuit Stamatis, it's not for public. This is for our staff. And it has everything on here relating to the brain and spinal cord injury program for our staff to go to as a resource, not just for the reference library, but for anything, as you can see some of the menu items there. Any questions?

[00:31:50.940] - Daniel Nicholson

Well, I guess I have a question, is there any value or to having this having something similar to this publicly facing for patients, family members support or not really the intended need?

[00:32:10.380] - Kimberly Robinson

Well, that wasn't the intent, but that's absolutely a good recommendation. And perhaps when we get down into our committees, maybe this is something our committees want to think about, handing making some of this part of our resource packet that we hand out to our clients at the beginning, maybe at the closure of their case, that I'm certainly open to suggestions on that and recommendations.

[00:32:39.540] - Daniel Nicholson

OK. I mean, I guess I guess I did have one other question, if this is the time for me to ask. But, you know, when we go over the statistics for brain injured and spinal cord injured individuals, would there be any value in or is it possible to differentiate between the types of injury that they have? I mean, TBI or brain injury could mean a lot of different things, right? Mild, moderate, severe, you know.

[00:33:15.840] - Nancy Lagasse

That's included.

[00:33:19.210] - Daniel Nicholson

It is?

[00:33:20.100] - Nancy Lagasse

Yes.

[00:33:21.040] - Daniel Nicholson

Hmm. OK.

[00:33:22.950] - Kimberly Robinson

This was designed to be used as a tool for our staff as like an education tool, because sometimes, you know, staff get those medical records and they have things in the medical records that if if you're not of the medical mindset or have that background or you even know what the acronyms are for medical terminology, sometimes that can be a struggle. So we put this together or excuse me, Nancy, put this together for staff to use as a tool. It's an easy place for them to go look up things. It's at their comfort level. There's no stress to go in and look at anything. So it's kind of a way for us to help educate our staff as well. When they're reading all these medical records, they can they're very long records that we get. And sometimes, you know, instead of Googling, what does this mean, we now have a library that can quickly go to it.

[00:34:18.060] - Daniel Nicholson

I'm sorry. I was actually going back before this presentation, which I is great. OK, I wasn't very clear when we were going over the different geos and talking about the numbers. It's just basically brain injury and spinal cord injury was the differentiation. And then if you had you know, if you were unfortunate enough to have both, you know, is there any value to having that? Differentiation be, you know, traumatic brain injury, severe, mild, moderate, and understanding those numbers more, because that's, you know, that's going I would imagine that that's going to have a direct impact on the reintegration closure status. Right?

[00:35:12.260] - Kimberly Robinson
So on those reports, you'd like to see the severity categorized.

[00:35:16.520] - Daniel Nicholson
I think I think that'd be nice to know, you know, how if we had, you know, 50 mild traumatic brain injuries and my reintegration rate is higher? Well, than that there's a direct correlation that can be gleaned from that, probably. You know what I mean?

[00:35:38.690] - Kimberly Robinson
OK,

[00:35:39.180] - Beau Pfister
I know that as well. Then one thing I can add to that, anything that you are seeing and the end service category, without a doubt, is a moderate to severe traumatic brain injury, because those are the types of injuries that are eligible for our program based on statute. So we know that they're going to be within that level. Now, anything in the applicant side could be moderate to severe or mild, unfortunately, to mild. We're not going to be able to serve based on statute. So there wouldn't I understand that you would need a differentiation and maybe the applicant side knowing that if it is on the inservice list, it is a moderate to severe traumatic brain injury.

[00:36:16.440] - Daniel Nicholson
OK, so if we see it on our list here, we can we can know that that's not a mild traumatic brain injury. These are people or either severe or moderate, correct?

[00:36:25.880] - Beau Pfister
Yes, sir.

[00:36:26.270] - Daniel Nicholson
OK, OK.

[00:36:27.550] - Kimberly Robinson
So were you also looking for like Rancho levels where you wanted to see Rancho levels of these clients?

[00:36:37.400] - Daniel Nicholson
I'm not familiar with that, with what is Rancho level was I mean, I'm not sure

[00:36:41.810] - Kimberly Robinson
A rancho level is the severity of the brain injury. It can be from 12 to one. Typically anybody from eight under will qualify for our program. Anybody above and eight, it's not severe enough to qualify for our program.

[00:37:01.060] - Daniel Nicholson
Yeah, I mean, more detail to better in my mind.

[00:37:05.890] - Kimberly Robinson
OK, that may be a little hard to pull out of RIMS. I'm sure it is saying, oh my gosh,

[00:37:14.590] - Daniel Nicholson
Look, I'm not trying to create more work for anyone. It's just I think it would be helpful to understand to the level of severity.

[00:37:22.990] - Edmund Mills
Well, and Dan let me let me respond to one thing. Is a lot of this what you're looking at here, this is for a quarter. So you're looking at applicants, then the inservice and then the people close. But that's not the person's continuum of care through the whole piece. So for you to look at this and have this be meaningful, you'd need to have the applicant started here and was a rancho of eight, and then you could see how long they were in there, what services they got, but then you'd have to see the closure afterwards. So I think we'd have to do that as a totally separate exercise to make it be meaningful, because otherwise you're mixing apples and oranges here because these aren't the same people going between applicant necessarily the same people they could have in that same quarter, been an applicant, been moved into inservice and they could have even possibly been closed in the same quarter if there was some reason so. That's the one difference you'd have to make with this is, again, data is always we can pull things out, we put things in at the lowest level so we can get to things. Sometimes the data is as good as what we get from hospitals and from, you know, people getting things from doctor and everything else. But we can extrapolate a lot of data. But again, we just got to look at it and the ten thousand foot picture.

[00:38:33.350] - Daniel Nicholson
Yeah,

[00:38:34.550] - Kimberly Robinson
I like where you're going with that. I like the recommendation. Thank you for that.

[00:38:39.290] - Daniel Nicholson
Yeah, OK.

[00:38:41.260] - Kimberly Robinson
Are there any other questions for Nancy or anything? Any questions on anything we've brought up so far?

[00:38:49.060] - Erick Collazo
Kim Erick Collazo Erick, the other problem that you have with the Ranchos scale, it varies depending on where you're at your recovery. So the problem is you're going to have with a ranchos scale. It moves and sometimes you can go backwards and sometimes you can go forwards depending on where you're at and recovery. So it makes it really difficult to track.

[00:39:11.770] - Kimberly Robinson
Well, I was thinking maybe try looking at what level they were at the time they became and they came in as an applicant and then at the time they transitioned to inservice and then maybe even that closure. I don't know that we can do that. You know, that's where I'm going to have to go to Ed, because

he manipulates all the data. So. I like the recommendation, and I think it's worth something just for leadership to talk about, to see what we can pull out. We might be able to or we may, but I really appreciate all the feedback. I really enjoy that. Thank you for that, Erick.

[00:39:52.120] - Ricky Zeidman

This is Ricky, I did have a question on the necessity of having that information of this severity. Why do we need that?

[00:40:03.290] - Kimberly Robinson

Well, we need that information to determine eligibility for start.

[00:40:07.380] - Ricky Zeidman

I mean, why does the advisory council need it? I understand why you need it. Why do we need it?

[00:40:14.850] - Kimberly Robinson

Well, it's a recommendation to make the report's more meaningful.

[00:40:21.190] - Daniel Nicholson

Yeah, and I mean, I'll try and answer that why I was asking the question was because just to understand more concretely about what level of traumatic brain injury we were talking about or spinal cord injury for that, I'm just using TBI because that's what I know. But could be BSCI because ultimately the outcome that we're really trying to achieve is that reintegration. Right? It's it's that self. What do they call CIL what does that stand for

[00:41:02.510] - Kimberly Robinson

For the independent living.

[00:41:04.750] - Daniel Nicholson

Independent living. Yeah, that reintegration, independent living is kind of the goal. But it's hard to really measure how effective your solution is or your treatment if you don't really understand what you're starting with. So if we have 50 people who are severe with the amount and say Ranchos score of four, I don't even really know what that means. But let's say that that's severe versus I've got 50 people with a wrench, a score of seven. You know, my numbers are going to skew because I'm going to have more probably going to have more and more. Success with reintegration, with my level sevens and my level fours or at least quick, more quickly. You know, I mean

[00:41:55.470] - Edmund Mills

Yeah, and Dan, let me this is Ed Mills, one of the things we've looked at doing in the past and we've discussed this, but again, we're actually building quite a infrastructure to get to where we need to go. And this is a no, we can do it today versus tomorrow. This is future with the data like we're talking about here. Now, whether the council wants to see it now is the question that Ricky's asking, which I totally understand to. It's right now it may be too much information, but where we're trying to go in the future on our side is if you know somebody's level of severity, we know the treatments and stuff that we do with these people. We're using Nancy, you know, for her information and bringing them along. This is what people should have. We find that somebody that has a spinal cord injury typically needs some doorway wide and some other kind of thing. At some point you can bring in as a boilerplate, somebody gets injured, you bring them in. You know, there a certain level of severity. You can go in and say this is the boiler plate of what they most likely will need as a starting point. Then you can take them

all the way through. And then when you get to what Justin and the team is doing in regards to the the surveys and making sure everybody is good and we're actually ensuring that these people are still living successfully in the community, then you can start tracking that back and saying this plan is good up. We miss this and we need to do this and we can keep track it until we get to the point where you start knowing for the most part just what people will need.

[00:43:17.250] - Daniel Nicholson

Yep. And I like that. And I'll use a different word instead of boilerplate. We'll call it protocol. Right. So we're going to follow this protocol for for people who who who what's it called when they first get there. Present with a level five. Yeah. So all right. Not try and take up all the time. I just was trying to understand

[00:43:44.490] - Kevin Mullen

Can I say one thing really quick.

[00:43:47.590] - Kimberly Robinson

Yeah, go ahead, Kevin.

[00:43:49.570] - Kevin Mullen

First and foremost, Nancy, the work that you put together for the internal is absolutely amazing. I don't think people even realize the depth, knowledge, understanding, background and diligence that you did to put that all together. I really like the idea myself to take a look at that. Just because I understand how hard it is to pull all that information for one vertebrate or one level of injury, much less an entire eye or TBI spectrum. Number two, in agreements with Ricky for the simple fact that I've been in enough of these meetings now, that no level of severity is already done by the statute to be part of the brain spinal cord injury program. So we already know that they are full candidates, that we integrations that over time. But really it's just extra data or extraction population numbers. And I think it's going to waste time, effort, finances that we could put towards a different direction in the long haul and something that pops up using software analytics, easy to pull or extrapolate than you do at that time. But right now, I don't think it's really a pressing issue. And that's just my humble opinion.

[00:45:01.100] - Kimberly Robinson

OK, well, I value everybody's input, so thank you for that. Anybody else have anything? OK, we'll move on then to the next item, which is the client satisfaction surveys. Beau has an update on that for us.

[00:45:22.740] - Beau Pfister

I wanted to just give an update, because I know this has been something that the council worked on for quite some time, we voted the surveys in the been going through the process. So just to keep going on, updating you with where we are in the process, we did get approval for the surveys from up top, from the powers that be. And now we're able to start utilize them to get the information we're looking for with that, the search for how we were going to track how what platform we were going to use, the way we were going to disseminate the information, the way that we were going to track the information with the analytics data, things like that. We decided to go with Survey Monkey. So we are in the process and we got survey monkey approved. Now we're in the process of doing the office level things, of getting it through purchase orders, getting it through and approved for us to be able to

utilize. We didn't want that to stop us just yet since we had the approval. So Justin has a little bit of an update with some numbers. We have this going through the Florida Spinal Cord Injury Resource Center. That way, there's no bias. There's no activity from any case managers or anything like that. But we just wanted to make sure that we got started on it. So we really with the holiday and the limited time we've had, we still been able to start making calls and that's the way we've started doing them. Is the FCI staff making direct calls for survey implementation? So, Justin, if you want to give a quick update on that of where we are with some of the numbers, I know that's not huge, but I know we started and we didn't want us waiting for Survey Monkey to stop us. The surveys that we do take now will be manually entered by us into Survey Monkey and still ended with all the other data. But obviously, once we get survey monkey, this is going to be a lot easier, a lot faster and a lot more efficient. And that being said, there will be a lot more methods where individuals are able to take the survey instead of just receiving a direct phone call. You know, there's going to be more of a comfort level with them being able to complete it and a multitude of ways. That isn't really necessarily a direct call. Justin, but if you want to touch base on that, I'd appreciate it.

[00:47:31.320] - Justin Stark

Sure. Yeah. We were given the four different surveys that the council wanted, and now we're so kind of what we did is we just went through and and took a sample, a random sample of each of each group and kind of got started contacting them. And we've contacted around twenty five clients and we've been able to complete about sixty percent of the survey. So I'm pretty well as far as any time you're reaching out, surveying people, you know, obviously the percentages are going to vary. So we're pretty pleased with that. And so, so far, so good.

[00:48:21.810] - Beau Pfister

Well, thank you very much. Yeah. So I think this coming quarter we or this quarter since it just started, I really think we're going to have a lot to show for our next council meeting and some more information available just depends on how soon we are able to get a survey monkey up and running, see exactly what we're able to do with that, which will be a major help with Ed and his team. So it's going to be a team project still and really working together, just like everything else to get it done. But we are in motion and the wheels are spinning. So just wanted to give you an update on that. Thank you.

[00:48:58.140] - Kimberly Robinson

Awesome, thank you Beau. Anybody have any questions about our surveys update? OK, our next agenda item is budget. And as many times as I've looked at this budget, when I pulled it up again, I noticed there were two columns that I didn't total going across. So I apologize for that. I guess I was just getting cross-eyed, looking at numbers so I can only apologize for my oversight on that. But I gave you the expenditures and the revenues for both quarter one and quarter two just so that we were all on the same page and up to speed. And as each meeting, as we have each meeting, I'll be adding to the same report so you'll be able to see it across the board. As we continue through the rest of the year, I'll be updating the totals, the salaries for quarter one four five hundred thirty nine thousand three hundred twenty six dollars and four quarter to six hundred fourteen thousand nine hundred sixty seven. Ops people are ops staff of quarter one was fifteen thousand forty eight quarter to was twenty six thousand one forty four. Our office expenses, which were Lease's, equipment, travel, which there really hasn't been much

travel and office supplies for the first quarter. It was one hundred and sixteen thousand two hundred eighty dollars, and for quarter two it dropped down to ninety three thousand seven hundred fifteen. Our contracted services, which this is, I have these in Perens here. It's like FDLA, our contractual administrative services. We only had expenditures for quarter one, which was eight hundred and sixty four dollars. There's nothing so far posted for quarter two. Our contractual services, which are 14 contract staff members, which are case managers and our rooms team and our FSCIRC guys, first quarter was one hundred ninety seven thousand seven hundred seventy three dollars. The second quarter went up to two hundred eighty seven thousand one hundred sixty seven dollars for purchase client services, which is are the funding for the services we provide for clients. In the first quarter, it was one hundred and thirty thousand seven hundred nineteen dollars. The second quarter was seventy four thousand three hundred and eighty four dollars. And I want to point out that this is a trust fund dollars. This isn't the general revenue which is down below. Remember, we have two sources for funding for purchase client services, the spinal cord research and universities. That's our pass through. For the first quarter, we paid out seventy six thousand one dollars for both. This includes both the University of Miami and University of Florida. The quarter two we paid out eighty nine thousand six hundred and seventeen dollars. Remember, they get a percent of all red light running. Going down to the general revenue expenditures for the first quarter, we made our first payment for the ALS contract they've not submitted yet for the second quarter, so no payment has been made. Brauer's children, these are the four children that we service. It's a pass through again service for brain and spinal. For the first quarter, we spent one one hundred and forty three thousand three hundred fifty five dollars and the same for the second quarter. That's pretty consistent across the board every quarter. It will never exceed that that amount because it's how much we get allocated each quarter to spend for that program. And here you'll see the purchase client services for general revenue. Notice this is much higher than it was for the trust fund. For the first quarter was one hundred sixty five thousand five hundred eighty eight dollars. In the second quarter, it was three hundred and four thousand six hundred eighty nine dollars. Just to explain a little bit of difference between those, the way that the general revenue is what we always call our special funding, it's that extra one million dollars that we get allocated. And the way that the program is set up for these expenditures is we always ensure that we're spending that general revenue first before we start paying out of the trust fund. So that's why you'll see the difference in the expenditures here, because we always spend general revenue first before we start spending trust fund. But it all gets spent across. And, you know, by the end of the year, everything will be spent. But we have to spend our special funding for excuse me first. It's the way we have set up the Miami Project to Cure. They've submitted their first bill for the first quarter, which was one hundred eighty seven thousand five hundred dollars. And they have not submitted yet for the second quarter going down to revenues. You can scroll up just a little bit Ed.

[00:54:22.530] - Edmund Mills

You want me, it should be showing

[00:54:25.770] - Kimberly Robinson

Yeah, now I see it so in here I have the revenues for the first quarter and second quarter and then in the last column I have what we had projected. And so I think we're doing pretty good overall with our revenue. When you compare it to the projections, I think so far we're right on target. We're not doing too bad in any of these categories. So that that makes me feel good for the

travel. Traffic related civil penalties for the first quarter, our revenues were eight hundred twenty three thousand eight hundred one dollars. For the second quarter, it was nine hundred seventy thousand six hundred eighty three dollars for temporary tags, which include the motorcycle specialty's keg's. It was four hundred forty two thousand five hundred and five, and for the second quarter it was three hundred fifty six thousand six sixty three. The fee for conviction's first quarter was two thousand three hundred and four dollars. In the second quarter was two thousand six oh six. Boating and driving under the influence. First of all, it was two hundred forty one thousand eight seventy four second quarter was to eleven 04. Subrogation for those that don't know, segregation's are settlements that we get when a case when a client's case has been gone to court and it's settled. This is money that we get back for subrogation. The first quarter is forty two thousand five hundred eighty three dollars. The second quarter is two thousand six hundred and seventy dollars. Miscellaneous and refunds of the first quarter was five thousand two hundred twenty seven dollars. Second quarter was two hundred and thirty three dollars. Cash grants and donations for the first quarter was two thousand two hundred and eighty two dollars. We've received nothing for the second quarter and then for our red light excuse me, camera first quarter was four hundred eighty seven thousand eight hundred and sixty four dollars. In the second quarter was four hundred eighty two thousand two hundred and thirty eight dollars. So I think we're doing pretty good with our revenue. So far the program has been rolling right along. We've not had any problems, so I'm feeling pretty good about this. So anybody have any questions?

[00:56:53.240] - Kevin Mullen

Kevin, I do have a question on the slide with the Miami project. They have a bill through us, looks like can you just explain a little bit about the

[00:57:03.170] - Kimberly Robinson

I'm sorry. Say that one more time. Kevin, you were kind of cutting out the Miami project.

[00:57:07.730] - Kevin Mullen

Miami project there. That was a bill to the brain and spinal cord injury program, is that correct?

[00:57:13.160] - Kimberly Robinson

Yes, that that is a pass through. It's on the RGAA and it's as a pass through. And so we have a contract with them in which they have specific deliverables that they have to achieve each quarter. And so for the first quarter, they've obviously submitted everything in their reports, but they've not submitted anything for the second quarter as yet.

[00:57:38.030] - Kevin Mullen

No problem. And as a pass through for the educational institutions and of course, this nonprofit, what is the percentage value that they keep, if you don't mind me asking?

[00:57:47.990] - Kimberly Robinson

Mmm that I can't answer to right now, I couldn't answer that right now, I'd have to look that up for you and get back to you.

[00:57:56.940] - Kevin Mullen

Just curious. Very, very unique, thank you.

[00:58:00.750] - Kimberly Robinson

They have their their total pass through amount is oh I, I think it's eight hundred thousand this year, so it's broke down between quarters and they have to meet their deliverables. If there's something in their deliverables that they don't meet or they're late on invoicing, there are penalties for that. I'm not sure that really answers your question.

[00:58:24.690] - Kevin Mullen

No, it definitely does. I appreciate that.

[00:58:27.240] - Kimberly Robinson

OK

[00:58:28.260] - Ricky Zeidman

This is Ricky Zeidman question for you. I notice on the pass through that do not appear to be any funds for brain injury research, is that correct? Has that been eliminated?

[00:58:42.620] - Kimberly Robinson

Are you talking about for Brain Injury Association of Florida when we had that?

[00:58:47.720] - Ricky Zeidman

No, that was that was a contract. I believe they were performing work for the million dollar contract that they had. But what we're asking for is in a pass through... Didn't... Wasn't there money previously that went to a university for brain injury research?

[00:59:04.990] - Kimberly Robinson

Well, we have the University of Miami and Universities of Florida under the trust fund.

[00:59:12.070] - Ricky Zeidman

OK, Miami is, though, for paralysis. Correct. Where is the the brain injury part of it? That's not the University of Miami.

[00:59:22.930] - Edmund Mills

I think that's University of Florida, Kimberly

[00:59:26.200] - Kimberly Robinson

Correct.

[00:59:28.200] - Ricky Zeidman

So but... That's not there anymore.

[00:59:31.620] - Kimberly Robinson

No, that's part of Under Trust fund, where you see spinal cord research that DAST universities, that's part of that pass through. They get a percentage of those those two universities get a percent of the red light running tickets. And I believe their limit was, I want to say five hundred thousand this year. I'd have to go back to verify that on the GAA.

[01:00:00.470] - Ricky Zeidman

OK,

[01:00:02.780] - Edmund Mills

And Kim, I think one thing that we may want to just clear up to Ricky, the when VIFF would receive that one stipend that came through, that was still a pass through. So the legislature will say this is what will be allocated to this group and they will state where the funding comes from and it comes to us and then we administer it by there being a contract. But there are certain things that will be agreed upon. But that money is earmarked for them, not for us. So that's why we call it a pastor. It comes to us and we administer it and give it down to the group.

[01:00:34.670] - Ricky Zeidman
OK, I understand that.

[01:00:36.320] - Edmund Mills
OK, OK.

[01:00:37.130] - Erick Collazo
But but but Kim, this is Erick. If I remember there was a 500000 other to University of Miami and another 500000. Miller kept CAPTA UFO, which did not include the project to cure paralysis. That was a different line item.

[01:00:51.320] - Kimberly Robinson
That's correct. You are correct.

[01:00:53.570] - Erick Collazo
Right. Because if I remember, the project to cure paralysis gets part of the red light camera tickets, but not the the million that was like a pass through to, um, an up.

[01:01:04.430] - Kimberly Robinson
That's correct. You are correct. The project, the Miami project, I believe it was eight hundred thousand on the day this year. It wasn't as much as it had been previously.

[01:01:19.650] - Erick Collazo
OK. I had...

[01:01:23.090] - Joanne Hoertz
This is Joanne I have one other question is the increase in the cost for the contracted services? Is there anything that that is contributed to a pretty significant quarter to quarter? And it's still the same number of people?

[01:01:37.630] - Kimberly Robinson
It's the same number of people. And I looked at that and I couldn't I couldn't see where the big difference was coming from unless, you know, there may have been, you know, some months have more pay periods than other months. But I looked at that and I didn't see anything that jumped out at me,

[01:01:59.070] - Edmund Mills
Kim, I may know the answer to that, though. I think that's because...

[01:02:04.220] - Kimberly Robinson
I haven't had any staff changes

[01:02:07.880] - Edmund Mills
Yeah and I was going to say, Joanne, I think that's just because in the first few quarters is when you're getting the billing period going for that state fiscal year. So you get July, August, September. Well, the bill for September

doesn't come in until October, and that's why that year goes along. When it gets to the end, we're going to have what's called the certified forward period. And the certified forward period is where the last bit of bills and invoices for the fourth quarter come in and they get paid within up to like three months past, you know, June 30th. So I think that's why you see it that way.

[01:02:41.620] - Joanne Hoertz
OK, thank you.

[01:02:46.220] - Kimberly Robinson
That's possible, that's very possible. Any other questions?

[01:02:52.170] - Erick Collazo
Yeah, Kim, this is Erick, I had another question on the on the civil penalties and on the tags and on the camera, the ticket fines when the state releases these funds and I'm assuming they're accruing money, is there a delay between the accrual period and the payment period?

[01:03:12.580] - Kimberly Robinson
I don't believe so.

[01:03:15.540] - Erick Collazo
OK, so you're not... There is no one keeping data that you could sort of forecast what your quarter three is going to look like if they've already collected the fees.

[01:03:25.410] - Kimberly Robinson
No, sir. OK. Those reports, they're called door reports, and those revenues get reported daily. So at the end of each month, I get a reconciliation of all of the revenue that was allocated or the percent that basket got of all those fines. I can get those reports daily if I requested them, but I don't get them daily. I get them at the end of each month and then I get the total quarterly.

[01:04:01.320] - Erick Collazo
All right. So it is current. It's not in arrears then.

[01:04:04.890] - Kimberly Robinson
Correct. OK. Good questions. Thank you. Anybody else? OK, then we're going to move on to the next item, which is the impact of covid-19. So during this pandemic, since it first started, it has had one client who has tested positive with 19 but has also fully recovered. So that's a very positive thing. I was glad to hear that. It said that it was a client, but I'm glad to hear that he fully recovered as well. So regarding telehealth visits from July 1st to December 30th, we've been tracking telehealth visits and BSCIP has provided services to a total of nine hundred and twenty one clients during this time excuse me, since July 1st, one hundred and seventy six telehealth services have been provided for our clients for either physical therapy, occupational therapy, speech therapy, medical follow up and neuropsych emails and sessions. There were fifty five clients that received these services through the use of telehealth and there during this time there's never been a disruption of services or continuity of care for our client. So that's been a blessing that we've been able to provide those telehealth services and pay for them. So I just wanted to give a quick update on the telehealth and covid. I'm sure that's always been our always a concern

for folks. So does anybody have any questions that they have about that? Anything specific you want to ask?

[01:05:59.420] - Ricky Zeidman

This is Ricky, I think it's pretty incredible that you haven't had any disruption of services during the pandemic. That is amazing.

[01:06:07.520] - Kimberly Robinson

No, our regions have been our regional managers and case managers. They've been right on top of everything. We track them specifically on our care plans. So we're able to keep a close eye on everything that's happening. Thank you for that.

[01:06:24.220] - Kevin Mullen

This is Kevin, this question is probably more directed towards the case management, but have a lot of SCI or TBI recipients asking for information with covid in the vaccination and he studies done or anything like that because I'm getting personal phone calls, being neurologically affiliated. I just didn't know if in case managers or the caseworkers themselves are receiving these questions as well.

[01:06:50.520] - Kimberly Robinson

I will refer that to any of my regional managers are up that are on because I've not heard anything that we're getting questioned about that. So we, the regional managers. Have you received any calls?

[01:07:04.760] - John Wanecski

Hi, this is John in Region four no, we really haven't. Which kind of surprised me. I was expecting it, but no, we really haven't.

[01:07:13.970] - Beau Pfister

And I can attest to that as well. In Region two and across the state, I have not heard of anything like that or anybody inquiring with our program specifically about the availability of any of that side of things, vaccinations Etc. And Ricky to elaborate on what you said earlier, I think that, you know, yes, we had the continuity of services and I think this has opened doors for us to continue to provide additional services that might not have been received at this time because of seclusion. So I think this is opened the door for new levels for our program as well when it comes to continued care and telehealth services.

[01:07:50.790] - Ricky Zeidman

I agree. The wave of the future.

[01:07:56.500] - Kimberly Robinson

So any other questions? OK, we're going to move on to community partners, Theresa is actually going to give you an update on the Florida Association of Centers for Independent Living. We've been working with them to become a provider for some specific services. So I'm going to bring that over to Teresa.

[01:08:23.910] - Teresa George

Hi again. Just as Kimberly said, we have been working with Florida FACIL, trying to on board them as a vendor. And we have a few of the services listed here that we will be working with them on the comprehensive assessment eligibility determination for supplemental benefits. And I'll name off those benefits in just a moment. That comprehensive four specific supplemental

benefit assessment assistance with application and eligibility determination for the supplemental benefits such as Social Security, disability, long term care waiver, Medicaid, Medicare, the Supplemental Nutrition Assistance Program, the Temporary Assistance for Needy Families, low income Home Energy Assistance Program, the assistance with securing permanent housing and housing vouchers and also pass that helps with personal care and transportation needs. Also, one of the big holes this will feel for us is with home modifications called FACIL will be able to submit bids for us for those and dependable medical equipment. The FACIL will be able to pick up, sanitize, service, repair, store and deliver the equipment as needed. We currently have another meeting scheduled next week to start working with Jane Johnson to on board to finalize all of the information and the procedures. And hopefully, once that meeting is concluded, we will be able to start on boarding all the FACIL facilities across the state. And I believe it was John Wanecski that mentioned that his region was already working with some of the FACIL for certain benefits and certain assessments. So this is going to this is a win win for the FACIL and for us in BSCIP and for definitely, definitely for our clients. These are a lot of benefits that our clients, our maybe even our case managers could possibly struggle with, with the determination and the eligibility for some of these. But these will be the experts that we can go to to assist our clients with any of these needs. Does anybody have any questions?

[01:10:50.790] - Natalie Alden

I do. You said something about transportation. What were you saying provides that transportation?

[01:10:56.490] - Teresa George

Yes, they'll be they'll be assisting with transportation needs. I know

[01:11:01.890] - Natalie Alden

the FACIL health bill?

[01:11:04.500] - Teresa George

The FACIL. Yes, OK, I'm helping connect, helping connect our clients with the appropriate facility that they need to go through certain processes.

[01:11:17.850] - Natalie Alden

Yeah, yeah, I was just making sure you weren't saying the test program provided transportation.

[01:11:23.130] - Teresa George

No, they actually do the personal care.

[01:11:25.620] - Natalie Alden

Right, right. Just the way you worded it I just wanted to make sure,

[01:11:29.280] - Teresa George

OK

[01:11:31.290] - Kimberly Robinson

No, FACIL won't be transporting our client. They're going to help coordinate with our agents.

[01:11:37.530] - Edmund Mills

I think it was the list that she was going through, Natalie, where she was labeling off all of the different services we've identified with the FACIL

for now. That would be potential to be our case manager to contact him and say we would like these services and go after, you know, trying to make sure that they're qualified for it and walk them through the process.

[01:11:59.530] - Kimberly Robinson

So the goal in working with FACIL for the supplemental benefits is to ensure that any client that's coming in that may need any of those benefits, that we're going to ensure that they are they go through the eligibility process, make sure that they qualify for those programs. And if they need assistance applying for the programs, that's we're still going to work with our clients in the case managers so that by the time the client is ready for community reintegration, they have all the benefits that they're going to need at the time of discharge from brain and spinal. That that's the end goal. It helps pick up any gap that might be out there. So we're we're pretty excited about this, James, very excited about it, too. So any other questions on it? Yeah, this is like Teresa said, this is a win win for both FACIL and BSCIP and especially our clients.

[01:13:10.290] - Joanne Hoertz

Yes, it is. Yes, it is.

[01:13:12.430] - Kimberly Robinson

That's a big that's a lot to do for a case manager. So, yeah, this is going to help our case managers out as well. The next agenda item I have is the council. I can't remember who specifically I think a couple of different people had requested at this meeting to have a speaker present. And so I had reached out to Miss Whitney Harris. She's the executive director for the Florida Alliance for Assistive Services and Technologies. And I don't see her on the meeting just yet. I know that she had another meeting she had to go to before this one, so she might not be finished with that. So if it's all right with you all, we're going to skip over that until she can get on to the meeting and then we'll go back to it if you all are in agreement with that. She's going to give an overview. She's going to give an overview asked and services that they provide. OK, so then our next agenda item is a legislative update, and I want to introduce and welcome Michael Leffler to our meeting today. Michael is delegated today and for Leah Colston, he is out today. So Michael is her delegate for our bureau chief today. So he's going to go ahead and speak on the legislative update.

[01:14:39.970] - Michael Leffler

So I will. Thank you, Kimberly. My name is Michael Leffler and I am the currently I serve as the U.S. administrator for the trauma section here in the Bureau of Emergency Medical Oversight. So we do have a staffing change that is forthcoming. Leah Colston will be leaving the department effective March the 18th. And for right now, I will be taking her duties for the foreseeable future. I just want to talk a little bit about legislation. Kimberly asked me to talk about that. So I serve as the chairman for our Trauma System Advisory Council. And in twenty eighteen, we did a legislative proposal that we were able to successfully get through. And we've been working through some others. And I kind of want to back up a little bit before I got into legislation and some of the conversations that Kimberly and I have had to this point and just talk about the role of the advisory council. So we ask our advisory councils to provide advice and expertise on how how we can best serve. And your case, brain spinal cord injury patients. But across our bureau, we look at severely injured patients overall and what's how can we improve that system? And one of the things that we're limited by is our statutory authority. So the program can only focus on areas

that the legislature has said, Department of Health, you shall have a program that addresses the following. If we go outside of that, we have to go through a statutory revision. Consequently, over time, things change, rules change the way that the way that we interpret our statutes change. And so it's a constant process to continue to look at our programs and see if there are statutory changes that are necessary. We also look and sometimes over time, something that the program had done for a long standing point of time comes under a little bit of scrutiny. And they say you need to beef up what your authority is. When we start talking about statutory changes, people get excited or they get a little nervous. I mean, both are both are normal deals. But it's important as advisory council that you all provide us feedback on things that we need to look at in our program. And if we need to pursue them as a statutory change that we do that. I think it's also important that we stress more than any part of this is that that is often a very long process. It's very easy to come up with the concept. It's very easy for sometimes for us to come up and say this is a no brainer, it's a slam dunk. But there are a number of hurdles that have to be we have to get over, we have to put together the concept and and then we have to go and present that to the department leadership, of which we are competing against dozens of other people that have challenges in their program. And the department only has limited bandwidth to deal with these some of these challenges. And I'll use an example from my own program. We put together a legislative package this year that, among other things, would make it easier for us to change our trauma center standards. We would reduce the verification period for trauma centers from seven years to three years. And I had consensus support across the state and say these are things that we want to do, put together a proposal. The department said, you know, program, this is a really great proposal. But unfortunately, with covid and other things we don't have, we don't this is not something this is not going to be a priority for us this year. And it kind of and we're going to have to roll that over. So as an advisory council, when we come up with needs that require statutory change, it's important for us to be patient. It may not happen the first year that we do it. It may not happen the third year that we do it. It may take five or seven years before we get traction to make a change. But I don't want that to discourage us from suggesting that those things need to occur as formulating the recommendations, being able to articulate those recommendations and and moving them forward. I will tell you that as part of taking over the transition role with Miss Colston leaving, you know, we have looked at some of the challenges not just in the brain spinal cord injury program, but in other places. And there are some places that require statutory need. For example, for many years, this program, the Brain Spinal Cord Injury Program, had a designation process where the department came in. And and conducted a site survey, there were standards for becoming a test brain spinal cord injury center. Well, about six years ago, our counsel's office said, let's look at the statute again. It's clear there's supposed to be a designation program, but there's some things that are missing for us to be able to say that you guys have the green light to do this. And so part of that would be us putting together a proposal and seeing if we can amend the statute to make it clear and keep that service ongoing. But, you know, as we move through, as you guys move through and you put together your charter and you look at things that are important, I'd encourage you to not only look at how the how to better the program as we operate now, but look at things from a national perspective, look at holes for our program and say, is there a need for us to look at the scope of the brain and spinal cord injury program? And is it something that is doable? Is it something that is achievable? And if it is, let's let's incorporate it and see if we can generate that idea and see if we can get traction for that concept is it's a lot of it is throwing mud at the

wall and seeing what will stick. But it's something that I think across our Department of Health Advisory Councils are somewhat reluctant to suggest statutory change because there's a feeling that it's not going to happen. I would encourage this group to say when we start talking about statutory change, that we not be shy to see if that's a possibility. It's just is this important that we're patient and we clearly articulate the need and we move forward with that. Now, I'll tell you, this is something I did with my advisory council, and I hope that will happen as we move through and look at changes potentially to brain spinal cord injury issues in the future is when the department puts together a legislative proposal. We're going to sit down and talk about all of the steps and all of the things that have to happen before that goes to be a bill before the legislature. And so I'll say that from a leadership standpoint, I provide that level of commitment that whether whatever we need to do as far as identifying changes in our program before we move forward, we'll brief you on what exactly that proposal is, what are the impacts and and what are the steps necessary for us to move through the process and to see what is the reality that this is going to happen sooner rather than later? Is there any questions from the group about that? OK, but, you know, I encourage you, when you look at your charter and you look at the strategic priorities of the council that, you know, will not be limited to saying that we can't do that right now, that perhaps if it does require statutory revision, that we not be shy of, that it's just clear to make sure that we clearly articulate the position, how it fits with the existing brain needs brain spinal cord injury patients in the state, and and that we have some reality that this is not an overnight process. Myself, Kimberly, my bosses, we don't have that unilateral power and say, hey, this is a great idea, let's make it happen. There, unfortunately, is a competition of priorities and a detailed process, but we're committed to. Educating you as we move through the process. That's all I have, Kimberly.

[01:23:02.250] - Kimberly Robinson

All right, thank you, Michael, I really appreciate that. Next, actually ties right in. We're going to go right to our charter committees and provide some updates are our committees have been pretty active for the most part. We have a couple that like education. I'll go first education. We haven't really done anything with the education committee. And so I'm going to propose at the end of this update that we combine education with all of the other three committees because it kind of ties into both performance, quality improvement, the public awareness and the outreach. So we're going to then go to performance and quality quality, quality improvement, both going to give an update on that. And before he does, I want to encourage all members, if you can participate in these committees, we welcome you. But we've gotten some really good feedback from everybody. You're going to see some exciting things that from the outreach there that Erick is going to hopefully be able to present here. We're hoping to have that video out there for you. And so with that, I'm going to turn it over to Beau to give an update on performance and quality improvement.

[01:24:23.010] - Beau Pfister

Hello again. OK. Yes. I do want to say, first of all, thank you. We do have limited participation in this committee. But at the same time, the insights that I have received and what has come from them is very beneficial. And we actually have already put some things in motion. I do want to thank Kevin during his time as Committee Lead for his insight and for all the information that he has provided for it. And then as well, Natalie, we do only have two members of this committee right now. In short, a committee lead of the biggest thing that came from ours and what we focus on first and foremost.

And we all decided to talk about this and kind of prioritize things, is the education side of it for our staff. It's important for our staff to be knowledgeable, to be able to continue to provide the best and most efficient services to the population we serve. So with that, we have started with trying to get our community partners and individuals that might have insight into the way additional benefits, other programs out there and just educate ourselves more on what's out there. With that, we do. I know Whitney Harris will be speaking soon. We have a an in-service scheduled statewide for all of our staff with fast on October 20th. After that, I did want to touch base with Natalie. We did discuss previous in our previous meeting about having disability rights, start educating our staff on on that side of that aspect and that perspective of our injured population. So I think we're moving. I think we need more participation. We need more members. And I think with the combination with education, maybe we can inside some with our new council members, we have maybe we can get some more from that side. But right there, that's where we are at this point.

[01:26:17.570] - Kimberly Robinson
OK,

[01:26:18.650] - Beau Pfister
Thank you.

[01:26:23.610] - Kimberly Robinson
Ricky, do you want to give the update on Public Awareness Committee chair?

[01:26:28.980] - Ricky Zeidman
Sure, thank you very much. The Public Awareness Committee started off with a goal of trying to get a list of trauma centers that were currently submitting referrals to be skipped. We were going to the initial reason for that was we were going to contact these centers if they were not participating and referring people to the program, as it turns out. And we were very pleasantly surprised. It appeared that all but two trauma centers were not recording reporting and those two may have been reporting under different names or facilities. So we we all agreed, and I think Ed made this this point that this was really an exceptional result of the regional managers and the caseworkers very pleased. At the same time, it made us refocus of what we wanted to do. And what we decided to do at the last minute was the contact to try to contact some places to get public service announcements, for example, sports teams in the state of Florida, professional sports teams. And we came up with a template, proposed template, which I'd like to read to everybody on here. I don't I don't have the let's see if I got it. There we go. This was a template for when we would contact the for example, the Miami Dolphins. We would say this would be the script that we would follow. Please allow me to introduce myself. I am Ricky Zeidman member of the Florida Brain and Spinal Cord Injury Advisory Council to the Brain and Spinal Cord Injury Program. This is a unique program designed and written into law by the Florida legislature to provide eligible individuals with traumatic brain injury and or spinal cord injuries, the opportunity to obtain necessary services to enable them to return to their homes or other community based living. The BSCIP is administered by the Florida Department of Health, and it's funded through traffic related civil penalties, surcharges for driving, boating under the influence, fees on temporary license tags and fees for motorcycle specialty tags. Available services include case management, acute care rehabilitation services, assistive technology, home modifications, resource centers and home and community based services. Under this program, services are provided on eligibility as defined in the Florida statutes and available

funding. Part of the eligibility process is that the applicant must be a Florida resident. I have provided a referral form or application that can be filled out and submitted to our central registry so the termination can be made to see if applicant may qualify for biochip services see attachment. It is only necessary to fill out the questions marked with an asterisk. When the Central Register referral form is completed, it can be faxed back to us at the phone number. Once the application is received, it will be entered into our central registry and assigned to a case manager who will reach out to the applicant or family member to begin the process of eligibility determination. I have attached information for your review regarding our program and the services that are available to eligible applicants. In addition, I have also provided other resources that may be able to assist as well. Below is the link to the brain and spinal cord injury program. We will find additional information. We have the link and then I hope you'll find this information helpful. Please let me know if you have any further questions and then we, you know, give our name. This was this is actually a twofold template. It's a verbal template to be used when we're making our initial contact. Hopefully before we make that initial contact, we have a link or reference or referral that we can mention. So-and-so referred us to you and we want to make you aware of this program. The other thing is that we would use this as an email follow up, that we could modify it at once. We do make that contact and follow up by email, especially in the time now of covid-19 and limited Face-To-Face contacts. So that's where we are on that particular situation. We are trying to focus, trying to get some information on people in the professional sports area to try to find some links. So far, I mean, this was just since our last meeting a couple of weeks ago. But the the point is we need to have like an end to get into somebody. It's hard making cold calls to the trauma centers alone, let alone these professional sports teams to try to work out some type of public service announcements. Erick had indicated at one point when he sat in on our meetings that he might have a contact with one of the Miami sports teams. I think it was the hockey team, the Panthers. This is the type of information that we need moving forward. Finally, the last thing is at some point we may want to consider merging our committee, the Public Awareness Committee and the Outreach Committee, because we're basically doing similar things, not exactly, but very similar. And it could be that we could combine these at a later date. I'm not suggesting that we do it today or, you know, in the near future, but somewhere down the line it should be considered. And that's the report of the Public Awareness Committee.

[01:32:20.850] - Kimberly Robinson
So anybody have any questions?

[01:32:25.020] - Kevin Mullen
This is Kevin, if I can just say a brief thing, Ricky, it sounds like you all did a phenomenal job in regards to your last statement of combining the subgroups at a later date. I think when they get a little more in-depth and get everything rolling. I think that's a phenomenal idea. It's just basically joining forces, sharing assets to move everything in a good general direction. So I think it's excellent. Great job, everyone.

[01:32:54.690] - Ricky Zeidman
Right yeah. Our goals, our goals are very, very similar. And, you know, we're very fortunate that Erick is still helping. I hope he continues to stay on, and we can use that type of expertise.

[01:33:13.840] - Kimberly Robinson

OK, the next committee is Outreach Erick you want to give us an update on the outreach?

[01:33:23.020] - Erick Collazo

Can you all hear me? So can you hear me? OK.

[01:33:31.090] - Edmund Mills

Yep, perfectly

[01:33:32.020] - Erick Collazo

OK. So on our outreach committee, I want to thank Suzanne Doswell, which has been assisting us along with Justin Stark, Ed Mills, Kimberly Robinson and Teresa George. We only have two members, myself and Susanne. But with the help of the BSCIP program, I think we've accomplished a lot. We identified a couple of objectives early on, which was what was going to be the public face of BSCIP to the outside world. And so we set objectives as facilitating a new website for information for dual either brain or spinal information so people could use them on their iPhones, on their tablets and or on their computers, especially if you're out in public. So you can show people what the BSCIP program does and the information that's available. Second item that we identified was to add a resource page to replace what the Brain Injury Association of Florida, which is now defunct, or sunset what they had previously on their page. We wanted to add a resource page to the Florida Spinal Cord Injury Program page. And then we our third item was identify the audiences to serve. And that's sort of the last piece that we've been addressing. We wanted to create a tool for all the board members, survivors and family members and others in in the medical industry to have as a tool to be able to get our our messaging out. So I wanted to give you a current status we now have and we have owned and the program has set up BSCIP.org, And it's now created a link that goes to the Department of Health website. So if you went and you type BSCIP.org, it'll link you to the Department of Health website eventually. We want to link it to the Florida Spinal Cord Injury Research Center, which is FSCIRC.com, and on that page, and Justin has been a great help on this eventually we will have dual information. Whether you're asking for a brain or you're asking for spinal information or dual assessment information, you'll be able to find resources on that page. The third item that we've been working on is what we thought was really important. Today's world as far as social media and getting information out is to add video to some of our our websites. So the program has been working on the first video testimonial, and I think that is going to queue it up so you can actually see the first interview that has been done about what BSCIP has done to help a survivor.

[01:36:20.550] - Edmund Mills

And Erick, if you're ready for me, let me just tell everybody that what we've noticed is for some reason, the buffering of this gets to be sometimes it gets to where it just gets very choppy, very quick. So I did send out an email before this meeting with the link to this because and we did have Rob test this for us and it is external. So you all should be able to get to that video. But I'm going to try and play it. And so, Kimberly, Teresa and Beau, do me a favor, raise your hand on this. If it starts buffering for you guys when we start doing this, we we've done a lot of tests with this and it's been kind of spotty so, and I will have to give me one second, guys. I have to stop presenting and then represent.

[01:37:27.730] - Video Playing

My name is Skyler, so I grew up here and I was a passenger in a car accident, which I never went to. Has the car, and then when she got back on the right side of the road, she went up a little bit and overcorrected in the car. And I think the main reason for when I come to I broke my back,

[01:37:55.760] - Edmund Mills
It's buffering Erick?

[01:37:57.420] - Erick Collazo
Yeah,

[01:37:58.400] - Edmund Mills
OK. That's the same problem we were having.

[01:38:00.400] - Beau Pfister
The voice is good the video is laggy.

[01:38:02.630] - Edmund Mills
OK, so I think if nothing else, I can at least explain to everybody, though, that what we were able to do and this has been really nice, is we have one of our developers who is a photographer on the side and he has great equipment. He brought it in. We actually did. And if everyone can still see us piece, I'll show like some different angles here just because I think it's kind of worthwhile to see if I can get it.

[01:38:25.720] - Video Playing
I was to... Or a spinal cord injury or

[01:38:36.780] - Edmund Mills
So when you see a lot of these different angles with Schuyler, these were taken using two different cameras. He had one going, I had one going. They were both his really nice cameras. We were able to capture the sound really well. You can tell the picture quality is amazing on these. And what they wanted us to do with communications office was to follow with the way that things are done right now out in like when you hear of tick tock videos and, you know, all the YouTube stuff and it's real homegrown videos, they don't want it to be commercialized. They don't want BAM BAM all kinds of stuff going on. This is just supposed to be a real, true testimonial. And we put together a lot of questions, got a lot of video. We gave it up to the communications office. They put it together for us and took out the key pieces, which is what we were hoping for. And then they got us this piece. So this is our first win in regards to this as to what Erick was talking about, the hope is that we will start putting this out onto the website. It'll start they're also going to do some shorter versions of this for us too. So there will be short snippets. This is a four minute video. So and again, it's really good video. It really tells you a lot that you get to hear Schuyler's story and but we're going to have more for the future. And again, this all starts to build out there with us having the what you know, FSCIRC.com, which will eventually be the BSCIP Resource Center, the BSCIP website. I mean, this is all starting to build that content. So I apologize to everyone for that part not playing, but we kind of figured that was going to start buffering in there, so. Erick, so you want to take it back?

[01:40:13.730] - Erick Collazo
Yeah, I'll just identified one of the things that I just wanted to summarize. We'd like to have input from the board, any we could add, any additional members that would like to participate in the committee. And our objective is

going online. We've had an issue. And I think Ed maybe or Justin can talk about the issue about the website. I guess you're still restructuring the Florida spinal cord injury resource website that that needs some work still.

[01:40:43.160] - Edmund Mills

Yeah, I'll take that one. The what ended up happening was we the website where it's hosted, which is on an outside company, the website was older. I mean, it's been around for a long time. The the advisory council had seen this before. Loved the way it looked. Loved the way it worked. But unfortunately, it reached a point where certain pieces needed to be completely revamped and updated and an update got pushed out onto the server and it was not recoverable to a state where the site was working as flawlessly as it was. So we've had issues with it and sometimes somebody can hit it from one browser and it works fine and you hit it from another browser and it doesn't. And so it's been very unstable. And so we allocated one of our team for the Rehm's team to start working on this. We're coming up with what we're calling phase one. And phase one is where we have a rebuild on the website for FSCIRC.com. It is the static content that was in there. It doesn't have the A to Z resource piece. That's going to be phase two. But this new website is to the point where if you're using a cell phone, you're using a tablet, it will size to it. It's what they call responsive. So the website does change with that. So it's definitely been upgraded in a good way. And when we're building in the modules that we're going to be building in, this will be leading us towards the thing that we've been working with, with this group is that it will become the BSCIP Resource Center, which is going to include brain and or spinal cord injury information. So it'll not just because, again, in the past we used to have spinal cord injury resource center, which was one side, and you had Brain Injury Association of Florida on the other side. This now makes it to where we will have all this. We're not the ones that are creating the content. We're the ones that are going to be passing people to where they need to be going as a good resource. And if anybody hasn't seen FSCIRC.com, it is an amazing site. It always had the best. The A to Z Resource Center is the resource guide. It gave so much information. We were spotlighted nationally just in and and they've done an amazing job with that over the years. So where we're ready to start taking it to the next level and we are expecting within the next couple of days, we just passed a bunch of information to Justin in regards to the A to Z Resource Center. So when we switch over to the new site, he's not without that A to Z resource information. and that took about a week to put that together. But he'll have the guide and so he won't be left with somebody, calls him up without information that he needs. So we're expecting to go live with the new flip over. It's not going to look much different to too many people, but we're moving

[01:43:34.110] - Erick Collazo

Thank you Ed. So I'll open up to any questions anybody has.

[01:43:39.030] - Kevin Mullen

Oh, this is Kevin and I'm actually on the FSCIRC right now, which is great. Is there any allocation of funds from an outside third party to assist in building the site. Was it basically done from in-house and assistance from within?

[01:43:57.000] - Edmund Mills

Always done from within. When we built the concepts on this, this was way back in the day 2009, when we first started putting together the concept and we got it built in 2010, Justin, Anthony, Tom Delilah, myself a developer, we

all sat down and came up with all the concepts of what we really wanted. The great thing about that was, you know, you had three people that were spinal cord injured that knew the concepts of what they really wanted to see. And so the concepts you saw there were real it wasn't people sitting in a bubble and coming out what they thought people wanted. So, yeah, but that's always been an internal homegrown piece.

[01:44:38.350] - Suzanne Doswell
This is Suzanne. Can you hear me?

[01:44:41.950] - Erick Collazo
Sure. All right, I think we need to link with Nancy. Nancy has some resources that ought to be a part of this project. When I heard her talking about the definitions and 16 pages or 19 or whatever it was, that should be certainly reviewed as to whether that's an additional piece or whether that is an overlap just so that we're not missing anything, because clearly she's got all kinds of things that we need to include.

[01:45:18.020] - Erick Collazo
Yes, I watched her presentation, I had the same thought, I'm wondering, I noticed that it was a SharePoint server that's an internal server to Department of Health. I just wonder, and Ed would probably know if there's a way to link it to the to the new webpage so you can share internal to external without anybody compromising your network.

[01:45:40.190] - Edmund Mills
And as you say, actually, I wrote down the same note here for you guys. So it was the I mean, when you see that that essentially a lot of that kind of information there is what Justin and Anthony have put up over time, you know, not quite to this. You know, Nancy brings a different skill set as a nurse, but I see the exact same thing I see is putting it in there and having we have the A to Z resource section. I see that now becoming a subpart of that with the medical reference library. They'll be a big section that's called Medical Reference Library. But if I go in and I'm looking at something in regards to bowel care, there would be certain terms in there, whatever's been tagged. So you would see those in there, too, that would then link to the reference library. So I've got that note, guys, so we will not forget this.

[01:46:28.580] - Kevin Mullen
This is Kevin again, just because I understand a little bit about this, I actually work in the industry myself because it's internal and external going to have to go through encryption, encryption, key points. It would probably be easier instead of trying to go that way, just copying the content or data and then just bringing it over. So it's more of a content content collection of what needs is done. I was.. The highlight for me personally today in this meeting was what Nancy's work is. I mean, all of it's very nice, but that's true, Sincere homework that lady really put in some time for. And I'm amazed by it being able to share that not only just internally, but to the public as was brought up. This might be a great way of doing it. And like I said, more of a copy of a content instead of trying to go through encryption points.

[01:47:21.490] - Edmund Mills
Yeah. And no, Kevin, I think just to clarify, I see this being built into the the website itself. So there would be the information would be brought over there. And quite honestly, at some point, the way that we handle things is we don't duplicate data and what we do and I'm talking the whole program. So if we have it to where we get that resource lie reference library done really,

really well. And it's here on the what will be the BSCIP Resource Center in the BSCIPTraNet, which is where you guys saw there will be a link there for our staff that then takes them through to the other site directly, the spot that way Nancys not having to update it in one place and just an answer to another place. And then Nancy doesn't one spot and then we forget to do it in the other. That way it's always in sync.

[01:48:06.020] - Kevin Mullen

So the only difference between staff and general public and staff would have login access at that point, but it would still come from one key data point. Is that correct? Yes. Oh, OK. That's that's brilliant. That's very, very smart, because then you don't have to spend time on duplicating.

[01:48:21.890] - Edmund Mills

Yeah, we find that when you duplicate you, it always leads to failure because it is incredibly difficult for people to remember to do it in two spots and something gets out of sync and then it just. Yeah, yeah.

[01:48:33.560] - Kevin Mullen

That's awesome. You guys did a great job with that.

[01:48:39.030] - Suzanne Doswell

It's really very impressive. Very, very nice job.

[01:48:43.050] - Nancy Lagasse

Thank you.

[01:48:46.250] - Erick Collazo

Thank you, everyone.

[01:48:48.530] - Kimberly Robinson

All right, so it leads us to our last bullet point of the charter committee. We've been talking about combining the committees and we have a Dr. Ross, can you verify that you're on the phone? And if you can, then that that gives us a quorum to vote.

[01:49:15.400] - Dr. Ross

Hello, this is Dr. Ross yes.

[01:49:19.120] - Kimberly Robinson

Awesome, thank you. I just I just had to verify that you were there

[01:49:25.150] - Dr. Ross

I am, I'm going to mute you because I'm traveling.

[01:49:29.140] - Kimberly Robinson

Thank you so much. So my recommendation is to put to a vote to move the education committee and make that part of each one of these other committees for performance quality improvement as part of public awareness and as part of outreach. Anybody

[01:49:57.860] - Natalie Alden

Are you looking for a second? I support that

[01:50:02.710] - Kimberly Robinson

Yeah, I'm looking to see if we have an agreement with that. And, you know, if you want to vote on that at this time and we can move it.

[01:50:10.630] - Ricky Zeidman

Kimberly, it's Ricky I have a question what basically we're all doing that anyway, is that the reason you're, you know, integrating it into the other committees?

[01:50:23.144] - Kimberly Robinson

Yes sir

[01:50:23.720] - Ricky Zeidman

Because, yes, if you look at the look at the word education, all of the other committees are doing that.

[01:50:30.060] - Kimberly Robinson

Agreed. Yes. That's exactly why I'm wanting to to move it in with all the other committees to integrate it.

[01:50:37.060] - Ricky Zeidman

Well, I would vote for that. I'll second it if I can. Or make the proposal, whatever.

[01:50:44.900] - Kimberly Robinson

Well, I guess we have to make a proposal all in favor.

[01:50:51.680] - Ricky Zeidman

OK, I will make the proposal that we take the education committee and basically disband it before we disband it. We move that goal into the public awareness, outreach and performance and quality improvement committees.

[01:51:10.670] - Kimberly Robinson

Do we have a second?

[01:51:13.060] - Kevin Mullen

I second it, Kevin.

[01:51:15.560] - Kimberly Robinson

OK, thank you. All right. Miss Harris is on the line now before her presentation regarding the Florida Alliance of assistive services and technology. Does anybody need to take a quick break? I forget to ask that because I'm like a camel. I just keep going.

[01:51:40.180] - Edmund Mills

Erick she needs your cup.

[01:51:45.550] - Kimberly Robinson

OK, so do we all want to take just maybe a ten minute break and then we'll come back. And then when we come back, Miss Harris will do her presentation for fast. We'll all come back at three or five. We'll resume.

[01:52:02.980] - Kimberly Robinson

OK, so it's it's 3:05... I think I'm going to continue on here. It looks like everybody is is back. I see things muted. I can't see everybody's picture, but I think we're going to go ahead and keep rolling. And so at this time, I want to introduce Whitney Harris. She's the executive director for Fast and she is going to give us a presentation on Fast and you know what they're all about. So, Whitney, I'll turn that over to you.

[01:52:38.250] - Whitney Harris

Thank you so much, Kimberly, and I really appreciate being invited today, I'm happy to represent fact and to share all of the cool things that we're doing and hopefully we can help some of you all or people that you know so fast. We have a really long name, which is why we go by fast for the Florida Alliance for Assistive Services and Technology. We've existed in Florida since the 90s, so you've probably heard of us. We, like many disability services, are one of those best kept secrets that you don't know until you know. So a little bit of what we do. We are also written into Florida statute. So we exist as a creature of the legislature where a federal program as well. We're one of fifty six across the country, which is really cool because we have a lot of different states that we can, you know, borrow their ideas when they have best practices, which can be really fun. Here you have our website on the screen and I'm just going to go through our main services. And then if you have any questions or if you'd like to talk to me afterwards, I'll make sure that you have my contact information. But stuff that we do it fast is all related to assistive technology. So we're constantly doing public awareness events like you all are where we're going to exhibit places or statewide events, even local events. So if there's ever an instance where vendors are there and we think it could help people learn about assistive technology, we do what we can to make sure that we're represented. We also do information and assistance activities. So we have a person dedicated at our office here in Tallahassee named Tim McCann. If you know of him, he has a wealth of knowledge regarding assistive tech. So we have people calling us and we if we don't know the answer, we will find it for you and circle back. We're really, really great about that, which is really comforting. As we know, it's such a pain to call and then be told you need to call somewhere else and then call somewhere else and your hours before you find someone who can actually help you. So we try not to do that. We try to actually get to the information and call you back versus sending you on your way with no idea where you're going to end up. The big ticket items that we do are assistive technology demonstration device Flows. So if anyone is interested in trying out assistive tech, we have a loan library filled with hundreds, if not a thousand assistive technology devices that we own and we borrow... We let you borrow them so our loans can be anywhere from 15 days to thirty five days. You can borrow a device more than once. You can borrow multiple devices. The idea is that we want people to be able to try tech before they buy it in case they don't end up liking it. Then they don't have to invest their own money or different organizations money. They can be more confident and what's going to work best for them. So when someone wants one of those loans before what we do is a demonstration, so we might have two or three different assistive technology devices that someone can kind of mess around with. And we can tell you pros and cons of both so that you'll know which items that you actually want to borrow instead of just borrowing and borrowing and borrowing and spending months and months and months, try to figure out what works best for you. We try to streamline that for you as best that we can through these loans and demonstrations. We actually subcontract out with six different what we call regional demonstration centers across the state of Florida. That's in that regional locations tab that's at the top there. We have an office in Pensacola. We have one here in Tallahassee, one in Jacksonville, Tampa, Orlando in Miami. So that's their contact information. When you click on that tab, you can always call us at eight four for a number that's on the top of the screen and we can point you in those directions. You can see here which regional center serves which county. So basically us here at headquarters, we assist with the administrative portion. But these regional demonstration centers are doing the actual AP expertise activities. So they'll be the ones that you call. They're doing a lot of services virtually right now, which is

really nice. So you can get on a video call or talk to them over the phone or they can arrange some stuff in person depending on where they're housed. And this is basically how you'll get a lot of your services with fact. Another thing that those regional centers do is some training activities, so if there's a piece of AC that requires more than just a brief visit, maybe you need to come back and spend an hour learning all of the things that the tech could do that would be considered an assistive technology training. In our book, we also do training through webinars. So we're regularly, I think, twice a month now we're doing assistive technology trainings on just a number of different devices. Or maybe it's a subcategory of devices. That's something that if you want to sign up for our email list, you can get information about that. Also, if there's a piece of tech that maybe your group uses all the time that there isn't great resources on, if you let us know, we can help build those resources to make sure that others know about them across the state of Florida. Something we do here at state headquarters that I think is really interesting is our financial loan, so we have a program called the New Horizon Loan Program. And what that is, is it is a program where you can apply to get a financial loan to fast to purchase assistive technology. Now, when we say purchase assistive technology, that could be a vehicle modification. It could be a home modification. It could also be funding to help someone start their own business. The borrower has to be someone with a disability. So we work with low income. We worked with fixed income. We work with lower credit scores. And we're starting a program now that helps to increase credit scores. So for those of us who end up. Kind of being stuck on Social Security and not being able to really build credit. We have a program that helps you build credit so that you can meet the qualifications if you want to purchase a financial loan through us. And we have pretty low interest rates and we're just a lot more flexible than a bank and we're so willing to help as many people as we can. So that's a great program there. I know that we could even do we have a bank that does guarantees for some of our bigger loans. So if people need assistance actually buying a modified vehicle, they can go through less and we can go through the bank and we can get it all situated with that. So that's a really awesome program that helps a lot of people. And we're hoping that it's going to help a lot more as we continue to grow it. Another chunk of services as our utilization activities. This is something we do through our regional reuse. We love acronyms. The fact so we call those are our cities. Those are housed at five different centers for independent living. And what it is is basically assisting with their durable medical equipment, loan closets. It's something where if you wanted to donate a piece of old assistive technology or something that you're not using anymore, you could donate it to one of our best programs are reuse centers, and we will sanitize it. We could refurbish it if it needs some refurbishing and then we can get it back out into the community. Something you can see on this site under the what we do. It would be the 80 exchange classifieds there. If you click on that, we have a part of our website that's like Craigslist, kind of. So it has all sorts of different categories of exchange exchange categories. So anyone is welcome to post any durable medical equipment or assistive technology that they have that they want to give to someone else who can use it. We're posting stuff that's donated to us. OK, and then you can also get stuff from this website so you can go on here, find something to the different categories, and if it's something you like, you can contact the person directly or contact us and we can put them in touch with the individual who owns the device or where the device is if it needs to be shipped. We do have some fun set aside to help ship items, and that's a really, really cool thing that we do that helps try to get stuff out of our closets and back into the community so that people can be using those. I think that I spoke pretty quickly, but I covered the

majority of our stuff, the loans, the demonstrations, the training, the financial loans and then our reuse activities. So a lot of that is on our website, which is what I want to make sure you had access to that today. You could go and poke around on there and let us know if there's anything you can't find or something that you think should be added. We're happy to take suggestions. We are operating off of a advisory council as well. We are lucky enough to only be appointed by the commissioner of education and not the governor. So it's anyone you know wants to have more leadership experience. We are always open to new advisory council members and we operate under the sunshine as well, which is also really fun. But with that, I think I covered everything Kimberly. I don't recall if there is anything else you want me to question.

[02:02:27.930] - Kimberly Robinson

No, ma'am, that was great. Does anybody have any questions for Whitney? FAST is also going to be I'm sorry.

[02:02:43.050] - Joanne Hoertz

Very nice, very nice website.

[02:02:46.790] - Whitney Harris

Thank you.

[02:02:48.960] - Kimberly Robinson

So fast, witness is actually going to be giving it in service to all of us to to all of our staff at the end of the month, too. So we're we're working really hard to strengthen our relationships with all of our community partners. And we're excited about that. And we've actually recently had a client where we utilize the financial part for the station, and that worked out really well for the client. OK. OK, thank you, Whitney. I really appreciate you coming and joining our meeting today. It was fantastic.

[02:03:30.020] - Whitney Harris

I thank you all, have a great rescue day.

[02:03:32.830] - Beau Pfister

Thanks Whitney.

[02:03:34.840] - Kimberly Robinson

Bye bye. OK, so then this takes us down to council recommendations, do we have any recommendations for the next quarterly program report for the council members or to the council members? Anything that you're wanting specific? OK, that is no, we're trying to keep kind of consistent with some of our reporting that we provide to you all so that, you know, you'll know what to expect. But between now and when we have our next meeting, which I anticipate that to be in May, if there's something that you want you brought up in our council meetings, if there's a presentation you're looking for anything, all you have to do is email me and I'll work on that to make it happen for our meetings here. So then we'll go down to the next business item. I'll open it up for any discussions anybody has. Anybody wants open discussions.

[02:04:47.740] - Ricky Zeidman

It's Ricky, can you hear me without a reverberation? Yes, I wanted just to follow up on the suggestion that you made earlier, Kimberly, about participation in the committees by the members of our group. We were very fortunate in the meeting last week of the outreach committee that our two new

members were on and did participate. I think it's critical that we have more members participate in these committees to share the charity work. I'd also like to ask if we could get a an updated membership list at your convenience.

[02:05:35.320] - Kimberly Robinson

Yes, sir. And actually, the membership list is updated out on the BSCIPTraNet Web, that one is updated. Unfortunately, Erick is not I don't think Erick is listed. I think I had to list his seat as vacant so that it was known that it's vacant. But like I said earlier, Erick is still in that seat until it's filled. He's still able to participate until it's filled or filled by another member. So we do have a current list. But if you want me to email one to you, Ricky, I can do that as well.

[02:06:10.690] - Ricky Zeidman

That would be great. Thank you.

[02:06:18.540] - Kimberly Robinson

Anybody else have anything for open discussions?

[02:06:21.930] - Erick Collazo

Kim? Yeah, this is Erick. Is the department in general watching the population increase and are they concerned about budget? And have you guys as a department started thinking about how that could impact the program in the next two or three years with the population increase that we're we're currently seeing?

[02:06:46.500] - Kimberly Robinson

I know that we've spoke about that before in our meetings, and I'm not aware of the division or anybody has. They've not made any comments or any recommendations. Nothing back to me about the population increase. So I don't have any other comments to make on that at this time. Anybody else, anything

[02:07:18.210] - Ricky Zeidman

Of the dates would they be in May, the tentative date?

[02:07:21.870] - Kimberly Robinson

I do not I chose me because I want to make sure that the third quarter is ended so that we can give quarterly data. If anybody has recommendations on dates, I'll take those at this time. And what I'll end up doing is sending out a doodle poll for that.

[02:07:43.930] - Ricky Zeidman

If you could send out a Google poll I have a the first week of May is fine for me, the week of the third and the week of the tenth.

[02:07:57.160] - Kimberly Robinson

Dr. Ross, you were saying

[02:08:01.030] - Dr. Ross

Hi, I'm just wondering, in addition to the updated list of the committee members, is it posted anywhere on their... I don't know their schedule of proposed meetings and how often they do meet for each one of those committees.

[02:08:21.850] - Kimberly Robinson

So we have to put out a public notice. So that's out on... Teresa help me out, what's that called? We have to post all of our

[02:08:32.470] - Teresa George
Florida admin.

[02:08:33.770] - Kimberly Robinson
Thank you to Florida admin. It's posted out there for all of our meetings, the dates and times, and I usually post them. At least two weeks in advance, because it takes about a week to get approval, the process approval to get them posted out there. So that's the only place that we're listing those meetings, because there has to be listed to the public,

[02:08:58.220] - Edmund Mills
But for our advisory council members documents, it's important to note that we are including everybody in the calendar item that we send out, and we're doing that just so everybody has it on their on their calendars, and if they're able to participate, as everybody has said so far, we really appreciate it when people do.

[02:09:22.240] - Kimberly Robinson
OK, are there any I'm sorry, go ahead, go ahead, Kevin.

[02:09:28.700] - Kevin Mullen
I'm still in a state of shock that no one from ESP or TBI is asking anything about the vaccinations just because I know they're coming into the state now. Our medical workers have been taking care of predominantly and our senior population is in the midst of it. But I know special populations is up there as well. Is there any way to conform or pull together any type of data, whether it's state or nationally, about vaccinations with neuro? Because I receive phone calls and I'm neither CRC, I would actually love to hear from Justin, Anthony or Ed in regards to it to see if they're even getting calls over. I'm just getting a ton of them and people are very leery or nervous, scared or hesitant for all the right reasons. But I don't even know how to form or which way to send them. So if I knew, like, the I.R.S. had some type of data that they pulled together or we on our site did anything, I'd be inclined to share them with them right away to pull that or anybody to talk to you from a university or otherwise. You would know if I knew the group.

[02:10:42.640] - Kimberly Robinson
I know that our division office has been getting a lot of calls, I'm not sure if I can get a listing from them on where they're redirecting people. I know they're getting tons of calls every day about the vaccines. The young lady that's covering that phone. My heart goes out to her because she gets some very angry people. She gets all kinds of calls. I'll see if I'll see if we can get a hold of any listing as to where we can redirect people. Most of the most of what I have heard is redirecting people back to their local health department.

[02:11:24.910] - Teresa George
Kimberly, this is Teresa. Yes. That's what what they've been doing is sending them to the local health department. But I, I think I may have let me look real quick, but I believe there's a an email address on the Florida Department of Health Web site that you can email with questions.

[02:11:41.770] - Kevin Mullen
Teresa. Anything like that, just because, you know, all age groups or variations, race, religious backgrounds, male, female obesity, TBI, I'm getting I've literally gotten probably 30 to 50 phone calls on this in the

past two months just because vaccinations become a public headline and everybody is either pro and want to get it right away. I don't know where or very hesitant because I don't know how to react and I'm just sitting with no information. And I would love to be able to guide them to ask those questions or get a proper medical license.

[02:12:19.750] - Joanne Hoertz

I think there's some information available from the Brain Injury Association of America. And I know that the Center for oh, I don't even know which one it was yesterday. There was something posted that I saw that was also connected with CMS. There is information specifically for brain injury and questions about the vaccine.

[02:12:50.340] - Justin Stark

I mean, as far as I mean, we haven't gotten very many calls at all about from people like looking for locations or anything like that, I mean, I've had a couple of random contacts here and there. People just kind of wondering, you know, from a personal standpoint, I mean, our office is located in a hospital that that had that was one of the original five that got the Pfizer vaccine. So, I mean, I actually have had both both doses. And as far as side effects, I can speak personally. I mean, I haven't really had a lot, you know, the first day or so you kind of a pretty lousy from the second one. The first dose wasn't too bad. And, you know, just from some of the the employees that work in the hospital, that's been pretty much the standard. The first dose you had a sore shoulder, a second dose. There was more aches and fevers and things like that. But I haven't come across had any severe reaction from it, you know, and again, when people call and are looking for locations, I've been doing similar to what Kimberly mentioned, directing them back to local health departments or, you know, kind of researching whatever they're wherever their area may be and, you know, putting them in contact with whatever the the the process may be.

[02:14:25.440] - Teresa George

If you go to the Florida Department of Health website, there's a page at the very the very front page that says Florida vaccine update. If you click on the picture, it'll give you some updates where you can find the vaccine and who's eligible for the vaccine. Also has a number that you could text for updates that will come to your phone. There's resources for factsheet for recipient and caregivers, a vaccine communication tool kit. So there's all kinds of vaccine information on the Florida Department of Health Web page. Find a testing site. OK, this is a good place to click on that, go up Ed and click on the Florida vaccine update picture. And then this is all. Here, what I was what I'm speaking about, here's the number to text for Florida covid updates. And then if you scroll down to the bottom, there's places here for you to factsheets. There's a link up at the ferry a little bit kind of in the middle about what hospitals you can go to. The current list of hospitals in Florida that have received the covid-19 vaccine can be found here. So this is a at least a good starting point.

[02:15:51.770] - Kevin Mullen

Absolutely, Teresa. I can't thank you enough because I have it up on my personal PC plus on the screen here. That showing just then, it's good to know even your personal reaction to it and how you felt knowing that the secondary was a little more. Complicated the reverse, so I truly appreciate both of you. This is great. I'm going to really do some research on this.

[02:16:15.210] - Justin Stark

And there is a page also that has like the county health departments, where it has like a little drop down menu for each county and it's kind of a quick way to be able to go from one to another. And so I've used I've used that as well. And then it's obviously county health department has their own method for for either calling or registering or so forth.

[02:16:42.600] - Kevin Mullen
Excellent. That's great to know. All right. Appreciate it.

[02:16:46.080] - Joanne Hoertz
Kevin, this is Joanne Hoertz. I also have been heading up and coordinating all the vaccination efforts here, Brookes rehabilitation, and we have not had problems with really significant side effects. We've had a handful of people that have had some side effects, but really nothing that has been debilitating and things that have resolved within a day, some headache, a low grade fever, one a higher fever. I've received both doses and haven't had any issues. There hasn't been any data that's been published regarding individuals with disabilities and risk related to covid. And the data that was published by Moderna and Pfizer had over 70000 people of various race and age, you know, over 18 in the studies. And, you know, the side effects. It was expected, but there wasn't any specific studies related to people with disabilities or with anything related specifically to any kind of neurologic injury.

[02:17:44.130] - Kevin Mullen
That's excellent. Now, and to know that, I mean, I can't tell you how all three of you just helped me immensely because like I said, I even got a call this morning at nine 15 about this from another person. So I can't thank you enough. This is great to have this collection.

[02:18:04.390] - Kimberly Robinson
Teresa, you have your hand up.

[02:18:08.230] - Teresa George
Oh, I'm sorry, that was for earlier, that was lower that.

[02:18:13.030] - Kimberly Robinson
OK.

[02:18:13.750] - Edmund Mills
And Kimberly, if it's OK, let me let me just show everyone here, too, that this is where it was mentioned earlier by Erick about that if you guys type in BSCIP.Org, it will take you directly to the BSCIP website within Florida Department of Health. And this is where when Ricky just asked about advisory council, we do keep this updated. You have the list of the members here. This is also where you can find the recordings, the recording from this one. All the stuff gets posted here. The agenda's a lot of wealth of information right there just for the for the council.

[02:18:49.450] - Kimberly Robinson
Thank you for sharing that. Do we have any public comments? The only member I see that joint one participant joined today is Mr. Melea. Do you have any public comments you'd like to add today? OK, we discussed future meeting dates and I had mentioned May Ricky, I wrote down those two weeks that you mentioned that were good for you. So I'll send out a doodle poll and we'll get that next meeting scheduled.

[02:19:38.090] - Mr. Melea

Excuse me. Yes, sir. Yeah, I apologize. I had a patient and the clinician knock on my door, so I just had to mute off for a minute there. I was just very interested in what was going on. I was I have a long history with with BSCIP and and I was just curious as to what the latest and greatest was. It had kind of gone dark there for a while. And so, yeah, it was it was informative to see what the state of the state of BSCIP was.

[02:20:19.510] - Kimberly Robinson

OK, well, thank you for joining our meeting today. We appreciate that.

[02:20:24.430] - Mr. Melea

Yeah, I would like to I'd like to be involved with more of the meetings of the future.

[02:20:33.280] - Kimberly Robinson

Well, public participation, you can always join a committee meeting if you want to know what's going on with any of our charter committees. The public is welcome to join those meetings as well. And those are posted out on. The administrative page, if you're interested in those,

[02:20:53.900] - Mr. Melea

yes, and I that do include me in the emails as well.

[02:20:59.360] - Kimberly Robinson

OK, wonderful.

[02:21:01.070] - Teresa George

We also have some openings on the council, if you're interested.

[02:21:06.290] - Mr. Melea

I was going to bring that up. I did two full terms back in the early 2000s. And like I said, I was involved with BSCIP really from just after its inception. I worked with not only Tom Delilah, but kind of the founding fathers, John Close, Bernie Bracher and others. And so, to be honest, I was I was a little concerned after the changes that went on the last few years. And but I'm pleasantly surprised and I would say happy that there are some dedicated individuals that are involved. And yeah, if you are looking for, you know, another professional, I'd be more than willing to join.

[02:22:07.140] - Teresa George

Well, I'm looking now because you had said that you had previously served, so I was checking to see if there's a term limit here. It just says an individual may not serve more than two terms. So have you have you already done your two terms?

[02:22:24.690] - Mr. Melea

That used to be. I forget how it was framed, it was two terms and then it couldn't be a third, it was purposely left open that in the future, you know, potential applicants could rejoin if they had already done done two years, two terms consecutively.

[02:22:50.920] - Teresa George

Yeah, I don't see that in the statute. I just see it says an individual may not serve more than two terms, but like Michael said earlier, this may be something we want to look at for legislative change. So...

[02:23:03.690] - Mr. Melea

Yeah, I mean, if you if you're I mean, if you're interested that this is a population that, you know, I live every day and my my patients are traumatic brain and spinal cord patients. So, you know, I live it and I. I serve it. And so, yeah, if if there's something I can do to assist, I'd be more than willing.

[02:23:31.890] - Edmund Mills

Well, Robert, you probably heard earlier the Erick term is ending, but we actually have him duct taped to his chair. So he's not going to go anywhere. Yeah, but we I'm one of the long term people here, too. I was around with the Tom Delilah days. I knew Bernie Brooker. I knew all the all the whole group. And one of the things we're trying to stress to people is when Erick term is up and somebody fills a spot, we don't want to see him go. So these meetings that we're having, the other stuff, we always want that input. We always want certain people to be involved. So there's nothing that prevents you from showing up to any of these committee meetings that we're having. And everybody gets opinion. It's not one of those things. Everybody's bouncing in. Everybody's talking. Everybody's I mean, very collaborative. And that's how we're coming up with the good stuff. So.

[02:24:18.630] - Teresa George

Right. Public's always welcome public input. The only difference is you can't vote, but you can do everything else.

[02:24:25.650] - Edmund Mills

And we can't vote either as staff.

[02:24:27.380] - Teresa George

Yeah.

[02:24:29.020] - Mr. Melea

Yeah. And I'm fully aware of that. One thing that it caught my eye and I'm not sure if I'm I guess to be honest, I am concerned. You remember the names that I I mentioned and the people I worked with. And for John Close and I, I, I worked with him at the Miami project for years and I coordinated some of the early research studies down there. And I'm concerned I don't see any Ph.D. on this list on the advisory council. And I guess there's there's one doctor which is kind of concerning to me. Again, I know no one on this advisory council, but I'm just concerned that there are so many survivors and family members, the professionals I only see an RN.

[02:25:33.870] - Teresa George

Well, our seats are set by state statute as well. We have certain seats that are designated for certain members of the community.

[02:25:42.580] - Mr. Melea

I understand that. My concern is that we're who what constitutes a professional? Years ago, it was doctors and PhDs and some see RNs and I see none of those right now.

[02:25:58.640] - Joanne Hoertz

Well, this is Joanne Hoertz, and I am

[02:26:01.880] - Ricky Zeidman

having very insulting to the people who are on the committee know nothing about my background or any of the other people's backgrounds on this

committee. I don't put my degree information on anything that I do. I do not care for people who do that.

[02:26:18.380] - Dr. Ross

If I could if I could and put some of my observations of this conversation, I am aside neuropsychologists specifically with specialty in spinal cord and traumatic brain injury. So you do have that representation, at least on my behalf, on the board. You know, it's just I think everyone's experiences in trials bring to the table what we're putting out there. And I think they're doing a great job,

[02:26:50.180] - Mr. Melea

No, and again, I'm this is my first meeting in years. And I meant no disrespect if it came that way. I, I asked about the professional and and I just didn't see any of that. So I was curious. And again, I apologize if it came off wrong.

[02:27:08.930] - Teresa George

Mister, is it Dr. Melea?

[02:27:12.020] - Mr. Melea

No, my name's Robert Melea. I'm actually I have master's degrees in public.

[02:27:17.840] - Teresa George

OK, when someone applies for the board, their application is sent through various approvers. One of the approvers is the legal department that reviews the application for information that's required, but it also goes to the executive office and it has these people are appointed by the surgeon general. So everything is looked at and approved higher than just our program.

[02:27:42.900] - Kimberly Robinson

Correct.

[02:27:44.000] - Mr. Melea

Again, that that process has been changed. I understand that. And maybe I worded it incorrectly. I was wondering who we had for or who you had for professionals. And that that was the question. And I apologize if I if I were to do it incorrectly.

[02:28:05.180] - Ricky Zeidman

I think we should move on at this point. Do you have any more comments before we adjourn the meeting?

[02:28:13.850] - Kevin Mullen

This is Kevin. I just want to thank Nancy one more time, especially just because I know how hard you worked. And I'm really amazed. I hope that we get to see a little bit more of that. What you put together. That was amazing. And to everybody else, Kimberly and everybody with the hard work. Thank you so much. Glad to be a part of it. I appreciate it.

[02:28:32.910] - Mr. Melea

That will be for the caseworker's because, yeah, that was just such an easy go to catalog for what they will deal with, what they should be dealing with on a daily basis. I know that's what they deal with here in central Florida.

[02:28:53.470] - Kimberly Robinson

OK, well, I think we had a really good meeting.

[02:28:56.970] - Ricky Zeidman

I was going to say that we should call for adjournment of the meeting. I think this was an excellent meeting. Look forward to the committee meetings in the interim before our next meeting in May. I think this covid-19 has actually benefited our counsel by participation. We've just had a lot more communication and participation and fruitful participation during this time. And I hope that while I hope that covid-19 goes away, I hope that the the success we've had continues and grows.

[02:29:35.457] - Joanne Hoertz

I second that motion

[02:29:35.880] - Ricky Zeidman

OK, second to adjourn and a vote on yay. We are adjourned. Thank you very much.

[02:29:46.930] - Kimberly Robinson

Thank you all. I appreciate everything.

[02:29:49.450] - Audience

Thank you. Thank you. Have a good bye, everybody. I'm.