

BSCIP Advisory Council PQI Committee Meetings-20260402_140424-Meeting Recording

April 2, 2026, 6:04PM

56m 4s

● **Casavant, Robert** started transcription



Robinson, Kimberly S 0:27

Okay, we have one more minute and then we're going to go ahead and get started. I'm hoping we get a couple more council members on so we have a quorum. We need 5 for a quorum today.

Okay, Jill, it's 205. Do you want to go ahead and get started?



Jill Olinick 1:21

Sure.



Robinson, Kimberly S 1:22

Okay.



Jill Olinick 1:22

All right, well, I'd like to welcome everybody to our Advisory Council Performance and Quality Improvement Committee meeting April 2nd. And we will go ahead and get started with roll call.



Soans, Keith O 1:40

Good afternoon, everybody. My name is Keith Sones. I'm the Program Service Manager with Bizkip. I'll start with the roll call. Don Chester.



Jill Olinick 1:49

Yeah.




Chester, Don 1:50

I am here.




Soans, Keith O 1:52

Thank you, Kevin Mullen.
Patty Lance.
Doctor Jill, sorry, Jill Ornick.


 **Jill Olinick** 2:10
I'm here.

 **Soans, Keith O** 2:12
Doctor Adriana Valguiana.


 **Valbuena Valecillos, Adriana D** 2:14
Send.


 **Soans, Keith O** 2:16
Thank you. Dr. Brian Higdon.

 **HIGDON, BRIAN** 2:21
Is that?

 **Soans, Keith O** 2:23
Dr. Abhilash Haridas.
Carrie Rayburn.


 **Valbuena Valecillos, Adriana D** 2:36
In.


 **Soans, Keith O** 2:36
Rutan Tatasil, she resigned as of March 30th and she won't be joining us again in the council. Let me share the agenda with you.

 **Jill Olinick** 2:44
Okay.


 **Robinson, Kimberly S** 2:53


So, Jill, we only have 4, so we can't.
Approve minutes.

 **Jill Olinick** 3:00
Okay.


 **Robinson, Kimberly S** 3:01
If somebody should come on, Keith will keep an eye out in case somebody else comes on. And then while they're here, Dr. Higgin, if you're not, we'll still count you as part of the quorum. So if you have anything you want to add on minutes right now, and then if somebody else jumps on, we can approve.


 **Valbuena Valecillos, Adriana D** 3:04
Thank you.


 **Jill Olinick** 3:07
We can vote.
Mhm.

 **Robinson, Kimberly S** 3:19
OK.

 **HIGDON, BRIAN** 3:22
Yeah.

 **Soans, Keith O** 3:27
I'm going to the next screen for topics of discussion, since we are skipping the minutes.

 **Jill Olinick** 3:36
Okay, great. So we were going to do just the comparison report. Look at the comparison report if that was available.

 **Robinson, Kimberly S** 3:43
Yep.

I'm pulling it up right now for you.

So Raj redid this sorting by region. So give me one second and I will share my screen for you.

 **Jill Olinick** 3:56

Perfect.

 **Robinson, Kimberly S** 4:04

I should have been better prepared, I'm sorry.

 **Jill Olinick** 4:06

It's okay.

 **Robinson, Kimberly S** 4:08

It's still April 1st for me.

 **Jill Olinick** 4:10

Yeah.

Well, I'm just back from vacation, so I'm all out of sorts.

 **Robinson, Kimberly S** 4:16

Oh, well, at least you're refreshed. You're refreshed, you're out of source, but you're fresh.

 **Jill Olinick** 4:19

Yeah.

I had three days off. Now it's three weeks to catch up.

 **Robinson, Kimberly S** 4:28

Wow. Okay, so this is the report and it is sorted. These numbers here reflect regions.

And then we can further expand these. Come on.

There.

You know, by quarters, which you wanted.

 **Jill Olinick** 4:47

Yeah, perfect.

 **Robinson, Kimberly S** 4:48

Here.

So if you have a specific year you want me to expand on, or if you want me to add, you know, any of our fields over here for the pivot, I think last time we were looking Not just that we referral sources, but we want, we were looking at... statuses which this is.

 **Jill Olinick** 5:12

Mhm.

 **Robinson, Kimberly S** 5:13

Applicants and in-service clients.

And our status, these are closures. I believe these were closures.

 **Jill Olinick** 5:25

Okay.

 **Robinson, Kimberly S** 5:26

You want me to go back and review the legend?

 **Jill Olinick** 5:30

Maybe just to confirm that piece for me. I looked at it, believe it or don't, but, you know, that was another week ago. Yeah.

 **Robinson, Kimberly S** 5:33

OK.

Two 2 months ago.

 **Jill Olinick** 5:43

I did look at it again, I just...



Robinson, Kimberly S 5:43

So this is a summary, I'm sorry, this isn't a closure. This is just a summary of acute care referrals with group by agency facilities, injury type, displaying the ratio between rehab facilities and trauma facilities.

And then we broke it down further to regions.



Jill Olinick 6:00

Okay.

A region.

So, I think if personally, if we just look at this last year or whatever, I mean, maybe we can we can do a trend graph later, you know, for like 3 years or what have you, but...



Robinson, Kimberly S 6:12

Okay.



Jill Olinick 6:19

I'm just curious to see kind of this past year.

where we are.



Robinson, Kimberly S 6:26

I'm not sure why it's splitting like this. Oh, I'm sorry. This is rehab trauma. I'm sorry.

That's why. This is trauma down here.



Jill Olinick 6:32

Yeah, that's Okay.

Perfect. So it looks like.



Robinson, Kimberly S 6:42

And I can expand any of these fields more if you want.




Jill Olinick 6:45


Will you just remind us what the regions, like region 1 is, panhandle?



Robinson, Kimberly S 6:49


Okay, region one is Jack, yeah, region one is Jacksonville, so it goes from Jacksonville to Pensacola. I think it's 33 counties across the top. Region two is the Orlando area on the, well, Orlando area. Region three is

 **Jill Olinick** 6:56
Okay.

 **Robinson, Kimberly S** 7:09
Pinellas.


So they're the East Coast Pinellas area. Region 4 is West Palm Beach, and we have one satellite office over on the West Coast in Fort Myers. And Region 5 is Miami-Dade.

Region 4 also goes down to Broward.

 **Jill Olinick** 7:28
Yeah, okay.

 **Robinson, Kimberly S** 7:34

So these first columns here, because I don't have the header up there.

 **Jill Olinick** 7:38
So, I'm curious.

 **Robinson, Kimberly S** 7:39

applicants and then in service. Yes, ma'am.

 **Jill Olinick** 7:42

No, I was just going to say, I'm curious, the referrals that came from the rehab. So you there aren't there aren't overlap between those applicants and the trauma center applicants, correct?

 **Valbuena Valecillos, Adriana D** 7:50
Yeah.



Robinson, Kimberly S 7:54

No, that's correct, because when we get the referral, we identify the agency.



Jill Olinick 7:55

Sus.

Okay, so somehow it got, somehow those, if they got missed or perhaps the trauma occurred outside of Florida, but the person lived here, is that correct?



Robinson, Kimberly S 8:11

That would be a self, probably come in as a self-referral, unless it was referred from, if they came from outside and they're in.



Jill Olinick 8:16

Okay.

The rehab.



Robinson, Kimberly S 8:21

If the injury was outside of Florida, they were a Florida resident and they went to a rehab center, then the referral would come from the rehab center.



Jill Olinick 8:30

Okay.



HIGDON, BRIAN 8:30

I get some of those, like they get, they're from Florida, Georgia, and then or Alabama, and then they come back to Florida.



Jill Olinick 8:32

Yeah.

Hey.

Yeah.



HIGDON, BRIAN 8:38

As we have it.

 **Jill Olinick** 8:41


Yeah, I'm wondering if that's part of the reason why that's, why region one is, you know, higher than obviously down in Miami because it's, you know, borders the other states.

 **Robinson, Kimberly S** 8:53

That's very possible.

 **HIGDON, BRIAN** 8:56

And Brooks.

 **Robinson, Kimberly S** 8:59

Of course, we know you do.

 **Jill Olinick** 9:01

Ha ha ha!

 **Soans, Keith O** 9:01

Yeah.

 **Robinson, Kimberly S** 9:01

We get lots of referrals from you all. Fantastic.

 **HIGDON, BRIAN** 9:05

Yeah.

But some of those referrals actually, if they're from if they're from other districts and they count towards that, so if we get some from Orlando, then they would then they'd be sourced to that to that district. So it seems like what's District 3, but the ratio for District 3 between between acute care referrals and rehab hospitals is quite high. It's like 4 from the rehab hospitals and 160. Which is district 3 again?

 **Robinson, Kimberly S** 9:41

Here.

Pinellas, Tampa area. Well, I'll say Tampa.

HB **HIGDON, BRIAN** 9:44

What else?

Yeah, but in that seems to be pretty pretty high number coming from your queue care. Yeah.

 **Robinson, Kimberly S** 9:56

Tampa, the Tampa area is probably the regional area that we have the lowest caseload in.

They are always the lowest caseloads.

HB **HIGDON, BRIAN** 10:08

Okay.

JO **Jill Olinick** 10:09

Yeah, I wonder why that is, because there's...

HB **HIGDON, BRIAN** 10:09

people getting here or because that's a pretty popular area. Yeah.

JO **Jill Olinick** 10:13

Mhm.

 **Robinson, Kimberly S** 10:14

I can't tell you why; I have no idea.

But historically, I can't tell you historically, they have always been the region with the least amount of referrals. And they go out to the facilities. They do in-services and they go out and visit rehabs, the hospitals down there.

HB **HIGDON, BRIAN** 10:18

Yeah.



Robinson, Kimberly S 10:36

But I can't tell you any more than that. I don't know why.



HIGDON, BRIAN 10:40

Yeah, and the Learning Resource Center was at time in general for the longest time.



Robinson, Kimberly S 10:46

Say that one more time. The Resource Center.



HIGDON, BRIAN 10:47

The the there's a BCF Resource Center at at Tampa General, their old rehab hospital, right?



Robinson, Kimberly S 10:54

Well, that's where we used to be located, yes. We used to be located in Tampa, and then I moved the resource center to the region.



Collins, Valerie B 10:56

That.



HIGDON, BRIAN 10:57

Yeah.

Mm.



Robinson, Kimberly S 11:09

That didn't have any influence on referrals, though I can tell you that.



HIGDON, BRIAN 11:14

Sorry, the point is to see kind of the way the table is laid out. It's kind of difficult to see trends for different ones for different.

Different regions.

I...



Robinson, Kimberly S 11:31

Click on this summit.

pivot, summary pivot, see what, let's see what that looks like. No, that's just giving you your ratios that way. I don't think that's what you wanted.

 **HIGDON, BRIAN** 11:43

Yeah, I kind of want to see like the ratio over time for each.

 **Robinson, Kimberly S** 11:48

Yeah.

Well, we can keep working on this.

 **HIGDON, BRIAN** 11:49

Reach area.

 **Robinson, Kimberly S** 11:52

We can keep working on it.

 **HIGDON, BRIAN** 11:53

This seems roughly like a 10 to 1 ratio, a little bit lower than that, or sorry, a little bit higher than that between Q Karen and... and rehab hospitals. Is that roughly the math? Is that?

 **Robinson, Kimberly S** 12:10

You may be correct on that. I would have to really look at this and do some comparisons to tell you.

 **HIGDON, BRIAN** 12:15

Yeah.

But it'd be good to actually get those numbers of like what that ratio is and track over time for each region.

 **Robinson, Kimberly S** 12:28

Okay.

 **Jill Olinick** 12:29


Yeah, and I appreciate the effort on, you know, breaking it down by region. I think that's super helpful because I think going forward that can help guide, you know, just even sometimes the different areas, how we target, you know, how we target and communicate with them.

HB **HIGDON, BRIAN** 12:30
But...

JO **Jill Olinick** 12:47
get feedback. I mean you guys are out and about and it's like...

HB **HIGDON, BRIAN** 12:49
Yeah.

JO **Jill Olinick** 12:53
Why are some areas more?
willing to provide the information and refer the clients and others aren't, you know, I would think, I wonder how these numbers compare to the trauma registry from that perspective.

 **Robinson, Kimberly S** 13:11
Oh, that would be interesting. I don't know that I can get access to the registry. I would have to ask. I don't know that I can get that.
I don't know.

JO **Jill Olinick** 13:22
Yeah, I don't know, but since it's under, trauma is under the same umbrella, maybe they'd just be able to share a number from, you know, just even if 2025 with their current brain injury, spinal cord or both is.


HB **HIGDON, BRIAN** 13:36
Yeah, and the trauma registry tracks traumatic brain injury, but they track for spine, they track spine injuries, but not spinal cord injuries. So there might be a, we might have better expectations for a one-to-one or closer to one-to-one between brain injury and then for spine slash spinal cord.

 **Robinson, Kimberly S** 13:36
Okay.

JO **Jill Olinick** 13:46
Ohh.
Okay.
Okay, well that might, at least that one would, you know, kind of just be telling.

HB **HIGDON, BRIAN** 13:59
Yeah.
And.
Yeah, of course, there's also going to be non-citizens and non-residents and things like that.

JO **Jill Olinick** 14:06
Sure.

 **Robinson, Kimberly S** 14:10
Okay.

JO **Jill Olinick** 14:11
Any other questions on this particular report?
Just we wanted to look because what we're going to discuss next is really the tactics for our goals. And specifically, we were going to discuss goal two and goal three because we hit voc rehab pretty hard the last conversation. So we were, the goal two is reducing declines and unable to locate closures. And goal three is increase the care referral rate.


 **Robinson, Kimberly S** 14:39
Okay, before you move on to that, since Kevin has joined the meeting, do you want to approve minutes?

JO **Jill Olinick** 14:43

Yeah.
Absolutely.


SO Soans, Keith O 14:46
Yeah, we've got we've got Kevin and Patty Lance.

JO Jill Olinick 14:51
Yeah.

 **Robinson, Kimberly S** 14:51
Oh, good.


JO Jill Olinick 14:52
Fantastic.

KM Kevin Mullin 14:52
And I apologize about my tardiness team. Work called one over.


 **Robinson, Kimberly S** 14:57
It's OK.

JO Jill Olinick 14:59
Yeah, no worries. So yes, I would love to go forward and ask for approval of the February 5th PQI meeting minutes.

KM Kevin Mullin 15:03
Yeah.


 **Robinson, Kimberly S** 15:10
Do we need to pull them up for anybody? Anybody need to look at them again?
Okay.


KM Kevin Mullin 15:17
I'll give agreeance on it, number one.


 **Jill Olinick** 15:20
Thank you, Kevin. Do I have a second?


 **HIGDON, BRIAN** 15:22
Second.


 **Valbuena Valecillos, Adriana D** 15:22
Second.


 **Soans, Keith O** 15:25
Thank you.

 **Jill Olinick** 15:27
All right, fantastic.

 **Robinson, Kimberly S** 15:31
All right.
Who, who's second?

 **Kevin Mullin** 15:36
Adriana, I believed it and.

 **Robinson, Kimberly S** 15:38
Okay, thank you.
All right, so for your discussion for goals one and two, well, for the goals, would you like us to pull the charter up for that?
I had attached the charter to the meeting.

 **Jill Olinick** 15:57
Sure, that'd be great.

 **Kevin Mullin** 16:00
Yeah.



Robinson, Kimberly S 16:02

That'll help to refresh what the goals were.



Jill Olinick 16:06

In full, yeah.



Robinson, Kimberly S 16:10

Keith, are you able to share the charter?



Soans, Keith O 16:13

Give me one moment.



Robinson, Kimberly S 16:15

Thank you.



Soans, Keith O 16:21

The computer is closing a little bit more young.



Robinson, Kimberly S 16:24

Oh, I can pull it up if you're having a hard time.



Soans, Keith O 16:27

Yeah, could be.

Yeah, I'm having a hard time; my computer seems to have full.



Robinson, Kimberly S 16:31

Okay.

Well, I got off the network for this meeting, so I wouldn't freeze up.



Soans, Keith O 16:36

Ohh.




Robinson, Kimberly S 16:38


All right, so give me one second.


And then I can share.


So this is our charter that we adopted last June. So what I would like to do is, as you guys are talking about the changes to the charter, we can go ahead and make the changes. If you want to vote on them today, if we have time, we can. If you want to wait until the council meeting in June just to review them, make sure it's what you want and then vote at that time. I'm good however you want to do it.


 **Soans, Keith O** 17:20
But.

 **Jill Olinick** 17:24
Okay.


 **Robinson, Kimberly S** 17:25
So, let me pull down to the...
All right, now my mouse is misbehaving. There we go.

 **Soans, Keith O** 17:34
I have it up if you want, I can take over.


 **Robinson, Kimberly S** 17:34
Told you.
Whatever you like, it doesn't matter.


 **Soans, Keith O** 17:49
So these are the objectives. Can everyone see my screen?


 **Jill Olinick** 17:55
Yes.


 **Kevin Mullin** 17:55
Yes, I can see it.


 **Soans, Keith O** 17:57
Okay, perfect.

 **Jill Olinick** 18:01
So I just want to clarify because we had talked about and voted on three goals previously that we were going to work on based on the data. And so now we want to update the charter and vote on it at our probably the next meeting just so that we've got everybody there and we have a moment to look through from the wording standpoint and things like that.

 **Robinson, Kimberly S** 18:23
Of course. Yes, ma'am.

 **Jill Olinick** 18:24
Is that correct?
Okay, and then we'll have some um.
Up.
changes with some of the members as well, I think, right?

 **Robinson, Kimberly S** 18:36
Yes, ma'am.

 **Jill Olinick** 18:37
Ten.
All right. So our first goal that we discussed and we talked at length on last meeting was to increase transitions from B-skip to voc rehab. And we had a lot of discussion around that. And I'm sorry, I don't have the minutes pulled up to know the final pieces as far as kind of making them the smart goal, the targets, but. I believe we said we were going to keep that goal and set a target based on that. Um...
So where I'll start is with our current goal, however, evaluate, monitor, and provide visibility to program success and opportunities for improvement. And so this was where we really dug into the reports and now we've got all the reports and things like that. And then we said we were going to develop specific and quantifiable

performance measures to evaluate program efficacy and success. So those were our objectives with our goals from our last year. And the tools that'll, you know, the outcomes were, we'll have tools that'll provide the data. We have the quarterly reports and then the statistics that can be utilized to demonstrate program success rates and other relevant data. So what I want to ask is, is do we feel like we have actually effectively met this goal now that we have the reports in place and feel comfortable that we can retire this goal because we're going to have our new goals as far as what we discussed last time. Does that make sense?

HB **HIGDON, BRIAN** 20:21

Yeah, I appreciate you framing this. The, I think we're well on our way with these reports, but I don't think we've actually picked like specific metrics to target. Well, I don't think we've actually set like specific goals yet. Um, so I think it's something that we should continue working on.

JO **Jill Olinick** 20:45

Okay, so...
Yes, so the goals that we discussed.
the last couple of times where we were wanting to utilize the data, we have them just in general terms. And to your point, they aren't smart because they're not the measurable and everything else yet. So we want to continue with that. But I think for the purposes, and I'm sorry that I didn't capture it in the agenda, Until Kimberly said something, the two goals that are on this.
Um...
document that we're reviewing this first goal, do we think that we...
Have met this.
for its intent and will be replacing it the next go around with the goals that we still have to put into smart format or no.
I tried saying it a different way. I don't know if that worked.


HB **HIGDON, BRIAN** 22:00


I feel like we've succeeded in working on that goal, but it's still a goal.

 **Robinson, Kimberly S** 22:08


Is it still a goal because of the reports that you want to continue to see? So the goal is that every quarter we have specific reports that we're going to provide to the council, and from there you can measure how we're improving.

 **Valbuena Valecillos, Adriana D** 22:09
Hey.

 **Robinson, Kimberly S** 22:27
That would be goal number one, so we we've established.


 **HIGDON, BRIAN** 22:29
Well, I was reading the left column where it said, "Prepresent evaluate, monitor, and provide visibility." I thought we were talking about that goal, not the...

 **Valbuena Valecillos, Adriana D** 22:30
I think.


 **Robinson, Kimberly S** 22:32
I'm sorry?

 **HIGDON, BRIAN** 22:40
And the outcomes.

 **Valbuena Valecillos, Adriana D** 22:40
Oh, cool. Yes.

 **Robinson, Kimberly S** 22:40
Wish.
We're still talking on goal one? That's what I understand. Okay.

 **Valbuena Valecillos, Adriana D** 22:46
Yeah, I think I...

 **Robinson, Kimberly S** 22:46
And we're talking about the outcomes of Goal One.

HB **HIGDON, BRIAN** 22:50

Mhm.

 **Robinson, Kimberly S** 22:51

Okay. Make sure we're all on the same page. Dr. Bill Buena.

V **Valbuena Valecillos, Adriana D** 22:54

Yeah, I think I also confused on that. I mean, I think we have been able to have a better identification of the areas that need more.

work, but I don't think we have.

I have met the goal of providing the tools of the outcome component.

So I don't know if the plan is to just rewrite this goal more on the smart type to have a more measurable outcome. But I don't think that we have completely achieved this goal, like to completely eliminate this topic from their goals.

JO **Jill Olinick** 23:37

Okay.

So let me ask this. The goals that we previously were discussing based on the data just in the last couple of meetings, will these be sub-goal components, essentially?

Almost the outcomes, those will become the outcomes of this particular goal, and we'll write them, work to write them in a smart format?

V **Valbuena Valecillos, Adriana D** 24:11

Yes.

JO **Jill Olinick** 24:13

Okay. Okay, so we're keeping this first goal and we're going to utilize what we were working on to write those in the SMART goal format for the outcomes.

V **Valbuena Valecillos, Adriana D** 24:26


Mhm.


JO **Jill Olinick** 24:27


So in looking at the second, and we can go back to that, but I just, since we're on


this, we might as well address the second goal. Our second goal for this year was the council will maintain an understanding of the statutes and rule for immigration process for legislative change and make recommendations in the best interest of the person served. So


 **Soans, Keith O** 24:45
The.


 **Jill Olinick** 24:46
I don't know that we did legislative.
specific legislative proposal, although we recommended the bylaw changes or what was it, our specific, the whole trauma.


 **Robinson, Kimberly S** 24:59
It's the designated facility standards. Yes.

 **Jill Olinick** 25:02
Thank you. Designated facility standards. That's the word I was looking for. I still have on vacation.

 **HIGDON, BRIAN** 25:08
I'll be back on. I'm getting my call, so I'll be back on when I get on.

 **Robinson, Kimberly S** 25:10
You're good.
Okay, thank you, sir.

 **Jill Olinick** 25:13
Okay.
So.

 **Robinson, Kimberly S** 25:15
I would recommend leaving this because that standard is still routing for approval and until it even gets approved, we can't take it to legislation or rule.

 **Jill Olinick** 25:29

Okay.

 **Robinson, Kimberly S** 25:29

Because in order to enforce that standard that you guys rewrote, that has to be ruled. That's been the problem is that we can't do standards because we don't have the authority. And that's why we fall under trauma's umbrella right now.

 **Jill Olinick** 25:42

Okay.

Great. So maybe we can just add to this the, you know, the... the clarification or the point under the outcome that the designated facility standards were reviewed and proposed. in 2020.

In 2025, that was that was completed and, you know, awaiting further for the process or something, whatever the right language is for that.

Thoughts on that by anybody else?

 **Robinson, Kimberly S** 26:15

So, I'm...

Give me one second. And I'm going to tell you what I'm writing in here.

 **Jill Olinick** 26:24

Okay, perfect.

 **Robinson, Kimberly S** 26:25

So, I have a...

Well, of course, my word isn't.

I have designated facility standards were rewritten and proposed for approval.

 **Jill Olinick** 26:38


Perfect.

 **Robinson, Kimberly S** 26:39


And we can't do anything with it until they get approved. And then we can go to Office of General Counsel and start the process for rule, for writing rule. And as I've reminded you all, rule will take probably at least a year. So this is a very long process. It's a very long process. I'm just being upfront and transparent. It's not going to happen overnight. And since we're already in session for this year,


 **Valbuena Valecillos, Adriana D** 27:08
Okay.


 **Jill Olinick** 27:09
Yes.

 **Robinson, Kimberly S** 27:13
If we can get it approved and maybe move it forward.
For next year, we might have a hope there, but I just don't want you guys to think once it gets approved, we're done and it goes to rule and it's over. No, it's not. It's a process.

 **Valbuena Valecillos, Adriana D** 27:23
You.

 **Kevin Mullin** 27:27
And you?

 **Jill Olinick** 27:27
Yeah.
So, it had to go to trauma first, though. Sorry, go ahead, Kevin.

 **Kevin Mullin** 27:30
In hindsight, Kimberly, do we, yeah, do we have about a two to three year, I don't want to say fight ahead of us, just the time frame ahead of us on average ETA for this from where we are right now, correct?

 **Robinson, Kimberly S** 27:43

Yes, I would say from where we are right now, my best guess.
Is 2 years.

 **Kevin Mullin** 27:51

Right. That's why I said, as long as we can manage those expectations and everybody's under, you know, patient understanding of that, you know, there's nothing we can do. It just is what it is.

 **Robinson, Kimberly S** 27:59

Correct.

 **Jill Olinick** 28:02

Okay, so...

 **Robinson, Kimberly S** 28:03

I just want to be transparent so you guys don't come back and say, man, why is this taking so long?

 **Kevin Mullin** 28:08

No, of course.

 **Jill Olinick** 28:08

Sure. Yeah. So the question I have is, did trauma review it already?

 **Robinson, Kimberly S** 28:16

Queen Burkle, who is the trauma administrator has, and he made his recommendations and changes to the standards. And then it's gone back into the routing for approval from there to our bureau chief. And I forget who's after our bureau chief. It might be our division director, I would have to pull up the workflow ticket to tell you exactly who's next in line and where the ticket is.

 **Jill Olinick** 28:46

Okay, maybe we can just put that as a, you know, at the the biannual meeting, just as a this is the this is where this is at.

 **Robinson, Kimberly S** 28:54

A follow-up.

Yep. Okay.

 **Jill Olinick** 28:58

That way, you know, every six months we hear or so where it is in the process.

 **Robinson, Kimberly S** 29:04

I understand. So let me write that down.

So, you can keep going, I'll just take my little notes here.

 **Jill Olinick** 29:15

Okay, so we're keeping both of these goals in the outcomes for number one. We will really transition that to the performance improvement statistics kind of piece to the three goals that we've been talking about the last couple of times that we met based upon the data that we're able to see and trend.

 **Valbuena Valecillos, Adriana D** 29:21

Yeah.

 **Jill Olinick** 29:40

And the first goal, like I said, maybe if you can pull up the minutes, I'm so sorry you asked that previously, but I want to look at it, pull up the minutes from the last meeting, because we did talk about some, a few potential percent increases and things like that relative to voc rehab and that.

 **Robinson, Kimberly S** 30:02

Right.

 **Soans, Keith O** 30:07

Um...


Not sure if...

What page covers that thing, is it?


Just find.


 **Jill Olinick** 30:18
See.


 **Soans, Keith O** 30:22
Yeah.

 **Robinson, Kimberly S** 30:22
of voc rehab and at what point does BSCIP refer clients over there and trying to bridge the gap between the time we close the client and the time VR picks them up. We talked about the process that VR has and how long it takes and


 **Jill Olinick** 30:36
Yep.

 **Robinson, Kimberly S** 30:42
The reason we try to bridge that gap when we refer somebody over is so that the client doesn't forget to call their case manager and so forth. So we try to bridge that gap as much as we can. What I recall being a conversation also about VR is


 **Jill Olinick** 30:52
Mhm.


 **Robinson, Kimberly S** 31:03
why don't we refer more clients? And that comes down to whether the client wants to be referred or not, if they're really a viable candidate for VR. And we find most commonly that a lot of our clients are not viable for


 **Valbuena Valecillos, Adriana D** 31:04
Yes.


 **Robinson, Kimberly S** 31:23
VR services. But when we identify that they are, we introduce VR to all clients at the beginning of a case. They're explained what it is. They may not remember it by the

time it gets to the middle or the end of their case. So that's when it's brought up again. And at the end, about, and any of my managers can correct me,

 **Jill Olinick** 31:31
Mhm.


 **Robinson, Kimberly S** 31:43
about three months prior to the time we're going to look at closing their case or discharging them from BSCIP, that's the time that we start the referral process over to VR so that we can bridge that gap and still stay within our statute requirements.

 **Jill Olinick** 32:06
You can scroll down a little bit more.
Yeah, we talked about offered versus transitioned to.
And maybe changing the wording somewhere around that.

 **Robinson, Kimberly S** 32:54
If some of our problem with VR is...
They they won't give us updates on where what the status is with them with the client.
They, they are not.
forthcoming freely with that information. So that's why we try to transition in a right timing. I'm sorry, Kevin, go ahead.

 **Kevin Mullin** 33:16
Is it?

 **Jill Olinick** 33:19
Sure.

 **Kevin Mullin** 33:20
No, of course, Emily. I'm just wondering, is it really a compliancy standpoint or is it just not, I don't, I have the red ball, don't want to share or can we put a push on it to kind of get it from VR? When you say forthcoming, is there anything that they're trying to hold back from us?



Robinson, Kimberly S 33:35

I don't believe it's that they're holding back from us. I think it goes back to HIPAA. Beth, if you can correct me on that. I think it goes back to HIPAA because as I understand, and again, I have managers on here, so if I'm incorrect, please correct me. Some of the agents offices for VR,



Kevin Mullin 33:41

That's what I was wondering.



Robinson, Kimberly S 33:55

They require a release in order for us to get any information. And if we don't have a release from the client for them to give us information, they won't tell us anything, which falls back to HIPAA.



Jill Olinick 34:00

Mhm.

Yeah, I get that. But it seems like if we're just asking for them to clarify number of success or people, a number versus the individuals like, hey, we know that we recommended 52 people from B-Skip for VR this year.



Kevin Mullin 34:10

I got it.



Jill Olinick 34:28

How many of those actually participated? Ten or completed it successfully? That's kind of where I'm thinking and it doesn't have to be.



Kevin Mullin 34:29

Yeah.



Robinson, Kimberly S 34:33

Okay.

So that's a really great point and a great question. And my response to that would

be, if we ask them that specifically, just like if you ask BSkip for records, they're going to tell us to public record request.

 **Jill Olinick** 34:39

Yeah.

 **Robinson, Kimberly S** 34:57

which anybody can ask for a public record. But even though we're working with them, these are our clients, they don't have to tell us. And I'm going to guess, I'm not going to say because we've never asked them that. I don't think we've ever asked them that. But they probably would come back to me and say that's a public record request.

 **Jill Olinick** 35:02

Huh.

 **Collins, Valerie B** 35:16

Yeah.

Just like we would.

I think, and I don't know, I'm speaking of speaking about times that happened long before I was with this program, but based on some information I've had from other staff members that did work here during this time, I think there was a lot closer communication when we used to fall under this

 **Kevin Mullin** 35:26

A.

 **Collins, Valerie B** 35:43

same. We all used to fall under Department of Education and then he skipped appropriately, I think, was moved to Department of Health because it made more sense and we really didn't have that many.

people transitioning from our program to VR. And that's when, you know, some of the, from what I understand, that's when some of the communication, the closer communication broke down. I mean, not, you know, again, like we could probably

get numbers from a public record request.

But...

 **Jill Olinick** 36:20

Okay.

 **Collins, Valerie B** 36:21

Just on.

 **Jill Olinick** 36:22

OK, so.

Because we had originally, as you can see in the bottom of the minutes, that, you know, we had said we definitely wanted to talk about the age range and then as a percentage value on the goal for referral.

over to be skip.

So it goes back to the original question, do we really want to keep this?

As a goal, because what I'm hearing you all say is...

you know, we, there's only a certain percentage, a certain number that even qualify, meet the qualifications for referral over for voc rehab. And then we don't necessarily know what happens after that. And so, you know, when talking about it, it was just a very small number overall that actually

Were.

referred to VR. And that's what our original intent was, is we wanted to see more people referred. But if we don't think that's really realistic, do we even keep it?

 **Kevin Mullin** 37:22

He.

I.

 **Robinson, Kimberly S** 37:33

That's a question for the council.

 **Jill Olinick** 37:35

Mhm.

KM **Kevin Mullin** 37:37

If it's relatively unattainable because of those standards, then to me, it's not something that we should keep. Our goal here is to work the mission statement, put down our goals, and always work to meet or exceed those goals. So if it's something that's unattainable, I don't think it's a goal that we should facilitate them.

V **Valbuena Valecillos, Adriana D** 37:58

Agree.

JO **Jill Olinick** 38:04

Okay. So the other council members that are on, are you in agreement if we just... Remove that target for increasing transitions from B. skip to voc rehab. that would fall under this goal one for the outcomes.

V **Valbuena Valecillos, Adriana D** 38:28

Yes.

JO **Jill Olinick** 38:31

All right. So the next, as far as PI statistic or outcome for this under this goal one that we talked about was reducing the declines and unable to locate closures. So we haven't talked about how we can make this smart yet. So let's talk about this specifically.

because there were quite a few when we talked about this number. And we had some good discussion, if I recall correctly last time, about the declines and that some of its people are so overwhelmed initially when they hear about it. And also some people maybe think it's going to affect their disability or whatever the other pieces are, instead of understanding that it's a compliment.

SO **Soans, Keith O** 38:53

Yeah.

JO **Jill Olinick** 39:12

And I just wanna...

give a shout out. I spoke with a patient who's up in North Florida as an outpatient at

one of our facilities and has had great interaction with Clay. And they said the touch points that he made monthly with them because they were not at all prepared and didn't understand everything when they're

18 year old daughter suffered A traumatic brain injury. They had no idea. And she's a nurse. The mom was a nurse and that his constant touch points monthly with them, just reminding them that the service were there and those kinds of things really lend itself to when they needed

And then they realized what they could utilize and benefit from for B-Skip and how much they appreciated the resource. And their goal now is to advocate in the community and let other people know about that. So I just wanted to share that because that's a testament to Clay's efforts. And I know all of the
The.

case managers essentially on here and the efforts that they're putting forth and that constant reminder. But I'm just, our discussion was around the declines and how many people declined service, I think without understanding and also, you know, in the day of

phone numbers and blocking calls and unknowns, you know, how many people don't answer their phone when somebody's trying to call them to explain it.

or whatever. Anyway, so I've talked enough.



Collins, Valerie B 40:56

I do.



Robinson, Kimberly S 40:56

Thank you for thank you for bringing that up about Clay. I do know who you're who you're referencing because I did get an email about that. So thank you for that.



Jill Olinick 41:09


Mm.




Collins, Valerie B 41:09


Yes, thank you for bringing that up. I do want to say just that, I'm sorry, I'm talking a lot today too, but I want to clarify. So just for clarification, we do try to really, really do our due diligence. So if we're calling, you know, every number, if we have three phone numbers saved in, three different names, we call.

 **Soans, Keith O** 41:23
Ohh.

 **Collins, Valerie B** 41:30
Every number we call several times. We don't just go up. We didn't get an answer. We're closing it and then also any email address or physical address that we have. We send letters to. Multiple times before and then we'll send a 10 day letter that says OK, like we're trying to reach you. We can't find you. We can't get ahold of you. We're going to close your case if we.
Do not hear back and many times we will get a response. Funny enough from that 10 day letter. People will call and say, wait, wait, wait, I'm just not. I'm not quite ready to. You know, deal with you yet or whatever, but you know, then that at least sparks the conversation that we can start having that. If we don't get any kind of response, then that's when we send a closure letter with some additional resources. And so there's. Still getting communications from us and basically saying, if you want to be reevaluated, you know we're going to close your case, but if you want to be reevaluated, please contact us and we send out our contact information multiple times so that we're really trying to catch anybody that wants our service again.

 **Soans, Keith O** 42:34
Okay.

 **Collins, Valerie B** 42:38
You know, some people are just going to decline, so...

 **Robinson, Kimberly S** 42:41
And on that, on the closure letters, they're also given a time limit in which they can still respond that they don't want their case closed. You know, or if it's a closure because it's community reintegrated or whatever, they have appeal process that they can also do an appeal process.

 **Valbuena Valecillos, Adriana D** 42:52
Yeah.



Robinson, Kimberly S 42:58

So that closure letter is a dual letter. It serves a dual purpose. And isn't it 21 days, Beth, that they have to respond to a closure? They have 21 days to respond and then the case is closed.



Collins, Valerie B 43:10

Yeah, they can appeal.



JO Jill Olinick 43:15

Well, and they can always reopen, right? They can reopen.



Robinson, Kimberly S 43:18

Hmm.



JO Jill Olinick 43:20

Read it.



Collins, Valerie B 43:20

It can be re-evaluated, yeah.



JO Jill Olinick 43:22

Yeah.

What about the unable to locate closures? Like, I feel like sometimes that is, I mean, even in the hospital.

If we don't do that, the hospital doesn't do a good job of gathering the correct information to adequately connect, you know, we're not they're not providing great information to be skipped to the case case managers for the.

I don't know if that's what you think is the biggest problem or if it's people that move and their phone number changes or they turn off their phone or whatever it might be.



Robinson, Kimberly S 44:08

So any of my managers that are on here, they might be better to answer that one as well. I'm sorry, Beth.



Collins, Valerie B 44:09

So.

No, somebody else can talk, bye.



Jill Olinick 44:17

Okay.



Collins, Valerie B 44:18

That is what happens sometimes.

So so with unable to locate from what I've seen anyway, and being, you know, being a manager before. Is yes, sometimes we sometimes the information we get from the facility may be old like it. Maybe they were registered in in the like say the HCA system before.

Oh.

contact information and that got sent to us. Now, if we get the referral initially, like right after they're diagnosed, right after this happens, and we have some time to catch them while they're at the facility and the facility updates the face sheet that we get, we go back and we update our information based off of that, and we even can talk to our contacts and say, listen, we're trying to call this mother, sister, brother, whoever, you know, spouse. Can you catch them when they're there and get a good number for us? Or, you know, we try every avenue that we can to get updated and good contact information while they're still at the facility. And we have like a in between person there and and then of course you know we can go but We try every way we possibly can to get contact information. If it usually, if it's a failure or unable to locate, it's like we got a referral late, kind of like if somebody was being discharged or going out the door, we don't have good contact information or, you know, it's all wrong or we didn't have a phone number, we didn't have an address, that kind of thing.



Dubrocq, Jose A 45:33

Yeah.



Jill Olinick 45:43

Mhm.



Collins, Valerie B 45:54

where our hands are kind of tied because we're like, okay, they're gone from the facility and we have no way to get in touch with them. So.



Jill Olinick 45:55

Yeah.

So to me, that feels like it's a more tangible.

goal that we could work towards because that's really about the facilities and the referring, the referring agencies.

how we can, and it ties in nicely, I think, even with the other one as far as increasing the referral rate. So maybe those two kind of go hand in hand, and it's really about the, you know, we addressed the importance and the significance of accurate information coming from the



Dubrocq, Jose A 46:32

S.



Jill Olinick 46:34

facilities. So we might be able to tangibly impact that number.

I don't know, I'm just based on what you said.



Robinson, Kimberly S 46:45

That would be very helpful.

Definitely very helpful. The timing in which we get the referral and the discharge, that's really key for us. I would say that probably is where our biggest area of struggle is, is the timing and the referral.

Like Beth said, if you discharge them today and we don't get the referral even till after the fact that they've already been discharged and you haven't given us enough time to make contact with these people, there can be a gap there. And that could be part of why we're not able to get them, especially if the information

Provided was old to begin with.



Jill Olinick 47:25

Inaccurate.

Yeah, and I saw Jose, you posted that, you know, some people are homeless. Those are definitely more.

SO Soans, Keith O 47:28

Who?

Ohh, yeah.

JO Jill Olinick 47:35

difficult to follow up, no doubt, once they're out of the hospital.

Okay, so referral timing and information accuracy from the referral sources is kind of where that's molding.

for these, for our data and how we might think we can improve.

with program success and visibility and things like that. So does anybody have, I guess maybe that's where we need to look and see if we can pull that information up as far as closures and

When we talk about referral rate, I think that's the other piece if we can get that information from the...

V Valbuena Valecillos, Adriana D 48:20

Yeah.

JO Jill Olinick 48:22

Trauma registry, as I understand, you know, they really specifically could only get brain injury, but I think that would give us enough idea of how many are referred for brain injury.

to be skip with an understanding, they probably have a certain percentage that are out of state or what have you that it wouldn't be applicable. But if we could get that information, I think we could make a better smart goal for that.

Robinson, Kimberly S 48:49

So what we can, Paul, in regards to the referral timing and so forth, is in our system, we have a referral report that will tell us the day we got the referral and the date of the injury. And it's called a timely, I think it's the timely referral report.

And it tells us the gap in time from the time they were injured to the time we got to

the referral, the injury type, and who the referring facility was. So if we can pull that and see where some of those gaps might be, then we could target

 **Jill Olinick** 49:10

E?

Mhm.

 **Robinson, Kimberly S** 49:29

those facilities with education on why we need to get these referrals more timely. And maybe there's reasons why they are delayed. I don't know. But, you know, maybe maybe that's something to look at for a reporting purpose.

 **Valbuena Valecillos, Adriana D** 49:48

Yeah.

 **Jill Olinick** 49:49

Yeah, I agree.

So we can definitely, go ahead.

 **Robinson, Kimberly S** 49:56

And is there a is there a date span that you would like to look at that? I always have to ask dates because Raj is going to ask me what's the date span.

 **Jill Olinick** 50:05

So I would think just the last, the full, the last full year and then current year to date, that should be able to give us enough. I mean, because we know that they change over people and they, you know what I mean? Like it should give us enough data to be able to build a goal off of that.

 **Robinson, Kimberly S** 50:11

Okay.

 **Jill Olinick** 50:25

when we meet in June to confirm.



Robinson, Kimberly S 50:26

K.

Okay.

All right, so then I have to ask you when we're talking dates, and I ask you guys this all the time. I have, we have to be specific. Are we talking calendar or state fiscal year?



Soans, Keith O 50:39

I.

Yeah.



Robinson, Kimberly S 50:40

Because that makes a difference.



Jill Olinick 50:42

Sure. I think what we, all of our other reports, they're by state fiscal year, if I'm not mistaken, because right now our 2025 is July through current.



Robinson, Kimberly S 50:56

June. Yes. Correct. Okay.



Jill Olinick 50:57

So, I...



Kevin Mullin 50:57

Then let's go, let's keep it the same then.



Jill Olinick 51:00


Yeah.





Robinson, Kimberly S 51:00


Okay, I just want to clarify. Amanda, I hope you're taking good notes because sometimes I'm clear as mud when I talk to Raj.


 **Jill Olinick** 51:03
Yep.


 **Strickland, Amanda L** 51:11
I've got your back.

 **Robinson, Kimberly S** 51:12
Okay, thank you. Okay.


 **Jill Olinick** 51:23
And I'm curious, I don't know if the community member from UHS is still on, just any feedback or thoughts on our discussion so far?


 **Robinson, Kimberly S** 51:41
If you're if you're talking, you're muted.


 **Jill Olinick** 52:03
Maybe he's already dropped off, I don't know.

 **Robinson, Kimberly S** 52:06
No, he's still on. I can see him.

 **Soans, Keith O** 52:08
Yeah.

 **Jill Olinick** 52:08
Okay.

 **Robinson, Kimberly S** 52:08
But that's okay.

 **Jill Olinick** 52:10
Okay, I just thought it would be...
Good to have feedback on, you know, what his awareness was of the program

overall, and...

I love hearing from others so that, you know, it gives us insight.



Robinson, Kimberly S 52:27

Yeah.

Agreed.



Jill Olinick 52:31

All right, so it sounds like we've got a good plan for our next time. We're going to have that information and that way we can flesh out a smart goal outcome piece to go along with our goal number one up there and relative to referrals.



Valbuena Valecillos, Adriana D 52:40

Okay.



Jill Olinick 52:49

rates and unable to look at timing and information accuracy. And the last thing we want to talk about is the June 4th meeting. So do you have an update, Kimberly, on that?



Robinson, Kimberly S 53:03

I'm just putting the agenda together. It will be a virtual meeting via Teams. So the good news for the council, well, maybe good news for you, maybe not. I've been given the okay that all of our biannual, our two biannuals can now be virtual. They don't have to be.

In person.

So, and I'm happy about that only because, you know, we don't really have a lot of people that come to our meetings and it takes a lot to put them together when it's face to face. So doing them virtual, I'm okay with that. I hope that the council is okay with that as well.



Kevin Mullin 53:25

The.





Robinson, Kimberly S 53:43


And for those biannuals, I would make the recommendation of just leaving them half days instead of trying to do one all day virtually, just half days from 1 to 4.


 **Kevin Mullin** 53:44
S.

 **Valbuena Valecillos, Adriana D** 53:57
I.


 **Robinson, Kimberly S** 53:57
And we can do our PQIs in between.

 **Kevin Mullin** 53:57
For me.
From A counsel perspective from Kevin, just again, virtual is always great, just due to my heavy work schedule. So, and I still think we get a great amount done, whether in person or virtual.


 **Robinson, Kimberly S** 54:10
Okay. Thank you for that, Kevin.
So if anybody has a specific topic, I'm working on our guest speaker from the University of Miami, the Miami Cure for Paralysis Project down there. I'm working on getting a guest speaker from there. But if anybody has any other specific topic that you want to bring up at the June meeting, please shoot me an email and let me know. So
Charter will be one. We'll have a guest speaker.
I'm not sure what else right now you guys want to talk about. We're going to have success stories. We've been building our library of success stories. And so Becky and Amanda are currently working on adding that module to the Resource Center. And I'm happy to say that the division in the Bureau is also supporting
B. Skip and their success stories to get them out on social media.


 **Jill Olinick** 55:09
Yay!


 **Valbuena Valecillos, Adriana D** 55:09
Perfect.


 **Robinson, Kimberly S** 55:10
Yeah, so they are working on that. Yeah, I'm very excited about it. You know me, I get very excited about things easily with this program, so.

 **Valbuena Valecillos, Adriana D** 55:12
Okay.


 **Jill Olinick** 55:13
That is awesome.


 **Robinson, Kimberly S** 55:22
Yeah.

 **Jill Olinick** 55:25
Excellent. Well, thank you. Does anybody have anything else?
If not, I'll take a motion to adjourn.

 **Kevin Mullin** 55:36
Kevin, motion to adjourn here.

 **Valbuena Valecillos, Adriana D** 55:39
Back on.

 **Jill Olinick** 55:40
Thank you. All right.

 **Soans, Keith O** 55:42
Thank you.

 **Jill Olinick** 55:43

Until June 4th.

Have a great rest of your day, and...

 **Kevin Mullin** 55:47

Have a great day, everyone.

 **Casavant, Robert** stopped transcription