




# BSCIP Advisory Council In Person Meeting - Save the Date-20250306\_090820-Meeting Recording 1

March 6, 2025, 5:14PM


3h 5m 22s

 **+18\*\*\*\*\*33** 38:16  
Test.  
Testing.

 **Chester, Don** 47:25  
I guess I you know, in other places I would be considered a vice President.  
We just use different titles.  
OK.  
I'm gonna go ahead and put that for you, OK, Don.  
And then it's gonna be.

 **Casavant, Robert** 48:12  
Yes.  
Just testing out.  
Sometimes see if they can hear me say yes.  
Maybe.  
Comments.  
Airway, airway.  
Turn it all down.  
Does it seem like?  
All of it's.  
Give me a second.

 **Valbuena Valecillos, Adriana D** 49:40  
Mm hmm.

 **Casavant, Robert** 50:14  
Can anybody online hear us?



**Brewer, Evelyn T** 50:19

Yes.



**Casavant, Robert** 50:21

Thank you.

And we can hear you.

We just handed that land in the moonroof.



**Valbuena Valecillos, Adriana D** 50:26

The video.

The video is frozen.



**Casavant, Robert** 50:33

You can't see us move in.



**Valbuena Valecillos, Adriana D** 50:35

Nope. Well, maybe let me. OK.



**Casavant, Robert** 50:36

Actually myself moving.

I see myself moving, so maybe it might be your interface.



**Valbuena Valecillos, Adriana D** 50:42

Let's see.

Maybe it should just restart this part.

I think I'm gonna try to log off and log in again, see if it's.



**Casavant, Robert** 51:01

OK. Thanks.

Do you think we're going to see?

Lovely.

The levels I was at.

I promised.

I didn't do it.

We were not here.

I'm not sure I'm watching you.

He was mixing some stuff up while we were gone.

OK.

All right.

Thank you so much everybody.

We're gonna go ahead and get started.

I appreciate you being here so much.

Kimberly is unable to be here today, so I'll be filling in if you guys can give me a little grace as I'm learning this process as we roll here.

But we're gonna jump right into the agenda because we have a couple of guest speakers lined up for the afternoon.

And we're gonna start off with roll call. Thank you, Jeremy.

It.

Good afternoon.

Here's our roll call, Don Chester.

Kevin Mullen.

Think I saw in the comments he's gonna be joining a little late, so we'll count him later.

OK, Patti lands.

Daniel Nicholson.

Michael fader.

Giovanni present.

Doctor Adriana. She'll be back.

She was going to rejoin, so we'll watch for her.

Doctor Brian Higdon, present.

Doctor horadas.

Teri rayburn. Present. Ruth Ann Taylor saw.

OK. And you can count Patty Lance.

She's in the meeting and she raised her hand.

OK.

So we'll just watch for Doctor Balbuena.

And I. Yeah, Doctor Val Buena and Kevin, that should give us our quorum if we need to vote on anything later.

OK.

So, Doctor Higdon, I'm going to turn this over to you.

So the first thing on the agenda is.

Is the the number of vacancies listed here, which you guys probably saw on the agenda?

Lots of open positions.

Including kind of the new new positions that were created.

For for veterans.

I did want to ask regarding this. Are there any? Are there any coming applications for these positions?

Yeah, we do have two applications in process, so I'm not sure exactly which positions they're for, but we do have two applications in process right now.

OK. Do we have a process in place for advertising or recruiting these positions from from past?

Bscap clients.

I'm not sure I can find out about that though. That is normally Kim's department.

I understand there may be a lot of tentative things, yes said yes. But I will and I can send an e-mail out to the Council afterwards to let you guys know.

And if there's not a process.

If we can start that 'cause, I'm not sure if we we've opened that up to clients like you need the regional managers now.

Probably not. OK.

Maybe they can suggest please.

Yes, definitely.

Yeah, I was gonna say I'd. I'd be fine with even the regional managers. Even handpicking or not handpicking.

But you're like, oh, that person was particularly commutative or or very much. They received a lot of services and that they had, they had a lot of, you know, back and forth interactions.

But I'd be fine with with the regional managers making recommendations.

To.

Grant or or or recent or or recent enrollees. OK.

As far as the veteran spots, so this is a a direction included in some legislation, I believe.

There it might be appropriate to for those positions to find someone within the VA VA centers to liaison with and and see if there's any kind of people who are

advocating already within the VA who would like to join the the Florida BSCAPE Council.

I think we mentioned that.

Previous meeting we had talked about reaching out to the VA system and then the intrepid center that's located outside of Fort Walton on Eglin Air Force Base.

Yeah, I did see that in the Minutes. So I'm gonna follow up with Kim to see if she has done that already. That that's possible. And I'll let you guys. Thank you.

I think currently all the medical professional slots are filled.

I will name names, but I think there there's some that that have never attended a meeting, so I don't know how long those will be in position before they're. I think we do have a process in place if they're not attending to have them kind of.

Automatically removed.

We can maintain requirement, make more progress.

And any other comments on this this point before we move on?

All right. Then we'll move on to regional updates.

Jeremy, you can add Doctor Balbina and Kevin Malin. Both came in after we started, so we do have a form you wanna do if you wanna call for approval of the Minutes?

Sure.

So send out where the minutes from the January.

The thing is, the Public Awareness Committee.

So I think we can vote on that and I guess we didn't do that during during this morning's meeting, November 7th, N7 meetings, OK.

Vote for approval of those minutes. I make a motion to approve.

 **Kevin Mullin** 58:27

I second Kevin.

 **Valbuena Valecillos, Adriana D** 58:27

2nd.

 **Casavant, Robert** 58:30

Those in favor?

 **Chester, Don** 58:32

Hi.



**Casavant, Robert** 58:33

Any in opposition?



**Kevin Mullin** 58:33

Aye.



**Casavant, Robert** 58:36

Alright, so past.

For the regional updates, this was sent out with the document.

The the regional reports were sent out with the documentation, so if everyone's had a chance to review, I'm going to give their current statistics from this is current up through last week, weekly caseload statistics, February 25th through March 3rd, number of referrals received moved to APPLIC.

Status was 29. Number of applicants enrolled moved to in service status was 10.

Number of closures was 26.

From applicant status and 10 from in service status for a total of 36.

Total number of eligible clients currently being served. It's 126.

As of Monday, March 3rd and.

Total number of clients served to date is 706.

If there are any questions as from the regions, we have all of our regional managers online.

If you have any questions about any of the reporting or any of the information that was sent out, you can do so now.

I just have a question on the data. As far as enrollees and such.

Are we seeing an increase year over year 'cause?

I know we just have the quarters available, but.

So it has been pretty steady.

I would say over the last.

Two to three years, it's been pretty steady.

I did kind of calculate out our current buy and serve to date and per say if that continues through the rest of this fiscal year that we would be just a little bit over the numbers that we were at last year.

So I would say we're holding, holding steady to our at least from last year.

So and any particular areas that have noticed a change in volume, you know maybe

less in one area more in another?

I'm not sure about if any have decreased. We have.

We do have a couple of facilities that we've been able to connect with, you know, get out there, make contact and explain the program. And we have seen increases in those facilities, which is kind of how it add some flowers. If we lose contact at some point we.

It may decrease and then you know, we try to get out there as soon as we can. If there's been like change and stuff or something like that at the facility.

But yeah, I don't know of any major decreases that I'm aware of currently.

I think it has previously regarding, you know when there are patients that are referred.

From from rehab hospitals to follow up on those cases as far as what?

What acute care hospital they were, they were coming from and.

If there's some background like, what is it coming from?

Florida trauma hospitals.

That I know Kimberly's not here.

So your answer may be limited, but do you know any updates of of how that process is going as far as calling back up on?

On patients that were should have been referred by by trial hospitals and Mert.

No, I I don't exactly.

I don't.

I don't have an answer for that today.

We can.

We can look into that a little further and see if we can find out more information about that.

We just, we do.

I know what you're saying.

We do receive referrals from inflation rehab. Sometimes. I think that should have hit at the trauma facility and we can definitely follow up on that, OK.

I don't know what the best way to convey this.

Maybe there can be when when reports are given.

Maybe some information on you know of this because because we have this, this might be further on in the program, but we have this list of of you know what?

Ones are coming from, from which hospitals that actually lists them separately.

OK.

These are the these are coming from the queue care.

These are the total number coming from, from from rehab hospitals.

And report that out separately, OK.

We can do that for sure.

'Cause overall, that's the number we should track.

You know the the goal is not to have zero from rehab hospitals, but overall that the the ratio between those two.

I'd like to track that over time and and see that number go down over time.

OK.

Umm.

So.

I did have a question regarding the the provision of services.

So this might be appropriate for this time to regional managers.

I I heard that the Grapevine aka might the case mayors I work with that that home health services just as a policy would never be covered under bskip.

Is that is that bskip policy that they don't cover?

They don't ever cover home health services. We typically do not.

Due to, you know, available funding. OK, so so case by case that makes absolute sense that that you know not everyone gets home health services 'cause I would very easily consume the the the large majority of the budget in in if that was offered to everybody but is.

It a it it is it a policy of bipartisan never applied?

Or it's never covered for a general program. We we did oversee another program previously that it was covered.

So it it gets a little bit confusing sometimes and I think in the past like even like personal care systems were covered by bscape and that's that's long gone.

I'm just talking about like home health, like physical therapy, PT things that are traditionally covered by.

Medical insurance been some circumstances are not available 'cause they're uninsured or underinsured.

Is I can look into that.

I'm not sure if it was maybe something from you know before I was with the program, but I can't look into it and let you know. OK, do they pay for outpatient therapy services in special circumstances?

I I I haven't seen it covered, OK. And the the Brooks Day program has some has been



covered for for a handful of patients as well. OK, Medicaid is uncovered. Yeah, and and we follow pretty closely to we. So Medicaid's not covering for it then that I would venture to say that it probably hasn't been for what we refer to as general program because we follow Medicaid.

But one thing that Medicaid offers that I don't think Bscape wants to venture in offering, but Medicaid will offer.

Will include transportation services to and from outpatient therapy clinics.

So that's how we square that circle or I I've used that phrase again today.

I know, I know what it means.

But that's how Medicaid makes makes it makes sense.

Is that Medicaid provides transportation services to outpatient clinics.

So if if Bscape wants to cover so, so my opinion is that if bscape as a policy doesn't want to cover health services and wants to to match what?

What Medicaid is doing for their clients then I think would be appropriate for them be skipping to replicate that as to do things paying for wheelchair transportation to outpatient clinics. Mm hmm. Which head to head costs.

Sometimes one maybe more expensive than the other, but I think BIP should be in a position to make a judgement call. OK, if it's gonna be too expensive to provide wheelchair transportation outpatient clinics to consider the cost of doing home health therapy instead in their in the Dec.

Making process in and I do very much appreciate that it's individualized.

Patient patient.

Because that, you know, allows bscape to be efficient. But fill in the gaps where absolutely needed.

But I think you know you you have to choose one or the other.

You can't just not do either.

We don't have vendors in all areas of the state, so but I I will look, I will research this further.

And get a clear answer and notify the Council, OK.

Thank you. When they cover transportation, is it like you pay, like, give vouchers for ubers or you, like having a vendor company? Yeah, but you say have to be a vendor with with the program. So like a a medical transportation company. OK, in this, I imagine this is.

For patients who are not within the catchment area for like paratransit, like bus services. Yeah, yeah. Mm hmm.

My question really for the the regions and I guess Becky, as we've sent out the. They're sending out the survey for the clients.

What is the feedback coming back?

Are there things that have been identified?

Any trends in things that are identified that we can do better or better outstanding, I mean we just like to hear those.

Pretty good responses that are coming back are, you know, they're they're managing it back with them kindly they provide the services.

Oh, I forgot to pull up there, sorry.

Any trends for things that we can improve on?

I can't think of any right off the top of my head.

I'm sure there are some in there, but I can go back and look at them and see. Yeah, that would be great.

I think just to understand what's going back through now that we're getting responses, right.

Yeah, yeah.

And there's lists on. Here is the Bsip Resource Center. I think we're gonna be talking about a little bit later.

We're talking about Google Analytics, but.

Any any particular updates can be Resource Center, surprising changes or no. I didn't do the reporting for the Surveymonth piece this month because it wasn't on the agenda, sure, but they have increased over the last couple months. Good so.

Good. OK.

I imagine that's part of when the when the case managers do their when do the intake they're discussing with.

The clients that the the Resource Center exists and and and point them to that.

Yeah.

Yeah, I'm gonna have that.

The surveys are coming out. If they could encourage them to please fill them out.

OK.

That's only way we're gonna know where we need to improve.

Yep. When we when we communicate to the clients about the Resource Center or we send them like a link that they click can click on to the computer like are we using their e-mail addresses to e-mail to them.

Yeah, would we would be able to use those links that businesses use that track.

You know who clicks what?

I know there's maybe you do that and they they answer the questions and so I those responses to Beth every month not about the surveys, but just about the Resource Center.

Yeah, someone clicks on clicks on that might be more advanced.

Do you use like a MailChimp or something to send out those like I'm really loud.

Just like an like an unrolling SurveyMonkey for the survey, the survey.

In their system, so like within your SurveyMonkey account. Again, you're talking about the like, how many times the IT was open or. But again, you're talking about a survey.

We're talking about.

I'm I'm trying to talk about the the Resource Center to see how many people actually click on the analytics is counting. OK OK.

So yeah, OK the Google.

Conversations, yeah.

So the Google Analytics.

Which Becky will dive a little deeper into later is counting how many people are hitting the website now.

Currently what?

Where they're joining from and yeah, yeah. OK.

Yeah, we can talk about that more than, OK, have one last question for the regional managers, just you know are you?

Seeing anything that is any additional support or anything that's needed.

From you know this committee or.

Assistance. I mean, as we start talking about our goals and what we want to accomplish, whether it's the public awareness or or some other shift in our committees, we want to make sure that it's fruitful and meaningful for everybody so.

Are any of the managers online that want to respond to that?

Are you aware of any?

Any needs that we would need to discuss and address in this Council going forward?



**Clark, Rosalind M** 1:13:27

Region three. I'm not aware of any.

 **Wanecski, John M** 1:13:28

This is.

 **Moore, Fallon** 1:13:32

Region 1 is fine.

 **Wanecski, John M** 1:13:35

Region 4 No I I can't. Can't think of anything.

Sorry, Jose.

 **Dubrocq, Jose A** 1:13:41

Now region 5 the same. I was going to ask you for some help, but contacting to hospitals what I already did, I contacted regional can the regional and also Ventura. So I had in services with both of them, so it's fine right now.

 **Casavant, Robert** 1:13:55

OK, OK.

Great. Thank you.

 **Brewer, Evelyn T** 1:13:59

Yeah, I'd say the same for region 2.

No, no concerns or needs and the in services have been helping a lot in terms of needs. We previously have had so.

 **Casavant, Robert** 1:14:11

Great. Thank you.

Always like hearing about any upcoming events that you guys are going to be going to to kind of promote?

We skip in the program, are there?

Is there anything coming up that you guys are looking forward to?

 **Dubrocq, Jose A** 1:14:28

Yes, September 6.

There's the again this year. the ADA Fair, which is gonna be at the FIU, the Florida

International University Ground planning probably have a booth there and like I did last year.

So that's one and probably Jackson is gonna have the spinal cord awareness. Sometime I think it's in July that they have.



**Casavant, Robert** 1:14:56

OK, fine.

Is anyone going to the family Cafe in Orlando this year?

I believe it's June.

It is in June.

We're not this year.

We're participating this year.

Are there any other questions for the regions before we move on to our guest speakers?

OK. Our first speaker is from sports ability, Miss Brian Gilbert. The executive director has a presentation for us.

Thank you so much and thank you so much for having me here today.

I appreciate the invitation. You know, it's always nice to be able to come with one up to one of our partners, events or meetings and be able to share some of the things that we're doing at sport civility alliance. I'm Fran Gilbert.

I'm the executive director and I have been there little over two years now, so I'm fairly new. But you know this is the kind of organization that you have to jump in with both feet right away, so.

It's been a whirlwind.

I want to tell you we started out as the Florida Disabled Outdoors Association and a few years ago we rebranded to Sports Ability Alliance 'cause. It kind of was a bigger umbrella for us, but legally we're still Florida disabled Outdoors Association doing business at Sports Ability Alliance but.

Our mission has remained the same to enrich lives through accessible, inclusive recreation for all.

We our thing is active leisure for life. Everything that we we promote and all the programs that we do and we're always it's it's as accessible and exclusive as we can make it and make our thing is all ages and all abilities.

So we include families. We include siblings. We want to make sure that we're working with everybody within somebody's community.

To be able to provide the the programs that they need, we're very small.

It's myself.

David Jones is our founder.

I think some of you probably know David Casserra. Bartow is our communication and events manager, and she's been here with us about six months longer than me.

So she's she's the one with the the the knowledge.

And then each semester we work with FSU and we get two students interns to come and they do a lot of our social media.

They do.

A lot of our registration for people from Miracle Sports and everything, but it's it's small.

You know we're we're we're.

We're small, but we try and be mighty.

We have a we have a great board of directors and we also have an Advisory Board that we work with as well.

So an Advisory Board, a lot of a lot of them are are throughout the state. So it's not most of our board is here in Tallahassee, not everybody.

Bliss is is down in Central Florida area, but most people are here in Tallahassee.

Our history. We're celebrating our 35th anniversary this year, so we're really excited about that.

But I don't know if you know David's story, but in 1988 he had a hunting accident.

He was actually shot in the head.

And he was always an outdoor kind of guy.

He grew up in Tallahassee.

But when he got shot and had was finally out of the hospital and going into rehab and everything, he realized what motivated him when they asked him what do you want to be able to do was to be able to get back outdoors, get back outdoors and enjoy.

The the activities that he used that he used to enjoy hunting, fishing, being out in the woods.

So in 1990, he looked around and realized there wasn't an organization that was really dedicated to getting people with disabilities out in the out in the out and about.

So he formed for Disabled Outdoors association and kind of ran it, you know, out of his home for a while.

And you know David is the kind of guy who meets people and just, you know, was always able to get people into his sphere. 1990 is also the, coincidentally, the year that the ADA passed their law.

So and that was the year we had our first sports Ability Expo event.

About 12 years later, first executive director was hired.

That was Laurie Gusick. I think probably some of you probably know Lori and she was able to bring the organization into more of with the governance and everything that you really need to continue on as a non profit in 2008. We started our first miracle sports.

We worked with the city and the Kiwanis clubs and we're able to get. It's a city field, it's out by in the Messerfield complex, out off of Pensacola. If you're from Tallahassee and it's made of the rubberized material that you'll see on the tracks so wheelchairs can go.

On it, people with mobility issues.

Can are able to to traverse that that field.

It's really, really a lot of fun if you have never come out. Miracle Field for any of our sports.

We would really love to have you come out and invite you out to attend, so our present programs include Miracle Sports, but we also do samplers around the state and that will be maybe something we will take the eco Rovers and do a trail ride we just got.

Back from one a few weeks ago down in Alachua County.

We might do a scuba event somewhere, or we might do horseback riding.

So we're trying to give people an opportunity to try something that maybe they haven't tried in the past and thought they could never try or something that they used to do that we want to get them back into, to being able to do. We have virtual workouts so.

You don't even have to leave your home.

We work with Spirit Club, we call it our fitness Friday.

It's on our Facebook live.

It's a Facebook live event.

Our Facebook page and it has different. It has a workout but it has different ways to do that work out depending on your abilities.

And on the last few years, we've really been pushing our all out adventure program.

That's where we take our eco Rovers and do a trail ride for people with mobility

issues or a spinal injuries or brain injuries.

We also do boat rides and fishing trips. Same thing.

So we're really we're really pushing that quite a quite a bit and we've had a lot of success for that.

We were just Tuesday.

We were out at Lake Seminole doing a trail ride for some disabled vet and then again this is our 35th year, so we're excited about that.

We've got some kick off. We're looking at working with independence landing to do like a kickoff reception of that in the next month or so.

The benefits of recreation, leisure for people with disabilities are the same with people without disabilities.

I think we all know how important getting out, working out doesn't have to be.

You know you're going for the bodybuilding event, but being able to get out and move affects your body and allows it is very healing and and reduces a lot of the mental health.

Issues that a lot of people have.

I won't go through all this because again, it's just really making sure that we know that being out and doing activities.

Is really important to people with disabilities and people without disabilities. And again, what we focus on a lot is the socialization being a part of a group, having your family participate as well and just giving people an opportunity to get out. Our miracle sports is a lot of.

Fun because it's the families come out and you might have a sibling with a disability, but the other kids will play too.

So we again we try and be very inclusive with any activity that we're doing.

So it's not just the person with a disability, it's it's their families.

It's our friends. It's our.

It's it's their social group as well.

You'll see that over there is our is our miracle field.

And every night, every Thursday night, after we play a game, we play the youth play from six to seven and the adults play from 7:00 to 8:00. We do a group photo.

So that's the youth afterwards and we post us on our website.

We post all the photos on our website, so it's just kind of really.

Again, a social event and and people enjoy seeing their friends seeing their family members that they know and justice enjoying the time and you'll see everything is



painted on and you don't see our bases there. But our bases are painted on. So there's no obstacle, there's no barrier to being able to use the field. And again, we try and make sure that it's not just the individual, everything is connected.

The individual is getting services and getting out and about. The families get to do that and that translates back into the community and all that is just is just continuous.

So what we do is we really try and focus on the big picture we want.

We want the individual who has a disability to be able to participate, but we understand the importance of their families, the socialization and how that translates back into the Community.

It helps with socialization.

It helps with job readiness.

It helps with their their healing and realizing that they that they're not alone and they can be part of a group and that's one of the great things about the miracle sports, I think because our miracle sports, there aren't really any rules.

I have to say we have two stay safe.

That's the number one and have fun.

So you'll see, they'll hit the ball or kick the ball and they might lapse body on the base.

You know, they might just run right past somebody who was running too.

You know, it's it's all good.

We're all. We're just having a good time, but it's it's just everyone's out there to have fun.

I have a couple of slides here that have information that I gathered from different resources about how important physical activity is.

I'm not going to read these all, but I think it's important to know that according to the Centers for Disease Control, one in four US adults age 18 to 64 has a disability, right?

And they're more likely adults with disabilities or more likely to have some of these chronic diseases.

The client diseases.

That activity can help mitigate. Yeah, nearly half of them never have no leisure time or physical activity.

That's because of the barriers, whether they're physical barriers or emotional barriers,

are community barriers.

It's just it's and that's what we work to try and mitigate.

Again, here's some more.

Here's some more information about.

The the importance and and the lack of physical health and mental health for people with disabilities that physical activity could help. I don't know about you guys.

I don't want to give my age away, but when I was in high school, we had the President's physical fitness right.

Remember that I don't know if they still do that, but they're saying that.

24% of adults in just one in five youth couldn't meet those guidelines.

Now you know and a lot of that has to do with some of the stigma of not being able to get out and about.

And this is the importance of being outside.

You know, we all know a good walk in the park or a good just being able to enjoy the outdoors, listening to the birds being in the green spaces can really help your mental health.

So our programs are again we kind of touched on these but are all out adventure programs.

You'll see the.

Our our eco Rovers here.

I don't know if have any of you ever seen the Eco Rover in person?

It's you have.

It's really it's. It's really cool.

It's got tracks like a tank and it can go pretty much anywhere. You can walk. You know, there's, there's are some limitations.

It can even go up to 8 inches in the water.

So if you were going to go, you could use it on the beach and go into, you know, and do surf fishing and that kind of thing.

So we really are trying to get make sure we're getting people people out and about in that we've done outdoor adventure programs for veterans specifically and we do the adaptive boating and fishing and we work with the Rotary Club here in Tallahassee every year to do hands helping.

Anglers and last year I well last year we had to cancel because of the weather.

It was a hurricane, of course, but the year before, I think we had like 54 anglers and we we people volunteer with their boats and you know their time and we get people

out on the water that normally wouldn't be out on the water. I put this.

This specific.

Data in here about in 2023 we we we really did a focus on individuals with paralysis and we did 20 trail rides and 10 boat adventures in 2023 for people with paralysis.

Which?

Was just really rewarding and a lot of fun.

So was that all over the state or just here locally? It was mostly just here locally. Are there some of the boat trips were down in the like the Tampa area?

We worked with somebody down there. Bird, dog boats down there to help provide those and that's what we do. We can't provide, you know, everything.

So we partner with a lot of people and it's just so heartwarming to know all people will partner and give it their time and their energy and their and their equipment and everything to help.

Get our miracle sports programs. We do.

Right now, we're doing baseball.

So we do baseball in the spring.

In the summer, we'll have like 4 weeks of tennis and in the fall, we'll play kickball.

So and we get about 30 to 40 athletes every week out at each of those. Each of those times.

And we do.

We do 10 to 11 weeks.

It's one night a week.

It's on Thursday nights and again, it's just and again, Kiwanis comes out. They've been a great partner with us.

They do all the snacks 'cause. You got to have snacks. Always.

We do samplers.

We do do samplers throughout the state.

One, there's some of our scuba that we do.

We do scuba each year down at Family Cafe I talked to.

I don't know if you guys know Gabrielle Gabrielli.

She is.

She does our scuba and she is here in Tallahassee, but she does a lot of work with people with disabilities.

She she actually is able to get people with disabilities certified in SCUBA, but this is just in a pool.

Gives people a chance to give it a try out.

I spoke with her.

We're thinking about maybe including some some snorkeling this year.

So people that don't necessarily want to go under the water the whole time can still maybe do some snorkeling. And again, we have our fitness Friday program.

Our big kind of our signature event is our Sports ability Expo.

It's a 2 day event.

This year it's going to be April 25th and 26th.

One day is indoors.

We're out Tallahassee State College, which formerly task Community College for the indoor event.

They have two gyms. We use one gym for indoor activities which which could be we have tennis set up in there we have.

The parachutes with the balls.

We have some volleyball.

We do like some little fishing where they in a little pool.

We do bean bag toss.

Just all kinds of indoor activities and then we have our resource Expo on the other side where we invite in the organization state and and private and nonprofit to come. And you have information about their services and their products and.

I think you guys have participated several times over there, but it's it's a lot of, it's a lot of fun.

A lot of times the ESE teachers, the exceptional students, they'll bring their classes and it gets very chaotic.

It's gets very loud, but there's so much laughter, so much. Just big smiles. Everyone's having a great time and kind of cycle through.

We have some over with the resources.

We also have some archery, different archery types, things.

Those are always a big hit.

Then the second day is the outdoor adventure day at the State Park and we're last few years we've been at Mcle Gardens.

They do a great job for us.

We have. You can see we have Rockwall climbing, we have horseback riding.

We do sit water ski.

We go look through this is this is some more of the indoor out programs that we do.

And really, we really try and make sure the people are getting a chance to try the latest and the greatest if they if at all possible and it gives them a chance to network with resource providers and then the outdoor day Rei has come a few the R.

Co-op folks, they come out and they have done s'mores and they do a little camping thing and we do sit water ski, which is a big as you can imagine.

A big.

A big draw.

I mean, the smiles on these individuals faces is just it's just crazy.

They get up, they're able to get up. They've got the two people helping them and they have a nice ski and some some people have skied in the past before. Maybe they were injured.

Some people have never skied, but always wanted to try it.

So this is their opportunity to try that and we work with ants angels in Lake 38, Lake 38, I think is in Quincy or somewhere nearby. And they both those groups do do a lot of.

Of of other other events throughout the state, we do have eco Rovers.

People can try out and we do the boat rides and again this is free, open to the public.

Anybody can come?

All ages, all abilities.

We just ask that people register the only program that we have right now is miracle Sports.

It's \$30.00 for all three seasons and we have scholarships, so we're not turning anybody away. If they they, they can't, they can't pay us.

More important to us to get them out there and having a good time.

So these are kind of a little bit of last year sports abilities by the numbers.

So we had two days and we had two locations. We had 726 attendees and that is again individuals with disabilities, families, friends and other providers. And then it's a big.

Need for volunteers?

So we had 130 volunteers.

And a lot of those are students a lot.

We had a couple of university like Keyser University sent a group out. We do get.

Sororities and fraternities come out.

Just we get a really good turn out. TOC always sends some people different different providers and different groups will always, always bring people out.

But it takes a lot.

It takes a lot of volunteers to put that on 'cause again. You saw our list that there's three of us and two interns.

And we cannot do it alone.

But then we have 20 activity partners.

Those are people who've volunteered their time and their expertise to be they.

I don't know how those water ski people don't just fall out from exhaustion because they they do like 30 of those trips around the lake and it's just amazing to me.

And then we have the resource providers. Last year we had about 30 tables and 70 individuals coming out and sharing their information.

This year we're thinking about maybe being able to do that at Mcclay Gardens as well. If people wanted to do that because again, then you're getting a lot of the adults and the families out there again trying to get the information out there. And this is our 30.

Five years of sports ability, we've moved around in this area. We have held it at Oklahoma River State Park and the FSU reservation and then during COVID, of course we we did a virtual sports ability to keep everybody safe and we get probably as you saw.

8800 to 1000 people coming out each year from the community and the surrounding communities, and we've done other areas.

We'd go out.

Kind of do a similar thing at Family Cafe.

We have a lot of activities that people can try.

We're working with Jacksonville has an ADA day that they do that.

We've gone the last couple years again bringing out activities for people to try and get involved.

We're working.

We're looking at maybe Polk County.

So we're we're trying to expand.

We did get a grant from the Florida Power and light for some eco robbers and we're specifically to help promote activity out in the western part of the state.

So we're really trying to expand.

And of course, we have our resources.

We, we, we, we did have our I find network on our on our page but just kind of crashed and burned but we so we we are partnering with my needs network which is

out of University of Florida.

And they've got a it's pretty robust and if you go on there, you can people can look. It's very similar to what we had, but people can look either in us if they're looking for an activity, they're looking for an area of the state, they're looking for a specific type of program they can pull that up, and we post a lot on our Facebook and Instagram and we also post a lot of not just what we're doing, but what other people are doing. As I mentioned before that we want to make sure that if anybody is in looking at our stuff that they know they have a broad idea of what's happening 'cause.

We can't do it all, and we partnered with so many people. We wanna make sure we're just really promoting and I know I saw that you had on your agenda about the brain Injury Awareness Month.

So we'll be posting some stuff about that as well.

And then we have.

We have your brain and spinal cord injury program resources on our page. We have a couple of of brochures, one on spinal cord injuries and one on brain injuries that we put out in our outreach and we get a lot of calls.

Just people asking questions about do we know of anybody who where they can get a they're coming in the coming into Florida, where can they go and rent rent something that their child can use.

So we also have everything on our on our page.

So that's just kind of a broad overview of what we do.

I hope I hit what you wanted us to cover.

And if anybody has any questions, I am happy to answer them.

I probably have a lot thing. This is wonderful.

What your students?

What is their like field that they're doing an internship for so.

We it kind of changes depending on on who's interested.

So we, you know, they have to submit a resume and we do an interview process. But what we usually their sports management.

Or they're in communication. Social media, we we, our interns, work a lot on our social media programs and stuff.

So we have had.

We've had had some that have been kind of like out of left field that you might not think, but they have either the social media or the interest or they've got, you know,

maybe they maybe they have a sibling or family member and this is of great int. For them and just depending on their skills, sometimes their event planners, you know, maybe that's their area of expertise and so are their area of interest. And so we we just try and make sure that what we're going to need and what they're looking for is.

Is compatible.

I will say that a lot of our interns we've had.

One is now working with Special Olympics up in Atlanta. You know, one has gone into the military.

1:00 we we try and give them a lot of hands on real world application and then we also have for our miracle sports. We also have coaches that come and a lot of times their students are are people who volunteered with us before and again it gives them.

A good opportunity to to be able to use that.

That experience later on in their in their life, that's great.

So your particular overlap or connection with Special Olympics in particular.

No, we we really don't overlap with them too much.

A lot of our athletes that come out to sports ability also participate in Special Olympics, but as far as working directly with Special Olympics, I will say, last year we went out to Gadsden County.

They had their Special Olympics and we came out and had a booth out there and talk to people, so we are certainly open to working with Special Olympics. But you know, they're they're very, they're very, they're in their, they're in their lane and we don't want to crash.

Into their lane.

But we do.

We do work with them where we can and help promote each other.

I really appreciate you taking the time to repair this, and then, of course to come here and and talk is very interesting.

Just looking at your website, there's something mentioned about something called Rec Connect and those somehow affiliated with BSKIP.

Is that a program that's still? Yeah.

So that's reconnect it's.

The I think it's through.

Is it through you guys or is it just so that's I think that's part of the I find, but now it's



in my needs network, but this is our connect brochure where it's just and I have some over there if anybody would like them, but it's just.

Looking at.

I think it was something when we started working with you guys that you wanted us to create to include with materials that we we handed out about the benefits.

Of work of of activity.

All right, great. Yeah.

Yeah, maybe Carrie had heard of this before, but I'd never heard of the my my needs network before.

But that's the only resource that I'll that I'll point my point my patients to.

Yes, please do.

Because they just really started maybe a year or so ago and have really they used a lot of the data that we had to populate their database, but they've got a lot of new information on there as well.

So we've been working with them pretty. We've got a meeting with them next week actually to to kinda.

So it took our RI find and kind of made it \*\*\*\* bigger.

Put that in the brochures.

No, no, that's not these brochures are.

It's these brochures are are few years old now, but.

What was the question?

How did you spell that?

My needs needs. Yeah, OK DDS network.

Andithinkitstopped.com is it.com.

You can get to it from our from our website too.

It there's a a resource button that you can get.

Yeah, it's kind of cool.

Yeah, it's kind of neat.

So it really does help and it helps us too when people call, you know, we can go on there with them and then we can also, you know, direct them to that as well.

So when you're wanting to do programming, do you? You guys probably at this point after being around for 35 years have like a network of volunteers that help run all of these programs?

You know, it's really interesting.

Our volunteers especially like for Miracle Sports. We work with the with Doctor

Flanagan over at FSU in the sports management and she helped 'cause.

You know, students have to have so many hours of of volunteer, and so we have a a kind of a registration process for the volunteers and she promotes that and we get a lot of FSU volunteers, but they're always different and then they'll come out of like left.

Field like right now, a lot of the medical school students are coming over, which is great.

You know, because a lot of them are either gonna be working with people with disabilities or that that maybe that's a a area that they wanna go into directly and then we're all it's it's like hub.

The Hub, I guess it's a.

It's a insurance company they put a.

They put a volunteer group together and came out with sports ability.

It was their volunteer day they called us up. So it's it's interesting and we'll see the same come back back around. A lot of our activity providers are the same.

Like like Southern Trail Riders, Association brings out the horses, ants, angels bring it throughout the water.

So. So yeah, a lot of the, a lot of the program, a lot of the activities are in those programs are just volunteering their time and their and their services.

It's really it's really cool.

Yeah, they come out and bring their horses and yeah, it's it's a lot. And and we've had people parents say, oh, I never thought I thought they were afraid of horses, but they're so gentle. And they so patient. And they just let them pet them and then they.

Get them up on there and just really it's really heartwarming.

So if you can come out, we'd love to have you come out to any of our events anytime, anywhere anyhow.

How exactly?

What's the the funding arrangement like?

Do you have your own foundation or is it grant based?

It's a lot of it is grant based. You guys actually your brain and spinal cord injury programs provides a good amount to us.

We get some money from the city.

We're on. We're on.

We're in their their budget as well.

We keep, you know, we're always we've got a grant application to next week with Christopher Reeves Foundation.

We got one from them a couple years ago.

You have to wait a couple years before, so we're always looking to to what grants are out there that can help us.

We we have my, my mind went blank.

But the the OK part of education, the vocational.

Rehabilitation, both they, they they provide some funding for us as well. And then we Rei came out of the blue gave us two years of funding.

They funded us.

They gave us a grant for two years just out of blue.

Just different.

You know, they came to us on that, which was awesome, and they've just been a great partner with us.

So it's it's always, you know, a worry.

It's always a concern.

We're always trying to find new funding sources.

We do have a couple little fundraisers that we do ourselves. We do at Family Cafe, we have a duck race and we usually get a couple of \$1000 from Duck race sales.

You know where you and that's always well attended. People. Look, look to that as well.

We do a big kahuna.

Canoe race in the fall and you know, get a few \$1000 for that.

But yeah, it's our funding is a lot of contract work and then grants where we can where we can find them.

Again, Fish and Wildlife foundation.

Of Florida, we do.

We work with them on their mobility hunts, so they they they fund us a little bit on that too.

Yeah. So just always trying to see who we can help and who can help us.

Does anybody have any other questions?

Thank you so much for coming out.

We appreciate that I have seen you guys at several events throughout the state and yes, it's it's always wonderful to see you guys have amazing equipment and the at Family Cafe, it's amazing to see all of that. But thank you so much.

You're you're most welcome.

Thank you so much for having me.

I've got some brochures and stuff right there along with my business card, so.

Thank you so much.

I mean question related to this, but more, more reflected back to the to the regional managers. Do you know for currently I'm giving the the current clients information on my needs network or or because this is new new program we haven't been doing that but it seems like.

A very, very kind of robust and and statewide thing that can be.

Communicated.

I'm not sure and I don't know.

Do you know if we have it on the OK.

We'll check to see about adding that as a resource for our Resource Center.

Yeah, because this is the first I've heard of it as well.

Yeah.

It includes recreation, but I think it includes other other things as well.

I think I saw like support groups.

Veterans things and yeah.

Yeah, I don't see it listed on the on the website yet.

Yeah, it already actually made a note about that.

So we'll get that added.

We do have another guest speaker from vocational rehabilitation, Elizabeth Ragno.

I'm hoping I'm saying that correctly.

And she was online.

OK. And she's going to share her screen and her presentation over the screen, so.

 **Arango, Elizabeth** 1:50:43

Hi everyone.

I'm not sure if my face will be all over the screen.

How are you guys?

Nice to meet you.

 **Casavant, Robert** 1:50:50


There you are.

Hello, thank you so much.

**AE Arango, Elizabeth** 1:50:54  
Let me see if I can share my screen.  
Let me know if you can see it.

 **Casavant, Robert** 1:51:00  
Yeah.

**AE Arango, Elizabeth** 1:51:01  
OK.  
Where is the percent button OK?  
Oh no. OK.  
I'm gonna have to go through it. 'cause. I don't know.

 **Casavant, Robert** 1:51:14  
So so it's Yep.

**AE Arango, Elizabeth** 1:51:14  
Oh, it's right here.  
I see it.  
I see it.  
I saw it. OK, so hello everyone.  
My name is Elizabeth Arango.  
I am a vocational rehabilitation consultant from the Florida Department of Education Division, Division of Vocational Rehabilitation.  
I am located all the way down in Miami FL. However VR has.  
Units all over Florida.  
So who we are?  
Vocational rehabilitation is a federal state program that helps eligible individuals with disabilities find, get, keep or advance in employment.  
Services provided are based on an individual's needs and employment goals, so all our services are customized.  
Who we are or who we help, we help people with disabilities. Anyone, regardless of disability type, mental, emotional, physical may be referred to VR services.  
In order to find, get, keep or advance in a job, we also help Florida businesses work

in recruiting, hiring and promoting qualified individuals with disabilities.

We have some specialized units.

The popular one is the pre ETS services or pre employment transition services.

This ones are focused on young adults that are transitioning from high school to college or high school and vocational or maybe employment.

We also have general and supportive employment services.

Supportive employment services are those for individuals that need more hands on or long term assistance.

We also have self-employment services for individuals that are interested in building their own business, we.

Also assist well we also participate in ticket to work.

Program with the Social Security Administration.

We have services for deaf hard of hearing and deafblind services, independent living programs and business relations services.

So we are in the Community these the ones that are here, project search, high school, the inclusive post secondary and the break.

These are most for pre employment transition services. So yes, for individuals that are 14 to 21 and are still in high school and they want to transition later on to maybe a college.

But we also have these other traditional services.

How are you eligible in this in VR?

The first thing we do is you guys have to or anyone really can fill up the referral for.

For our services, it can either be done online or through the phone.

So we you can call any office and fill out a referral over the phone once a referral for the services have been completed, we will contact the person again to discuss the orientation and the next steps in the process.

The website is pretty easy.

It's [www.rehabworks.org](http://www.rehabworks.org).

Eligibility for our services.

So there are two ways for you to for a person to be eligible for our services.

Number one, if you're pre ETS.

So if you're in high school or college and you have maybe an accommodation.

And you're either 14 to 21 years old or you can go the traditional route and have a physical or mental disability that has the results in a significant barrier to employment and that you need VR services to get, keep or advance in a job.

Presumptive eligibility. So.

These presumptive eligibility is for people that have Social Security, SSI, or SSDI benefits.

We actually accept them into the program automatically so they don't have to go through the application process and the eligibility process. They are obviously because they have SSI or SSDI.

They have a disability documented disability.

So they kind of keep skip a step or go a little bit faster than maybe our traditional or individuals that don't have SSI or SSDI.

We also have work incentive planning and assistance or the whipa services.

These services are super important because this is where.

A special an individual.

Is it a a whip?

A individual helps you understand or cans counsels the person into knowing OK, how many hours can you work?

How much can you make and and you'll still keep your benefits. And this is where the person or the individual can make an an educated decision like, OK.

I want to keep my benefits.

Or maybe I wanna make more and not keep my benefits.

You know that everyone has.

A decision on that.

So once again pre TS eligibility. I know that for brain and spinal cord injury we don't have much of that.

We have more the traditional route also.

Pre ETS are those 14 to 21 that are still in secondary or post secondary education that have a documented disability.

And then for the other ones, our traditional services that we have kind of more customized services for them, right?

So depending on their needs on their disability, on what type of employment they want to pursue, will customize that for them.

Such as career guidance and counseling, we have training and education after high school.

So tuition, we have a lot of individuals from the burn and spinal cord injury program that have been referred to us that are maybe interested in going back to college.

So we assist with tuition.

Or they maybe are not.

They don't know yet what they want to do, or if they can't. If they can go back to their previous employment, and that is where a vocational evaluation is great, because that will help us see if maybe they can go back to their employment with accommodations. Or maybe.

We can.

We need to try something else. We have assisted technology and devices, job coaching, job placement on the job trainings.

These are great because they're paid.

Job site assessments, supportive and customized employment we have. If a person needs assessments such as medical and psychological, we can provide that as well. We have time limited medical and psychological treatments.

These are time limited because our services are considered temporary.

But we do provide them when there's no comparable service out there for them.

And we have travel training which are more for adult and youth.

So our process, once you fill out a referral for VR or the individual fills out a referral for for VR, it can be.

The counselor, as long as the individual is fine and and wants to explore this option of employment once we receive the referral, we will contact the individual so they can meet with the counsellor and apply for our services. Usually during that meeting we also do the preliminary \*\*\*.

And we also gather all the information needed.

Maybe they want to.

Do we have to send them out to evaluations?

Or maybe we need?

Waivers to get evaluation or get reports from their doctors.

With that, then, if they are presumed eligible, they are, you know, they're found eligible to for a program right away.

If not, then we will have to wait for these evaluations or medical records to come in so we can determine their eligibility after they're found eligible for a program, we sometimes send them to vocational evaluations so we can kind of get a feeling of more or less.

What they want to do, what they can do, their strengths and weaknesses. They do mock interviews as well.

So it's a really good report to have.



And then we go ahead and we meet with the client again and we develop an IEP, what we call individualized plan for employment in the individualized plan for employment. That is where we sit down and we decide, number one, what employment goal.

Is justified and will be the goal or the outcome, and then what services are needed in order to be employed wait in in that in that occupation after the plan is done, we start providing the services we follow up with the client. Once the services are.

Completed, we go ahead and find them ready for employment and that's when we send them for employment services. We have a lot of employment providers in our in our communities that can assist us with that. Once the client is employed for more than 90 days, that is that.

Is where we successfully close the case.

So this is a success story.

It's not related. I'll give you maybe a little bit a different scenario, but this one is Uriel. He he has ASD and he was referred to VR because he wanted to get determine a career goal for him and what services were needed for him.

He completed 80 hour wble, which is a work based learning experience program with hands on Hyatt. They have a program here in Miami where.

It's a it's training, but they also pay them and they have it's it's for hospitality. And after he completed that, he was offered a permanent position.

But there's different ones.

Most of the time with Brandon's spinal cord injury.

There is.

What is it?

We have a really good relationship with this Princess final cord injury program in Miami. I know that we have a unit 23G that has quarterly, quarterly meetings with Brandon spinal Cord Injury program and they kind of get the referrals going and they find out you know.

Where the referrals are.

I received a couple referrals from them.

These individuals maybe had a life changing event and that we might need to, like I said, do a vocational evaluation.

Some of them need maybe a mobility device or.

Vehicle accommodations.

Vehicle accommodations are kind of our popular one because they are obviously very important.

It's transportation, but also they are exempt services, so no matter what the client's income might be, VR pays for the if the client can provide, the vehicle will provide the the vehicle or the accommodate the Oh my gosh, I forgot the word the.



**Casavant, Robert** 2:02:24

OK.



**Arango, Elizabeth** 2:02:26

The equipment.

Yeah, the Oh my gosh, I it went out.

Yeah. The the vehicle accommodations, you know, fixing them all.

And I think that's all you have. Any questions for me?



**Casavant, Robert** 2:02:42

I do have a question.

In all areas and other several VOC rehabs throughout the state, right?

And so do all of them offer this all of the services of like finding and keeping jobs?

At every every VOC rehab center.



**Arango, Elizabeth** 2:02:59

Yes, that is, that is our our main goal.



**Casavant, Robert** 2:03:00

I don't know if it's center but.



**Arango, Elizabeth** 2:03:04

So yes, they should.



**Casavant, Robert** 2:03:06

OK, OK. We've had referrals before where they tell us they can't help a person keep a job, but they can help them find a job.

So I just wanted to clarify that. So I'll reach back out to them and see.

**AE Arango, Elizabeth** 2:03:18

Yeah. No, absolutely, I've had.

 **Casavant, Robert** 2:03:20

If I've just been a miscommunication.

**AE Arango, Elizabeth** 2:03:20

I've had, yes, I've had clients that, you know, if they are employed, let's say, and they're like, OK, I'm having an issue with.

Let's say my wheelchair.

And I've tried everything. My insurance is not covering it.

We send them.

We have a rehabilitation engineer.

We send them to them, we we make a referral and he will make a report and kind of let us know what the client needs and if this is feasible.

It has to be justified, obviously, if a client wants something that it's not justified and he doesn't need OK, but usually it's when insurance maybe deny them or it's broken, but they they can't pay for it.

That's when we go in and they're like, OK.

This person needs this mobility device and or needs it fixed in order to continue been employed.

So we do have services for maintaining employment.

 **Casavant, Robert** 2:04:18

OK.

Great. Thank you.

I had some follow up questions on that. Just on the people who are currently employed when they're injured and then then trying to get back to similar to the same position or similar position.

**AE Arango, Elizabeth** 2:04:20

Travel.

 **Casavant, Robert** 2:04:33

What determines whether you know if it's certain adaptive equipment that that floor VR may be providing that equipment versus the employer providing that equipment such as just say for some of quantifi that needs a voice to text solution? How does that or how do you guys draw that line?

 **Arango, Elizabeth** 2:04:58

We do.

We do explore comparable services. However, we do have the so I am not a an engineer.

We have engineer, but we have a great one.

We have a great team that we refer them.

I think it's through UCF or USF.

And they will let us know this person needs this voice to text device.

And he cannot.

You know he does.

Kind of.

All the recommendations, and that's when we'll be like, OK.

This is a voice to text and it's usually voice to text are not that expensive.

We've provided that.

 **Casavant, Robert** 2:05:34

Yeah, the same example, yeah.

 **Arango, Elizabeth** 2:05:34

I've provided that computers as well.

Right, adaptive computers.

I mean everything is.

I mean the the technology nowadays is crazy.

So there's there's something for everyone.

 **Casavant, Robert** 2:05:48


So everybody's referring to the same.

Rehab. What does that call?


What did you call them?

Rehab specialist on a year.


**AE Arango, Elizabeth** 2:05:55  
Engineer mm hmm.

 **Casavant, Robert** 2:05:57  
OK, so throughout the host state, they're all going to those people in the certain area.

**AE Arango, Elizabeth** 2:06:01  
They do.  
We have different different ones in the area. I think if I'm not mistaken, I think that we kind of use the same rehab engineer, sometimes brain and spinal cord injury program. I think he works with both you know.

 **Casavant, Robert** 2:06:05  
OK.  
OK.

**AE Arango, Elizabeth** 2:06:16  
That I'm aware I'm not.  
I mean, I'm not 100%, but yeah, if they they have amazing recommendations and they have so many services that I sometimes I'm not aware of and we can provide for the client.

 **Casavant, Robert** 2:06:31  
OK.  
I.  
I guess my question is who pays for what?  
Is it the current employer making reasonable accommodations, or is it VR?  
Is there a certain policy on on on who does what? Or is it just whoever gets there first?

**AE Arango, Elizabeth** 2:06:44  
Most of the time employer I don't think would pay for that.  
We can. That's where maybe we step in.

I mean, depending on the service, but that's where we would step in. If it's like a device that the employer can't provide because it's, it's a accommodation and it's costly that we can, we can provide it.



**Casavant, Robert** 2:07:06

Think Kevin had a question online.



**Valbuena Valecillos, Adriana D** 2:07:07

Question.



**Casavant, Robert** 2:07:08

Yeah.



**Kevin Mullin** 2:07:11

Thank you, Doctor Hagen. Elizabeth, I appreciate the presentation.

It was great.

I just had somebody ask me.

Not too long ago, that's looking to get back to work. That has a spinal injury, a quadriplegia, and his one question was, I guess he first looked into this during COVID aspects and they were doing.

Preliminary or one on ones with counselor. Virtually because he doesn't drive.

But I don't know.

Are they still offering that because he's actually still looking to get back and he has a little more functionality now and the doctor I think is going to sign that he can get back to work? But he was wondering, he doesn't have transportation as of right now, so.

For the initial assessments and the one-on-one with the counselor for VR, is he able to do so online or via virtual, or is it only in person at one of the location offices because it's a little far from it?



**Arango, Elizabeth** 2:08:08

We try to see them just because, I mean there's nothing better than face to face, you know, communication. And also if we need some documentation like we need to see their Social Security ID card and their ID.

And obviously we don't want them to send that through e-mail.

We have done some exceptions because yeah, some individuals are not.

Are not.

They don't the the transportation, but it is strongly encouraged for for him to go, I mean.

But he can always maybe go back and talk to the supervisor and see if the unexception can be made for him.

 **Kevin Mullin** 2:08:49

Absolutely. I'll let him know.

I appreciate it.

 **Arango, Elizabeth** 2:08:51

No problem.

 **Casavant, Robert** 2:08:54

Hey, is there a particular process that we follow if we want somebody from VOC rehab to speak at a local support group?

 **Arango, Elizabeth** 2:09:03

I've actually spoken in in more local support group here in Jackson for the traumatic Brain injury program here.

I would reach out to the area director of so depending on the area and the rehabworks.org website, there's a map of Florida and if you click on your specific region it would tell you who the director is or the supervisor and you can reach out. To them directly and request someone to go in and speak with in a support group.

 **Casavant, Robert** 2:09:37

Yeah. Any other suggestions?


We've tried that and haven't had much luck.


 **Arango, Elizabeth** 2:09:39


Oh really?


 **Casavant, Robert** 2:09:41


Yeah, in Pensacola.


 **Arango, Elizabeth** 2:09:42  
Where where are you located? Pensacola.


 **Casavant, Robert** 2:09:47  
We'd even take virtual.


 **Arango, Elizabeth** 2:09:49  
We're all I'm that is tricky.  
And you.  
Not even the area director.

 **Casavant, Robert** 2:09:55  
Yeah, we have.  
We tried for over two years.

 **Arango, Elizabeth** 2:10:00  
Wow. I mean, you can you can reach out to the one down there in Area 6 which is my area director, Kidenia Pintado and maybe she'll be able to, you know kind of move and see who she can get there.  
Maybe the problem is that they're short staff and there's not a lot of staff for them to go out.


 **Casavant, Robert** 2:10:21  
Sure. Yeah.  
Two years.

 **Arango, Elizabeth** 2:10:24  
That's a lot.

 **Casavant, Robert** 2:10:25  
OK.  
Thank you. Thank you.



**AE Arango, Elizabeth** 2:10:27  
You're welcome.

 **Casavant, Robert** 2:10:27  
Doctor Volbeno, did you have a question?

**V Valbuena Valecillos, Adriana D** 2:10:30  
Yeah, I I wonder the initial process, the initial referral.  
What is the process?  
It's an insurance pay. Who? Who is the one that to be able to submit the patients or to refer the patients to your service?  
How's the financial component?

**AE Arango, Elizabeth** 2:10:49  
Oh to be referred.  
Nothing you don't need for insurance.  
Nothing. You know, you need to make the referral if you feel like your client is ready for employment and obviously has a disability and they're exploring employment or going back to, you know, the workforce, that's all you need. When the client comes in with the counselor, that is.  
When, obviously, if they have insurance, they can come in, we're not going to charge anything.  
We don't charge.  
When we start services, so after we have the individualized plan for employment and there is a service, we do have to explore financial participation.  
So obviously those individuals that have SSI or SSDI are exempt.  
They don't need to pay anything, but there are some individuals maybe that have a bigger household or they have bigger income, larger income that they do have financial participation on. Some services, like for example tuition, we explore financial participation for vehicle modification. We do not explore like it.  
Doesn't matter how how much the client makes. We pay fully for vehicle modifications.  
So there are different depends on the service.

For employment services, it's fully on us.  
They're exempt for from playing from them.

**V** **Valbuena Valecillos, Adriana D** 2:12:07

OK.

So when you get the referral, it doesn't really matter as the patient is unfunded or funded.

What about legal?

**AE** **Arango, Elizabeth** 2:12:14

Absolutely.

**V** **Valbuena Valecillos, Adriana D** 2:12:17

Any immigration status that limits the service is the patient.

**AE** **Arango, Elizabeth** 2:12:20

They have to.

**V** **Valbuena Valecillos, Adriana D** 2:12:22

Is.

**AE** **Arango, Elizabeth** 2:12:23

I'm sorry I cut you off.

They have to have a valid work permit. If they are, you know they have to be able to work legally in the United States.

**V** **Valbuena Valecillos, Adriana D** 2:12:34

Even if even if they are under a specific visa like they're working, you know they have a a, a work visa, but they are not.

Green card holders.

**AE** **Arango, Elizabeth** 2:12:47

They don't.

They don't have to be green card holders as long as they are, because remember our services are for employment.

So if the person has a disability and can work legally in the United States, that that's where we can start.

 **Valbuena Valecillos, Adriana D** 2:13:02

OK.

Thank you very much.

 **Arango, Elizabeth** 2:13:04

No problem.

 **Casavant, Robert** 2:13:06

A follow on question is that well like to put it to talk about Brandon, so probably other people, so when they're enrolled in B skip.

They cannot be dual enrolled in vocational rehabilitation, but usually bscav is pretty good at at you know when they finish.

Transferring them to VR.

That's probably worth a further discussion to stream that.

 **Arango, Elizabeth** 2:13:30

Mm hmm.

 **Casavant, Robert** 2:13:31

Make that even better.

But but so it's be scaven then then VR follows.

But I have some more questions about the about the exemption.

Who is that defined by?

Like legislation or or. What what? Who? Who decides?

You know what's exempt and what's not exempt.

I'm I'm just curious.

I'm not not asking change it, but I'm just curious.

 **Arango, Elizabeth** 2:13:58


Well, I'm not really sure who.


Well, that is in our in our counselor manual.


We could give the person if a person needs to know what services are exempt from


financial participation and what are not, we I could provide them.  
They change over the years before tuition was exempt, everyone was able to get tuition.


 **Casavant, Robert** 2:14:12  
Yeah.

 **Arango, Elizabeth** 2:14:17  
Not anymore.  
We look at their financial participation now.  
But I I'm guessing that depends on funding and federal and state funding.

 **Casavant, Robert** 2:14:28  
Yeah. Is it like give example like when that kicks in like is it like at Harvard level or is it like three times poverty level that that then they have to be responsible or partially responsible for the tuition rates?

 **Arango, Elizabeth** 2:14:43  
Poverty level would be and then it would be in increments.  
So the lowest that you can, let's say the most that you can get is 100% VR participation.  
After that we can maybe assist with 80 if they make a little bit more than above the poverty level and then it goes in increments.  
The most an individual is going to pay us 80%.  
So I think it caps on on an amount.  
It changes every year.  
I think it's. I wouldn't be able to tell you.

 **Casavant, Robert** 2:15:13  
Right.

 **Arango, Elizabeth** 2:15:14  
It depends on the on the family size as well, but the most of the person pays is 80 mm. Hmm.



**Casavant, Robert** 2:15:17

All right, that, that, that's good to know.

Yeah. So I think I was like, oh, they just they they just pay for education.

Now I need to be like, well, they they they pay for some education.

It depends on on your circumstances.

Alright, but but it's good to know that the that the vehicle modifications are are true truly exempt.

That's good to know.



**Arango, Elizabeth** 2:15:37

Yeah.



**Casavant, Robert** 2:15:42

I sorry, I I've I've plenty of questions I wrote on, but I also wanted to thank you for for preparing this talk and then coming to present for the referrals you you you put a link on there, but obviously because it's a PowerPoint I wasn't able to connect.

I.

I went on the website and it seems to be like a PDF that you fill out or or or something you print off on a computer and fill it out.



**Arango, Elizabeth** 2:16:04

Mm hmm.



**Casavant, Robert** 2:16:07

To be honest, that's a really lengthy form and you know during my clinic visits I'm covering like six different topics in 30 minutes and taking the time to file this form is quite arduous.

So my practice has just been like giving them the website.

Give them print out.

There's like the pathways to VR and I give them print out and and have them self referral but.

My feedback would be.

It'd be a lot easier if there was like a starter form where I could just put in the patients.

The patients you know name and phone number and then have that process and I think that would actually end up closing loop some more.

I've got some patients who are little bit flighty.

They've got a lot on the table going on with a lot of social concerns and if there could be a tighter loop to to start that ball rolling where I can, I can give you the the pages name and information.

 **Arango, Elizabeth** 2:16:49

I know.

 **Casavant, Robert** 2:17:00

With their consent, of course.

And then then initiate things faster.

It'd be really nice if there's like a web form to submit to submit referrals as a provider instead of putting the onus back on the patient to to fill out this. This lengthy this thing they form.

 **Arango, Elizabeth** 2:17:16

It is.

And it's tricky.

There is going to be a new website that's coming out.

Florida wins.

I don't know if you guys have heard of it.

 **Casavant, Robert** 2:17:24

No.

 **Arango, Elizabeth** 2:17:25

And so hopefully it will.

It will launch soon, maybe by June.

I believe it is and Florida wins is gonna be a website where someone can put in their information what they need. If they have a disability or whatever, the demographics and they will pop out like suggestions.



**Casavant, Robert** 2:17:31

It's.



**Arango, Elizabeth** 2:17:43

Oh, you should apply for VR or you should apply for Department of Children Services.

All of that, and they can click and it would just send it directly to the agency. So that's going to be coming out soon, hopefully in the next couple of months.



**Casavant, Robert** 2:17:59

OK, it seems like have they.

A little bit of a website, but probably make more of it in the future.

That's really cool.



**Arango, Elizabeth** 2:18:04

Mm hmm.



**Casavant, Robert** 2:18:07

Alright. And my next question was, can you or or or maybe Beth or Shawn might be able to speak to this more, tell me more about kind of the interface between Bskip and VR and and how kind of clients are passed from one to the other and are.

There any kind of gaps in that that that could be improved on?



**Arango, Elizabeth** 2:18:25

Yes. OK. So I was actually a counselor for a unit that was.

Assigned the referrals for brain spinal Cord injury program in Miami with Mr. Jose Dubrook, and he was.

We had.

We had quarterly meetings, which was awesome because we would obviously we need if they had new referrals they would pass it over to us.

It was good because we had good communication.

They knew who to send that referrals and the referrals would get taken care of hopefully right away and they would know the counselor the and then they could follow up.

Remember that everything is has to have. If you need an information from a client, the client has to give you know, sign a waiver as well, or can have my my previous counselor from brain and spinal cord injury.

Program you know, so I'm not sure this you know up until when you guys close their your cases.

I know that the counselors in the brain and spinal cord injury, we reach out to each counselor from VR and ask, hey, how is this case going?

Did the client go to the meeting?

Did the client.

Is the client in services.

You know, we would provide, you know, the information so they can document it on their part.

I think my suggestion for every you know.

Program in you know in in the state of Florida is to have a designed unit and good communication.

It could be with one unit and that way that unit can be like the hub and assist with other referrals around that area.



**Casavant, Robert** 2:20:08

So is that suggestion maybe what you and kind of the working relationship that you and Jose had may not be ubiquitous throughout the the state of Florida?



**Arango, Elizabeth** 2:20:13

Yeah.

I don't know if you guys have that illustrator Florida. I know Jose.

He did great and with he had great communication.

He has great, he has it every year or every every quarterly meeting with the supervisor in this unit and they would just bounce off ideas and also bounce off, you know, everything changes right.

The changes in each and the policies in each unit or in each agency, right?

So I think that's.

My suggestion would be for every unit or every area to have that kind of that a unit to go in and and be a hub. I would say because I know if I had, if we received a referral, but the client was a little bit far away we.

Were we would ask the client. Do you want us to see you?



Because we had permission.

Because we were that that assigned agency for burning spinal cord injury or you have the option to maybe re referred to a unit closer to you. If if you need to go in person, you know if it's closer to you and you have transportation issues.



**Casavant, Robert** 2:21:16

Beth, is that, like standard practice for all of your managers?

So Jose down in Region 5 has the best relationship with VR.

We have tried to establish those connections throughout the state and it is not as easy as was referred to earlier.

So we can definitely reach back out, try to get some more regular communication going, but we do have pretty good success with because typically we're referring clients to VR when we're kind of wrapping up our case and it the process does generally flow really well at that point.



**Arango, Elizabeth** 2:21:50

Mm hmm.



**Casavant, Robert** 2:21:55

As long as we send the referral over right?

Yeah, I think that's great though to have that connection.

That's awesome, Jose.

Absolutely, yeah.

Jose, you've had your hand up. Go ahead.



**Dubrocq, Jose A** 2:22:06

Yeah, hold on.

Yeah, no, just to answer to interject.

Hi, Elizabeth.

Yeah, we do have.



**Arango, Elizabeth** 2:22:12

Hello.



**Dubrocq, Jose A** 2:22:14

We still have the quarterly meeting and just to add about that, it's the process is we we keeping communications with the facilities and since we're getting reports from the clients, we know at that time when the client is ready to go to VR, we at that point we.



**Casavant, Robert** 2:22:25

OK.



**Dubrocq, Jose A** 2:22:30

Speak to the client. If they agree, we send them the information.

And if they agree to go ahead, I even had the video from VR.

So I we send that ahead of time and then after that we just send the referral that same day and usually the process works fine because we have, like Elizabeth mentioned, a very good communication with them and it just flows. We keep in communication with vrl we ask.

Them, you know, are they still implants?

Are they already implant status?

What is the process?

Have they gone to the first meeting?

At one time we used to get the letter, which it will be great.

I have to talk to VR about that when they will make the appointment and will call the client and let them know.

Listen, you have an appointment this day, so we can remind them and they could go because as you know, some of the tvis, they tend to be forgetful.



**Casavant, Robert** 2:23:21

Mm hmm.



**Dubrocq, Jose A** 2:23:21

So we try to be topple them so it does flow.

We always have that communication with VR and we just had a meeting. I think about a week or two weeks ago with VR, the quarterly meeting. Now that's basically.



**Casavant, Robert** 2:23:36

Right.

Thank you.

Any other questions for Elizabeth?

Sort of on the topic, one of the pages that was provided to us is actually like region by region.

That has a community, reintegrated and eligible for VR.

Did you help prepare this or is there some cause? This would be a good time to to talk about this. This page in the midst of this presentation.

Yeah, it's pulled from our our our referral management system. So I may be able to answer maybe one of the people from our project manager.

All right, so this looks like it's quarter 2.

Did you wanna talk to it or? Yeah, OK. The question.

We're here, yeah.

So I mean just help me explain.

Help me understand these numbers and what they represent and is it like a A?

A proportion of I don't necessarily hear, but like what proportion, what proportion of patients?

But well, there's exceptions.

But but do we track the proportion of of of clients that go from from Bskip to VR?

So if they are referred to VR.

Of course, of course, when we ask the client it's, you know, it's optional.

So if they agree and they're referred to VR and we we make that connection, we know that happens.

We close them as program and eligible eligible for BR. That's a closure type.

So it's a second column here, OK.

Now, sometimes I will say that we have client that we refer.

They kind of start that process with VR and then we they don't respond to us.

And so sometimes they do. If they finished our care plan, we know those goals have been met.

We referred them.

We're assuming you know that everything's gone well, even though they won't make that final cut connection with us. So sometimes they get close to us.

Community reintegrated.

I don't know that we capture every single one.

So you don't necessarily have access to the VR database to know exactly who. Is that something that can change?

Oh, I don't think so.

No, we don't.

We're not gonna have that close to each other's data, OK?

But actually these numbers look like the for for each region that the majority of patients.

End up in the eligibility for VR category rather than the community.

Reintegrated is that is that the proper reading of this?

It's. I'm sorry.

Can I speak?

Yeah. So what?

I'm looking at so there's for for each area that there's more people in the eligible for VR column than the community reintegration that.

Umm.

Perhaps means that may not be right.

OK, I will.

I will check on that though. 'cause those numbers do seem rather high compared to the community reintegrated numbers, but.

Let me check on that.

'Cause I I'm I'm not totally sure off the top of my head.

Yeah, what?

What they normally are, I will check on it though and make sure that the numbers are right. It does seem like that's a little high for those numbers to be higher. OK.

Then community reintegration.

I was impressed, but maybe maybe that's right and I'll be impressed too.

Absolutely. So with this interface between bskip and bridge, the maps for the regions don't quite line up.

Is that right? Correct. OK.

So that probably means that you know, probably each each region is talking to multiple other other offices, which probably doesn't make it as streamlined as as ideal.

Like I put Jose and Elizabeth.

Yeah, yeah. Elizabeth have have gone on. Yeah, so.

Has five regions and VR is broken up into several more.

Units or offices?

I'm not sure exactly what they call it, but there are several more offices so it it does

make it a little more challenging to make those connections, but so you're now just having one quarterly meeting you'd be having.

Oh yeah, 3 four quarters in meetings. Yeah, well, our managers would have to attend. You know more than one, probably in most instances, which again, even if we can just, you know, make those good contacts and and just be able to have those communications, I don't think it necessarily means they have to be you know in every single meeting every single month.

But it would be nice.

You know much better if we had better contacts, so yeah.

Is that maybe something for the next for the other annual meeting?

So I guess in six months we'll probably be virtual.

Maybe we can have a a presentation by bskip about kind of some of the efforts in the In interim as far as?

How the Senate more of those quarterly meetings between the RnB skip and also kind of reviewing this data again, OK.

You know, I know we'll never have access to their with them, but I wonder if they can. If they report it, I'm sure they do. You know, the people that are referred from BCS. If we can get a report from them on how many referred and how many.

Were closed successfully.

Yeah. OK.

I'm sure I'll request that.

Yeah, yeah, that'd be really good.

Good idea, Beth.

I don't know if this is the right time to ask either.

I always worry I'm not at the right spot, but OK. Did our regions change?

Did we used to have this?

Doesn't this looks giant?

And I thought it was split before. Is it?

It's always I.

I always been that large of a coverage area for 12345 yes.

So region one goes from Pensacola to Jacksonville.

Yes, Coast to coast area.

Yeah, I don't know why I thought that was split before.

Wow, that's wild.

That divided below that, umm, like 30 some counties, isn't it?

Yes, region one is 33 of 67 counties. I know that because that used to be my region. So you have still have an office in Pensacola.

Yes. And then here in the middle and then again in Tallahassee.

And so there's Pensacola, Tallahassee, Alachua, Jacksonville.

It's all region 1. There's four. OK, elacha what?

Gainesville. Yeah, there's a tiny little town called Alachua in Alachua County, but it is right next door to Gainesville, OK.

Yeah. So we it's 4 units, just like in region four we have.

We did close one of those offices, but we have three across region board, West Palm. Fort Myers, help me, Fort Lauderdale. So we because it is a as you can see a little bit bigger of a area populated throughout here.

Yes, is why there's so many counties.

It's a understandable close the one in Saint Luci. Yes, mm hmm.

Yeah, and it is that.

That's why it's because North Florida is much more rural than the other regions.

So.

I wanna kind of share a like a work integration kind of Horror Story and and and it's followed by a question. But I have a patient that.

I works for a very large corporation.

And he has high quality pages, so so fairly fairly severely disabled, but same time under the ADA with reasonable accommodations. Kind of a larger organization should make should be able to make reasonable accommodations for for their, for their employees. So he's employed with him before his injury still.

Technically employed with them, but not working and I kept on having filled paperwork for them.

But the sticking point became they were saying that they weren't going to make a combination for him because his disability was not a was indefinite.

So saying that because it's because he's going to have a lifelong injury, he was, he was not going to be eligible. They weren't going to provide accommodations because because he had an indefinite time span because I couldn't say, oh, his injury's gonna end.

In or his, his accommodations will end in two years.

They weren't.

They didn't provide him accommodations, so just, I mean, I'm not a legal expert.

I.

I.

I don't know every letter of the ADA, but that seemed to be not not in keeping with that.

But I is that something VR?

So, so so here comes the question.

So obviously it's so something like this could become like legal dispute where where an individual retains an attorney to represent him and and be like, hey, you're not following the ADA but.

Just based on VR basically, to do mediation to avoid this going through a legal process, talking to their human resources department saying like can we work with you? Can we help you understand and kind of avoid the legal process which neither party wants to be involved in does.

VR.

Step into that gap sometimes.

 **Arango, Elizabeth** 2:34:03

I would say every case is so different and it needs so much research, so I am pretty sure that if that client is having issues and has a counselor already.

That counselor's responsibility is to find out where to go.

You know and and and kind of see the resources available and if it's something that we can provide and it's justified, then we are able to provide for them.

I have not done personally legal services.

For clients, but like I said, every case is so customized and different that it really does depend. If it's an, I mean that that doesn't seem legal. What the employer is doing as well.

So depending on what accommodation?

Also, is it was a more like a physical accommodation or like?

 **Casavant, Robert** 2:34:53

Yeah.

 **Arango, Elizabeth** 2:34:57

A workplace.

 **Casavant, Robert** 2:34:58

Yeah, so so this image will, even before he was injured, he was.  
He was a supervisor and he wasn't.  
He was the one doing.  
He wasn't one necessary.  
Always doing manual labor.  
He's probably doing some, but he was already in a position where he was supervising people so.  
So from that perspective, I think there could have been some reasonable accommodations and that wasn't even a mistake. It was the length of the disability.  
There was a second point. So.  
The.  
Yeah.  
But I I mean, once they once I hired an attorney and it becomes a an actual legal dispute, then I'd, I'd I'd expect a state agency would not get involved in that sort of thing, but.  
My question is, you know, how do we how do we prevent that from from happening in the first place?  
So, like the VR case manager really have conversations with like a human resource department about the specifics that are being put on their paperwork and the specific determinate determinate determination criteria they're using.  
And and and have mediate those conversations between an employee and employer.

 **Arango, Elizabeth** 2:36:10

We can.

We can also the state of Florida, the state of Florida has another program not with VR, but it's a disability rights.

 **Casavant, Robert** 2:36:11

OK.

 **Arango, Elizabeth** 2:36:20

I don't know if you've heard of it.

It's a small it's a small office, but I know that that they're the ones that maybe may be able to assist them.





**Casavant, Robert** 2:36:31

Yeah, I should have found that, yeah.



**Arango, Elizabeth** 2:36:31

Some clients, yeah, the disability rights.

Though they are great as well.



**Casavant, Robert** 2:36:36

Yeah.



**Arango, Elizabeth** 2:36:36

So when they see that there's a big issue, they'll step in and assist with that as well.

Maybe they are maybe more.



**Casavant, Robert** 2:36:42

Yeah, yeah, there's a lady who used to sit on this Council that that was part of that, that program. I'm blanking on her name.



**Arango, Elizabeth** 2:36:44

Knowledgeable of that.

Mm hmm mm hmm.



**Casavant, Robert** 2:36:51

But yeah, not only.

And.

I'm almost out of questions.

Oh, you mentioned the Med psych treatment.

I the the the, the, the, the medical and psychology treatment. I I was not aware at all that that that's something you guys offer.

What's the?

Can you just fill that out a little bit more and and tell me more about that?



**Arango, Elizabeth** 2:37:18

Sure. So sometimes our clients.

So I said OK.

They're temporary because remember, our cases are temporary as well.



**Casavant, Robert** 2:37:26

Of course.



**Arango, Elizabeth** 2:37:27

So once the client is employed, we close the case.

So if a client is in an emergency situation and needs psychological or medical treatments, we are able to provide as long as there's no comparable services available for them, you know, if they don't have insurance, if they apply for Medicaid, Medicare, or you know all of that, we.

Will be able to provide, but the thing with and that's what I like to counsel my clients is that we're temporary.

We cannot.

I cannot continue providing psychological services.

Maybe psychotherapy sessions? Because our case is going to be closed eventually, hopefully, and so you need to. That's where obviously the counselor has to step in and be like, OK, we need to look at, you know, what is in the Community, what resources, what type of.



**Casavant, Robert** 2:38:03

Cancel.



**Arango, Elizabeth** 2:38:14

Insurances are there for, for people, maybe with low income that you can benefit and you can secure your long term benefit. You know long term insurance just in case once your case is closed you can continue getting the psychological services or medical services.



**Casavant, Robert** 2:38:35

So next question, how can so all of us sitting here and some on the call our medical professionals, how can medical professionals help?

The the the VR professionals, you and your colleagues, and also of course our clients. How can we most be helpful to that process?

 **Arango, Elizabeth** 2:38:54

I think the best way is yes, getting them aware of VR, also knowing that OK not all the clients are ready for employment and there's a time that they need to.

You know, sometimes we get referrals and they're the client is like, no, I'm I'm absolutely not ready.

And then they just hang up on you or something, you know? And so I think it's.

Figuring out exactly OK, this client is. It's in the perfect step.

To explore employment or going back to their employment.

And you can definitely write a letter that always works.

So you can have that let the client can have that letter.

And we can maybe keep on like, how do I say it, speed up the process of you know if we have this documentation from you from the start saying hi, I'm this person's client. This client has experienced this type of injury and based on my professional maybe.

Opinion he is ready to explore vocational rehabilitation services. That's that would be like a great thing for us to have, you know, and and speed up the process in our end.

 **Casavant, Robert** 2:40:09

It's really interesting.

I guess you sort of gave an example, but even more information would be would be useful.

But so we write that letter.

Who? How do we deliver that?

How do we like we we give it to the client or?

 **Arango, Elizabeth** 2:40:22

I would say give to the client 'cause remember HIPAA and and a confidentiality.

 **Casavant, Robert** 2:40:26

Yeah.

 **Arango, Elizabeth** 2:40:28

So I would give to the client be like, OK, once once you see the counselor, you can provide this letter.

Or or. We also can get a waiver from them or release of information form and we will request it from you as well that, that, that also kind of slows down the process a little bit.

You know, people have to fax and then you have to wait for them to get the stuff. So if you can provide this letter from the beginning to your client if possible, I think that could help you speed up the process.



**Casavant, Robert** 2:40:58

Yeah, maybe that's something that can be on the final checklist for reskp as they're transitioning is making sure that that water is available.

And you had that great slide that said.

At at the top of it, it said VR process and it had like a step by step one end up. You know when they get employment in 90 days. So 90 days obviously is a cut for that but.

There's not gonna be specific numbers, but could you kind of give a thumbnail of like how long each step, each step in the process typically takes?



**Arango, Elizabeth** 2:41:33

Yes. OK. So from the moment that you, we receive a referral, we're supposed to contact the client in three business days to contact the we contact the client. We have already assigned a counselor and we give them an appointment date. When the client, once the client comes in.

And decides to apply for vocational rehabilitation services from the moment that they apply up until we.

Find them eligible.

It could take up to 60 days, or less than 60 days and cannot take longer than that.

Obviously, if a person has Social Security benefits, or SSI or SSDI, they we find them eligible a little bit quicker. So that kind of can cut up up to 60 days.

In the process, but usually I would say average wise it takes around 30 depending on what you know how we can gather the the the documentation, the medical documentation.

After that we have from the moment that they are eligible to us for our services up until we plan their individualized planning of employment, it can take up to 90 days. It's, it seems long, but there's a lot into it.

We ask for their taxes, information if they want to go to school, then gather up that

information for school.

So that's kind of all the we're gathering all the information for the services. Also if there are vocational rehabilitation, vocational evaluation is needed.

Maybe a situation meant where?

Maybe this person wants to work.

Maybe in the in a specific job?

We need to see if they're able to perform in that job. We send them to a situational assessments.

And those take, you know, and those are from vendors?

So we have to make referrals out. So from it takes a while for them, but it shouldn't take more than 90 days after the 90 days or we have to have the, the individualized plan of employment and that's when we start services.

So with that being said, from the moment that they apply up until they are.

Receiving services once they were signed, that plan of employment, it could take around five months or less.

It can't be more than that.

Obviously, like I said, that depends on the evaluations needed on the clients participation. You know some clients reschedule their appointments and it's kind of a little bit harder.

Or how fast we can get that medical documentation as well?



**Casavant, Robert** 2:44:14

Thank you.



**Arango, Elizabeth** 2:44:15

No problem.



**Casavant, Robert** 2:44:17

I think I'm out of questions.

Thank you.

Thank you.

Thank you so much.

Thank you so much. Thank you.



**Arango, Elizabeth** 2:44:23

Thank you.  
Nice to see you all.



**Casavant, Robert** 2:44:24

Any questions online? Oh, OK.  
Thank you so much and thank.



**Kevin Mullin** 2:44:27

Just one last one, Miss Arango. If by chance we do have further questions, even just generalized is do we get your contact information by chance or an e-mail address? We able to share that with the group.



**Arango, Elizabeth** 2:44:38

Sure.  
I will put it in the chat.  
I don't know if you all can see it.



**Casavant, Robert** 2:44:46

That'll be perfect to sit in the park.



**Kevin Mullin** 2:44:47

That'd be excellent.



**Casavant, Robert** 2:44:47

Winston's working also he sent out.




**Arango, Elizabeth** 2:44:48


And then so I am like I said, I'm in the in Miami, but I will be your hub if you have questions for another area or you need to contact someone else, I'll be more than happy to kind of see how I can get that information out.





**Casavant, Robert** 2:44:51


No kidding.


 **Arango, Elizabeth** 2:45:03  
There. So you get contacted or get your questions answered.


 **Casavant, Robert** 2:45:07  
It's very gratifying to me.


 **Kevin Mullin** 2:45:07  
I greatly appreciate it.


 **Arango, Elizabeth** 2:45:09  
No problem.


 **Casavant, Robert** 2:45:09  
Thank you.  
And thank you so much for joining early.

 **Arango, Elizabeth** 2:45:12  
Have a good one.

 **Casavant, Robert** 2:45:14  
I appreciate it.

 **Arango, Elizabeth** 2:45:15  
Thank you.  
Thank you.

 **Arango, Elizabeth** 2:45:18  
Bye bye.

 **Casavant, Robert** 2:45:18  
Yep. Yeah. Alright, let's take a break.  
Let's take a bathroom break and then.  
This can we just make it like 5 minutes instead of? That's fine.  
Yeah. So we'll be back at 3:05, OK?

OK.

We are back. Jill brought to my attention that we did miss approving the minutes from the committee's this morning. That was the January minutes.

That's what you said earlier and I got off track.

So if we do have the same people in the call from the committee meeting this morning, if we can, if you want to call to approve the January Minutes, yes, call to approve the January minutes. Yep.

I make a motion to approve second Kevin in favour.



**Kevin Mullin** 2:52:14

Aye, second.



**Casavant, Robert** 2:52:17

Hi. Hi. Any not opposition? All right, here we go.

Thank you, Jackie. Good.

But I would like to make sure we get time at the end to discuss.

The committees cause they've been a little bit disarray because we've been focusing on the rehab facility standards, but I would like to make sure we save time at the end to discuss that.

Let's begin with the BI awareness month.

OK, back to Robinson is gonna give some updates for our new business section.

We actually every Monday morning the department puts out a newsletter and they've put all seven of these slides out, which are in your handouts on brain Injury Awareness Month. And we've also added an announcement to our website that pops up every day in the month of March for.

Brain Injury Awareness Month and when they click on more information, it'll take them to the national website.

That's good.

And this just tells about faxing staff on brain injury understanding brain injuries.

The numbers of brain injuries around Florida and the age group, and then how they can absorb brain injury Awareness month and then it's got a little blip on the brain injury program and one on the Resource Center as well.

Perfect. And we're also trying to get I checked yesterday, but we're trying to get this little paragraph out on our Facebook page.

As well, but as of yesterday I didn't see it.



So I think they're still working on it though.

Speaking of the Facebook page, I know that we got like Bskip approved to be on there.

Was that approved for just a one time post, or is that supposed to be something that's regular and consistent? As far as I know, it was gonna be kind of a rotating thing, OK?

I haven't seen anything in quite some time on like the Department of Health website or Facebook page. If you guys could maybe look into it and see just like how often it's gonna be recurring. OK, I think that's a really great way to put out the programs inform.

And then who does the newsletter go to?

Like the clients.

No, it's just and in the, oh, an internal newsletter. OK.

OK, things are going on like the brain Injury Awareness Month and you know, like if it's veteran's day, they promoted them one month.

You know all of the veterans that were in our department and different things like that.

So they do success stories and what have you in there.

So it's real nice.

Do you want to go on to the Google Analytics now? Yes. Yeah, sure.

Was something that we recently got and I found it very interesting to be able to go out and pull up the data on how many people were visiting our site and where they were going and what they were looking for.

So in the very first section on your group it it's going to be the main heading of our website where they can go in and and look up how many people visited our sites. Support groups about the Resource Center about vsphip contact us and then our events and the peer mentors. So you'll notice that we've got it's increased every month.

The number of hits on our site and so far totaling 2069 hits.

So that's pretty good.

And October was when it started.

They were very small at that time.

So the next category is the actual categories that they can select within our website. If they click on brain injury or spinal cord, then there's categories for them to choose and then the content is what they actually go to. And you can see the total speech

month and.

Eric was nice enough to put little pie charts in there for each month as well.

They're not in this handout, but if you go online and pull it up, you'll see a nice little pie chart for each one of them.

Awesome, yeah.

And then the last section, we actually pulled up injury types so that we've got the number of brain injury and the number of spinal cord and we're only able to pull out January and February for some reason on this last set of numbers that we pulled.

I don't know why.

Maybe they started it for calendar year or something.

I don't know.

And then we pulled out the and I found that very interesting. Of course, Florida was number one, but some of these other states, like Iowa and Ohio, I mean, we're gotten quite a few hits on, you know, and then we've got the country.

So the injury type that means like if I remember right, the website's got like I'm a person with brain injury.

I'm a person with spinal cord injury, so it's depending on what pages they go to, OK.

Exciting. I have any questions.

Just did we ever get AQ1?

No, this is fantastic.

But did we ever get AQR code?

Did we talk about that?

I feel like we talked about it.

Can we get that like sent out somehow?

Yeah, it's on the back of my business card. So I'll give you guys.

Oh cool.

And I'll find out about having it sent out.

Or maybe put on our website or something?

Yeah. Is it on?

To give it to patients and families, yeah.

The resource on yeah passed out a fire, correct?

Oh yeah, we do have one.

Yeah, has the QR code on.

Could you share it with us?

Yeah, that'd be great. Yeah. Fantastic.

I also wanted to mention too, we talked about events earlier. If you guys have any events going on in your area, please send me an e-mail on our website. OK, because I like to do everything within our state on there, OK.

Great.

And maybe the regional managers can make that.

Is that part of their meeting?

Do you guys have meetings with the regional managers so they're sharing their events and she's posting them?

Yes. Mm hmm.

Yes, ma'am.

Amanda Strickland is our next presenter.

So if you'd like to pull up the site, most of y'all have seen the Resource Center site, and this is the site. This is not live yet.

We're going to be adding central registry to our Resource Center site so that we can do self referrals or agency referrals and it's not a faxed in form anymore.

That's awesome and.

That'll make it much easier so.

If you go to the self referral, we have a prescreen that they have to answer the questions and it'll tell you that you are eligible and will bring you forward to filling out the referral form or it will tell you.

To stop.

And you're not eligible at this time?

Here's some resources, right?

So and then if you want to see the form go to the agency referral please.

This is the form that you can fill out. The case manager will be filling out.

No, this is like you referring someone.

At a facility.

So like my facility case manager, maybe, yeah.

Just. Yeah, that's not me. Rather than a high performance.

Yeah. So I think have like, do you all have AQR code specifically to get into like this that's given to case manager, you were in my head.

It needs to be sent out to case managers throughout the state so that they can put it on their desk and click it, and that's true. We can put a ticket in for that.

Awesome. And then I'll discuss it with Eric and the team and yeah, make it happen.

But yeah, all of the asterisks it is that's required.

So now whenever we do get this information in it will it'll automatically go into our REMS application and Becky is very familiar with entering these in because they send them in and she has to guess at the information she has to she has to do all the rese. Make sure they're not already entered all that stuff.

Well, now that it's gonna be put in digitally whenever she opens rims, she'll have a list of OK.

This one's a duplicate and then she can automatically.

It'll automatically clean it up for her.

Did you do a dance?

Oh, you're gonna celebrate? That goes live, aren't you? Yeah.

OK.

That's right.

Yeah, we have a few backups. So 'cause we always have have to have someone on site registry and this process is automated thanks to the rooms team. It will go live July 1st and it will help them out with their jobs and it'll help the data out and.

Rims.

With the new referrals entered, yeah, that is.

That's it.

That's the form and you can do it self referral.

Someone's on the site.

They can go and refer themselves or facilities, and you can also still fax it in, but.

I think everyone's gonna go this route.

Is theirs right around the time it goes live?

Is there gonna be a a communication that goes out to all the all the? Well, we're gonna do kind of a soft opening.

We're gonna. We're having a meeting about that next week or the next very soon, and we're gonna do. We're gonna pick out some in house people to test it for us.

And then whenever we go live, we're going to send it out to certain facilities that we work with closely and we're going to get them to start using it and then we're going to send it out to be more and then more and more and then everyone will.

Have it, but we're going to start out small first.

Any other questions?

Maybe you guys are already doing this, but you tracked. Well. Yeah, never mind. I guess we're getting out of here.

But Will will this make it easier to track who's making what referral?

Yes, you require the facility.

Oh.

Great. We'll be.

Because I know I've seen previous data where like there's like different names the same same facility.

It'll be like a drop down menu so they can choose their facility and make sure it was. We're not going to do that because there's so many of the same names, but they're gonna be able to type in the facility of what they think it is like if.

They just look tmh.

But then they put in Tallahassee and the ZIP code.

Then we can specify exactly which one they are referring to.

So during that process, when Central registry goes in, they see all right? That's the name they can do the drop down and pick which one goes with that ZIP code.

Yeah. And county and state.

Appreciate that.

Yeah, yes. And I, I last week I got one that had an initial on it.

It was like jmhc or something.

You have to Google it, yeah.

Mm hmm. Yeah, that's part of the the them doing research trying to figure out what they're entering.

Yeah, but this will help.

Yeah, yeah. OK, cool.

Yeah, mm hmm. Awesome. Awesome. Thanks.

Thank you.

Thank you.

Thank yeah. I can't say this enough. I think I've said this in every meeting that we've had about this, but I've been with vskip almost six years when I started.

They had been talking about the Central registry portal for about the 10 years before that.

So how is it on those conversations back then?

Yeah, Becky was here at that time. So this has been much anticipated and we are very excited about it. So well, Doctor Higgin recommended it for vocab earlier. So we're out of the gate. Yeah, yeah.

I did think about that, OK, but don't make it too difficult for me or it just won't do it.

Yeah.

Yeah. Yes, we agree in the hospital.

I can just have my case manager do that.

I don't have a case manager in my clinic, so yeah. Oh, got it.

Have my have my mi do it so Miami's have plenty to do OK.