

# BSCIP Advisory Council Meeting \_ In Person-20240516\_085751-Meeting Recording 1

May 16, 2024, 4:27PM

3h 41m 38s



**Casavant, Robert** 32:56

Are we good?

Much better.

OK.

So we're gonna go ahead and get started.

Thank you all for coming back this afternoon.

We have a lot to go over, so we're gonna get started right away.

And with that, I'm gonna turn the meeting over to Doctor Higgin.

All right.

So let's take role for the Members that are here.

Umm well, Caitlin's coming up.

Uh, I just need to let everybody know that we have a court reporter here today and if you can identify yourself before you speak, she would greatly appreciate that.

I already apologized to her cuz I am the worst at doing that, but I will try to be better so I'm sorry, Caitlin, go ahead.

I'm Caitlin dolls, and I'm gonna take roll and Don Chester.



**Chester, Don** 34:34

Here.



**Casavant, Robert** 34:35

Yeah.

Kevin Mullin.



**Kevin Mullin** 34:38

Here.



**Casavant, Robert** 34:39

Patty Lance here.

Jennifer lannon.

Daniel Nicholson.

Michael fatter.

Madonna starts Amberg.

Jill Olenek president, doctor Adriana Valbuena, present Doctor Brian Higdon,  
president, doctor Alabash Haridas.

Carrie rayburn.

Present Ruth Ann Tattersall.

 **Stotsenburg, Madonna** 35:15

Because I don't.

 **Ruthan Tattersall** 35:16

President.

 **Casavant, Robert** 35:18

But joined OK, so we have a quorum.

 **Stotsenburg, Madonna** 35:18

Talk.

 **Casavant, Robert** 35:23

Thank you.

OK.

So, uh, the first matter on the agenda is the vacancies.

But there's one remark that Kevin Mullin is waiting for reappointment yes.

So we had three members that had expired their first session, which is 4 years.

That was Kevin Mullin.

Jeffrey Secure and Doctor Rhonda Ross.

They were notified that their seat had expired.

Kevin had expressed interest in wanting to reappoint for another term, so each  
Council member can appoint for two terms, and that's it.

So Kevin is in the process of reappointing and the other Members did not respond in  
there.

They are vacant right now.

But still need a motion to approve.

No, no.

Yeah, I take care of that.

Uh.

Can I continue on here?

Yes, please.

Yeah, this this code change, yes.

So please, during session there was a proposed change to our statute 381.78, which is specific to the Council, and it was a House Bill 1329 in email attachments.

I put a copy of what?

That House bill is, I can summarize it for you and ohh basically, uh, we legislation is wanting to have us add two more seats to our Council, which would make our Council 18 instead of 16.

And it's to add two brain injured veterans and or survivor or family members.

This bill, or the House bill, has not been signed by the governor as of Monday.

I go out and I check it and as of Monday it had not been signed yet.

So, but it's been it's been passed on the governor's desk.

Yes, it's enrolled and it is on the governor's desk.

If he signs it, then I am prepared to move forward with how we're going to fill that vacancy of 1A change is that I have a letter drafted already to go to Veterans Affairs asking if they have any potential people that could, could or would be interested in this position.

And I also excuse me have updated.

I have a draft to update our website that will include these two vacant seats and it specifically identifies that this is a new position and it tells them how to apply just like you all did for the appointment.

When these House bills come across my desk, I have to do what's called a lip, which is a legislative and implementation plan, which is what I submitted in the plan is it explains exactly what my intent is on how to implement this change in the bill.

So that's where the lip is, and I have the drafts here.

Uh on what goes along with that plan so in?

But until the governor actually signs that house bill, it says.

But I'm ready for action.

Awesome.

That's good clarification.

So it is two brain injury and not a brain injury in a spinal cord, correct?

It's two brain injury and understand there's more.

I got a chance to review this this morning.

I said that there's more in this legislation than just these and it's more of a change to structure than just adding two members.

The part of that House bill that applies to us is just adding two members alright to our Council, please correct me if I'm misunderstanding.

I saw there was something about meeting quarterly instead of biannually.

That was a previous version of that House bill.

Ohh OK so so I was reviewing an OK, yes.

So I'm pretty sure I attached the current House bill where they changed it again and it's just adding two members and that's the only change.

Yes, Sir.

OK, it's not including some with like CTE or things like that.

OK.

So does that change not for be skip?

OK. Yes.

I this took me a little bit by surprise that that I I didn't even know this legislation was was before, before the legislators didn't really give me a chance to to have any input directly or or otherwise on this.

Umm, I think we're this was listed.

It was.

I have to recall where they had this bill listed because I was not aware of this until like after the fact.

I think I wanna say it was under MOU or something like that.

It wasn't.

It wasn't where we would have found it.

OK, so it was listed somewhere else and I wish I could remember specifically where it was and I wanna say OMG U but I'm not positive on that which was kind of bizarre.

So question, because I know we've talked before that sometimes legislative stuff we don't get into some of the things in here.

Specifics support of political things or whatever, but when it impacts our committee, I mean obviously we have it here now, but it's kind of already in the last piece of the process is there, yeah.

Is it supposed to notify us or how do we find those things out?

So my Bureau chief and the divisions, they have specific folks that follow sessions

and they're looking specifically for anything that would affect my program or EMS or trauma.

So they are always on the watch during session to see what's coming through to get a heads up.

They didn't know about this until kind of after the fact either.

So it was kind of interesting how it came about.

Yeah, cuz I think right now we're where our course is set by this legislation and you know it's not gonna come up every single year, but when it does come up, it'd be a Vive opportunity for the community members that are most involved in it to have an opportunity to reach out directly instead of discussing on the Advisory Council things that our legislative things like going directly to our legislators to talk about those things agreed. Yeah.

Or again.

Any other comments on this proposed change?

Umm, so hopefully this won't be a barrier to to quorum, but hopefully they'll also be when they do join that they'll be an asset to our to our group.

OK.

So next we'll go on to the regional updates, Beth.

Valerie Collins, Urban OK, either one.

I am going to just go over our client statistics as of Monday.

For the past week and then the regional managers or their delegate will come up and give the regional the individual regional updates.

Umm.

So for the period five, sorry May 7th to May 13th, the number of referrals received was 41.

That's moved to applicant status, a new referral, and then number of eligible applicants and rolled move to end service was six and then number of closures total of 21 from applicant status 14 and from in service status 7.

Could I ask you a question on that?

I'm sorry just so that I make sure that I understand.

So six of the 41 were eligible or?

You know, like in total, only six of those 41 were eligible or they're still being vetted and 14 of them are now ineligible.

Do you see him saying?

OK, so last week this is just a snapshot.

So six of our total applicants were moved from applicant status to in service status.

OK, because it can take anywhere from 60 to 90 days to determine eligibility.

So that's just across the program, OK.

Umm.

So how our applicant status is closed then?

Are those the ones that aren't eligible?

Correct. OK.

Any other questions on that part?

OK.

And then total number of eligible clients currently being served is 454.

That's also as of May 13th and total number of eligible clients currently being served to date.

So this is from July 1st to May, 13th is 915.

OK.

Any other questions about the statistics that is included in your folder?

If you're here in person and as an attachment if you're online on an annual basis, what direction this is headed is this study.

Is this going up?

Is this going down over time?

Umm, I think we're about, uh, this is pretty steady for the past couple of years.

OK.

Umm so also included in the attachments and your folder we have the.

Digital interactive map.

So that map that's you guys are just going to have the paper copy of it, but you can't open the digital attachment and it gives you an overview of our cases.

Umm.

And where our clients are, it can be broken down by program type by the individual regions.

You just kind of have to click around and it can break it down the way you would like to see the information.

There's a legend that gives you all the different, even down to case manager.

If you wanna break it down that far, it is a lot of information.

So we included that this time.

So if there's any questions about that, do you want to?

If the Council would like to actually see this map, I have it on my desktop.

I can share and I can kind of give you an idea of what it's like.

That would be great.

Thank you, Ken.

1st.

From 5 to.

Alright, so everybody should be able.

Now, so when you first opened this map in the in this now.

Thank you.

When you first opened this map, you're going to see this legend.

Well, you may just see the map itself, but over here when you click on the little squares, this is where the layers, excuse me, the layers are of the map and this is a jazz project that our data analyst polls together from our database and has created this.

So when you open the legend over here or the, I'm sorry, the menu over here, these first few items, the report, the arrows, all of that I if you click on those little eyes it just makes it go away.

OK, so I don't like it there.

Don't click on those.

There, there's no value to that for you guys, unless there's something you just don't want to see there.

What you want to get into down here?

I just lost it.

Is the layers.

Where did it go now?

Thank you.

I was fooling around with this map last night because I am not really stabby with it.

OK, let me try this again.

You get down here to the layers.

Now I have some of the layers already opened and closed.

The little eyes are what?

Open and closed the layers for you.

So what you're seeing right now is all injury types, all clients statuses, and I don't have it divided by regions.

You'll see there's no eye here.

And for the biscuit office here, this is just where our offices are on the map.

So when you come in here and you wanna change things around, maybe you just want to see Brain injured, but you don't want to see the client statuses.

Whoops, that's a sub sub one.

So this is just now showing you all brain injured clients that we're in the program, whether it's in service or app or in service applicant across the state.

You can see all the spinal cord injuries where they were, take brain injury off.

There's all your spinal cords.

Take that off.

You can see the dual injuries.

It's a little light green, so it kind of gives you an idea on, you know, where our heaviest referrals are and as you can tell it, it's typically in the big cities, uh, Jacksonville, which is region 1, Miami and a Regent who gets hit pretty hard.

Region three, they get their fair share, but one in five are probably our heaviest populated areas where we get the most referrals and then if you wanted one in five in Jacksonville and Miami area, yes, I'm sorry, I just assume everybody knows, right, something so bad about that.

If you wanted to see specifically by region, you just click on the region, it will break it down.

If you wanted to see by case manager where they're referrals, are it breaks it down. That's what this legend is.

So I I just wanted to kind of give you an idea to look at that it it's really a great map of our previous data analyst.

Her name was Wendy.

A few years ago created this for us and Raj was able to bring this back so that we can have this as a tool as well.

Nothing.

You're welcome.

Let me take the microphone.

Yeah, this is really remarkable.

This is a very information reach rich PDF I and it kind of leads to new insights.

One insight is Orlando doesn't seem to be fairly represented.

I don't think their roads are remarkably that much safer by by reputation.

So, so so.

But I think there may be even more kind of sophisticated way to analyze if kind of the the the rate of injuries is matching the the population and things like that, but



that really sticks out to me that you know the one of the largest populations in centers in in Florida is not adequately represented.

This is region 2 here that I have on.

Yeah.

So include some, but it's just not as dense as as you said, regions one in five two vary 2 varies.

Good.

Sometimes they get really hit with referrals and other times they're referrals slows down.

I I think 5 is the one region that never really slows down ever.

I can't speak too much.

What?

What would you say about Region 1?

Yeah, it's pretty steady.

Jacksonville, I'm most the the majority of regional one comes from Jacksonville and I think to go back to region two, I think it is kind of spread out on region one is to just further they get a lot of their referrals and region to from like the coastal area, Brevard County, Volusia County.

So I think it's just spaced out a little bit it you don't see the dents circle like around Jacksonville and Miami, but alright and that's as you can tell I'm I'm getting to my pet project of of me making sure that we're we're getting all of our pearls that should be coming in.

Yeah, I'm just playing with this.

So you can see how it how it changes here.

OK, so if there are not any other questions about that rolling kind of brought into that, my last piece here is about the referral report, which again is in your folders or it was an attachment.

If you're joining us online.

Umm, it's just a lot of numbers that I'm not going to read to you, but I'll be happy to try to answer any questions if you have any about.

Referrals number of referrals or anything like that, it is running before you ask me, we have about 100 more referrals than last year when we checked the numbers just recently in the last week.

So I would say running steady or a little better and maybe that is an indication from the inservices and trying to really follow up on that front, but I'll be happy to answer

any other questions if you have any.

So there is a digital file that was attached to emails so that you all can break that down.

And if you're familiar with pivot tables, you can change it around and look at it different ways.

I tried to put it in the easiest format which was by facility and then I broke it down by county and it's broke down by injury type.

So you can kind of see at a flash what things are looking like.

Very good.

Yeah.

And we did have some new facilities pop up on this one.

So that was a very good indicator that, you know, we we have made some progress in getting our name out there and making sure that we're receiving the referrals that we should be good.

And I just want to clarify, Pediatrics is considered anyone under the age of 18, correct? Yes.

OK.

If there are no other questions, we will go ahead and sorry, I might be taking over your part there, but go ahead.

OK.

Fallon is not here, so Broslin Clark is covering for.

Region 1.

Rather than Clark, here's what we have for region 1.

Region 1 covers 33 counties in the state.

They have 6 case managers, 3 rehab techs, the regional counties and staff are divided into 4 units, east to West, Gainesville, Jacksonville, Tallahassee, Pensacola.

From referral to closure on staff currently work with the system of approximately 55 facilities and our vendors throughout the region to coordinate client services.

About 15 of those referral facilities that they work with work with on a consistent basis in the past month, they completed one in service which was to provide a referral documentation and to give a refresher on referrals and there was no success story.

OK.

And while I'm up here, I might as well to region my region.

OK, alright, perfect.

Alright.

Umm my region region 3.

My region consists of four case managers and two rehab techs.

We cover 8 counties, DeSoto, Hardee, Highland, Hillsboro, Manatees, Sarasota, East Pasco and Pinellas County Umm.

We completed so far one in service and that was what Saint Joseph Hospital going over the referral process which I mentioned I was talking about earlier.

Umm, yeah, so we may have to go back.

I'm last week my team and I attended the BIF conference.

I was a great conference.

We really enjoyed it.

It was well organized and very informative, so it was a good a good conference.

My success story is that of a 77 year old gentleman who sustained a spinal cord injury.

Umm this program provided extensive services to assist to assist the client with transitioning from the hospital to home.

They also assisted additional services to help him maintain community reintegration, and with the services that this program provided and the due diligence of the case manager, this client is now home.

He's functioning some of the things that we're able to do for him.

Install the smart home system.

UM, the electric hordeum Lev or specialty hospital bed.

Since his wife is the primary caregiver, it took a lot of stress off of her and she was able to care for him, which led to him being able to stay at home as opposed to going to a nursing home.

So and with that said, they sent the case manager a text of appreciation.

I would like to read that to you.

It says hi, this is Sherry from Sarasota, Sarasota memorial with my husband.

I just want to give you a huge thank you and tell you how wonderful you are.

Ken and his friend, that's the vendor.

The contractor came by today and installed the grab bar.

They were sweet, nice and got the job done in no time and did a great job just for the record, you were one of the best things that happened to me at this time.

The Sarasota Memorial Hospital you came in, you figured out what I needed.

Made it happen.

No questions asked, just did it.

That it done.

You are truly amazing.

I'm sure everybody thinks so.

God bless you and thank you.

Thank you.

Thank you for everything you did for us also today I got a a an email from a client family and they wanted me to read.

This is another gratitude and they asked if I would read this to committee here.

It says my family and I would like to express our gratitude and appreciation for the brain and spinal cord injury program in August 2023.

Our lives changed drastically.

Unlike anything we could possibly imagine due to a rear end motor vehicle accident, your husband is doing a spinal cord injury which left him paralyzed from the waist down.

Where does one start when getting news like that?

So many questions and thoughts came to my mind.

How what, who, where all of these questions were answered with the PS CIP program.

 **Matthew Poston** 58:48

Feature.

 **Casavant, Robert** 58:51

We are so thankful to have this resource provided to us because we had no clue this program existed, nor that I that it would be a great help to our needs and new normal.

 **Matthew Poston** 58:55

It's OK.

 **Casavant, Robert** 59:03

I must say the program wouldn't be what it is if it weren't for a compassionate people like Miss Miles.

For one day she has been persistent and a great resource for all of our questions,

concerns and need.

Before my husband was released from the hospital, she came to visit him personally, which meant a lot.

She made sure he had a custom ramp build A to accommodate our home for his arrival and his wheelchair.

Once he arrived, she also made sure he had the necessary DME, like medical hygiene supplies, an oversized wheelchair and orocho cushion.

For the past five months, miss this mouse has been the lifeline we needed to help get my husband through his daily routine.

She is a conscious help and we can't say thank you enough.

Thank you.

Brain and spinal cord into your program for all you do, and all you have done and will continue to do for families.

We appreciate everything and Mr misses.

Blah blah blah.

That's it.

Thank you very much.

And just for the record, Miss Miles is Roslyn.

She got married and changed her name.

Very good.

I going down the list.

Uh, who's who's next?

I think this might be.

Region four.

Yeah, region four. OK.

Yeah, I do.

If you Sue and you go back to Ohm, sorry.

Yeah, we skip to E smiles.



**Brewer, Evelyn T** 1:00:39

I'm here.

I'm ready.

It's OK.

My name is Eve Brewer and I'm the manager of Region two.

We are centered in Orlando and Orange County.

Uh, we cover 13 counties across Central Florida from coast to coast.

Uh, we have nine staff positions, which includes 6 case managers and three rehab techs.

We have 7 trauma centers that are our primary source of referrals and we work with the system of about 35 facilities and vendors throughout our region to coordinate client services.

I think it was Doctor Higgins that mentioned some of the difficulty that seems Orlando well represented.

All things considered, you're right about our traffic.

So we did, we have actually had a lot of turnover specifically with Orlando regional, UM and as well.

I don't say it would, so I really turnover, but we I mean overall we've had a lot of turnover and a lot of our facilities, but we've managed to get a lot of them back on track.

I would say very recently, probably within the last month, we've seen a lot more referrals coming in from Orlando Regional and Holmes regional is another one.

We are still working on scheduling in services of course with the turnover that becomes more difficult.

But one thing I did do to hopefully address that it seems to be working is to provide sort of an FAQ like some of the common issues that we see with referrals or questions that we get just to have whoever is coming in any new person or what have you that that's there for them to refer to.

So that seems to have made a difference in the interim, while we're trying to get somebody steady to make contact with the schedule and services with.

So hopefully by next year you'll they'll be or better represented so.

As far as success stories, I wanted to focus a little bit on how we help our clients and non monetary ways.

Of course we know covering therapies and paying for the home and vehicle modifications.

Umm, we looked into that and clients loved because those services.

So those are always a good thing to be able to do.

Umm, but as a previous case manager, I think something that we tend to undervalue is the resource coordination aspect of our job.

So you know, I'm sure we've all noticed that it's been a lot more difficult to navigate certain systems.

I know certainly for our clients it's become more difficult for them to, you know, get their Medicaid established, get an agent on the line to help them ohm, you know, figure out why their application was denied, what they need to do next.

And another thing is the difficulty of once they have their insurance, navigating them, the healthcare system, especially when it comes to you know, finding out the specialist that actually do some of the things that they need to have done and that accept their Medicaid so.

Ohm with that, we have been putting more energy into things like, you know, identifying useful contacts within the DCF system that can help get some of those cases back on track.

You know, get them in contact with an agent and get the case moving forward.

Umm, you know, making sure that you know the case managers understand, you know, the Medicaid plans and their in their area.

You the differences between what's covered under Medicaid, MMA, straight Medicaid and the long term care waiver.

That way, they're able to educate their clients and their caregivers so that they feel more empowered as they're going about navigating these systems and they become stronger advocates for themselves and their loved ones.

Umm, another thing is again regarding specialists.

So we're trying to do more research into even if they're not providers that are contracted with us or that we typically work with, you know, just taking the time to do the research, see who's available, you know, in the different counties that we cover, you know, making the phone calls and making sure that that's something, the things that we're hearing that are needed, that that's something that they do, you know, confirming what plans they accept, Medicaid plans, things like that.

Umm, so a lot of times these services were finding are often the last like puzzle piece for them to the client to feel whole again Healthwise or to even be able to move forward with their rehab and progress, more so helping take that off their plates.

Umm.

And get those answers for them more quickly so that they can move forward.

You know, we're just just the sense of relief and gratitude that we're getting back from the clients and their caregivers to finally get these missing pieces addressed so that they can move forward.

You know, it's really, I think helping us, you know, remind us of our whole purpose, not just the service provision directly.

So that's been a big focus and yeah, we're getting a lot of good feedback on that and being able to close these cases more satisfactorily.  
So that's my update for our region.



**Casavant, Robert** 1:05:33

Thank you very much.

Uh, just to speak for myself personally, I didn't mean to put you on the spot at all.  
We all.

We all work within a larger system, so no, no offense meant.



**Brewer, Evelyn T** 1:05:43

That's none taken.



**Casavant, Robert** 1:05:44

Yep.

So I think now we're down to four, four, OK.

John, you're muted.



**Wanecski, John M** 1:05:59

Sorry about that.

I am John onesky.

I am the regional manager for Regent four and we go from the Bureau down to the Broward Dade County line and we also have an office over in Fort Myers as well.

And this last quarter, I I really made a push with my staff to to do in services with all of the trauma places that we deal with, as many of them as we could do.

And we did really well.

I'm really proud of my staff and Broward.

We went to Memorial Regional Hospital, memorial S rehab, Broward Health Medical Center in Broward North, and Joe DiMaggio.

We're still working on Joe DiMaggio, but we're getting that too.

Palm Beach, St.

Mary's definitely lawnwood were actually, I think, next week we're having an in service with Lawnwood Regional Medical service as well up there in Vero and in Lee County on the other coast.

We in service, the vocational rehab in Port Charlotte, Lee Memorial Neuro Step



down.

Unit over there and also the Social Security Administration office over in Port Charlotte as well.

Ohm and we did get an increase in in referrals, I believe I didn't look hard at the data, but just as them coming in has been successful and you know this morning everybody was talking about what what the hang ups are with with the facilities and that and that again the turnover rate definitely is at the top of the list.

So what I try to do is I try to get a hold of administrators.

If I can introduce myself and set up meetings with my staff and their staff and the trauma units and and that and that works out pretty well, because if things kind of fall off, at least I have somebody to go to, you know, to ask.

UM, but we came up with a pretty good list of of contacts for all of these places, and actually we got some that I wasn't counting on either Kindred.

We usually don't get a whole lot from and in Pine Crest as well, so it was very effective in my opinion, going out and doing that.

So we're gonna continue to do that on try and stay in touch as as much as we possibly can.

As far as UM, our success stories go ohm.

I had a staff meeting earlier this week and whenever I get to this point it we went over 2 1/2 hours just because I just love to talk about their their cases.

So it was hard to pick one, but I picked this one.

Joan genteel over in Fort Myers.

I picked this one because I think it shows how we blend resources with other resources that the client already has, and I think he was kind of alluding to that a little bit.

We're not just, we just don't pay for service.

We kind of look to see what they have and then if we can add to their resources to get them going.

And this was a good example of that.

There's 61 year old male spinal cord injured.

In 2022, he fell off a ladder.

He was paraplegic at the T-12 level.

So the first thing we did is we got him some portable ramps.

We got him a bathtub system.

Uh, we paid for his copayments for physical therapy and occupational therapy

because his medical insurance was actually doing a pretty good job taking care of his medical expenses.

And again, we kind of blended, we helped at the copayments, but his medical expenses by bulk were paid through his insurance, which is really, really good ohm.

We've got a standing frame and then he he wanted to drive and so we got him a driver evaluation and and training to go with that.

And then he went out and bought himself a van.

Uh, so you could drive around and uh, which was really nice.

We provided case management and guidance this particular client too, by the way, sometimes they don't accept their injuries right away.

And so it's informal counseling.

But Joan did a really, really good job of helping this guy accept his injury and to give him some confidence to move forward.

And he reads very receptive to that ohm and again, he's he's gonna be driving because he got himself a man and he's pretty much independent with his ADL.

Ohm, you know, after his outpatient therapies and that ohm, he's gonna be returning back to the community.

He's gonna get part time employment.

Believe it or not, buying and selling vehicles because he put so much effort into buying his van that he thought he was pretty good at it.

So he wants to get a part time job selling vehicles and to get back in the community.

But he's a he's doing extremely well, but again, we were just kind of there to add our resources a little bit to what he was already having and now he's community reintegrated and I think he's gonna do really, really well.

And that's really the crux of what we do.

So I thought that was a a really good example.

Ohh, but other than that we're down a couple of staff.

Ohi hats off to my staff again for for doubling down.

We lost them just cause of retirement and promotion.

Ohm, but again my staff are great and I pick up in the slack until we can get somebody else hired in there.

But we're doing really good, I think.

Do you have any questions?



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

Thank you very much.

I want to start off with, but my colleagues may have some for for this particular gentleman.

Thank you a lot for sharing his story.

It's always great when you see the whole continuum and then also striving for their own independence.

UM for him in particular.

Uh was an opportunity for, for vocational rehabilitation or he didn't really need their services because he already had his own plan.

 **Wanecski, John M** 1:11:38

He didn't.

He didn't think he needed the services.

I think he has an in on on his job, but if he does, you know he can.

Certainly.

He certainly has the information to to go to VR, to a system with that, but at this point I think he's going to be independent and doing that.

 **Casavant, Robert** 1:11:58

No.

Any other questions for him?

How many case managers in tech do you have?

 **Wanecski, John M** 1:12:06

Currently I have two texts and I have 4 case managers.

 **Casavant, Robert** 1:12:11

OK.

Alright, thank you very much.

I think we're on to, if I get my number right, Region 5 is this Jose?

Ohh you yes, he's excited that that Jose he was away those Jose.

OK, my name is Jose broke and I'm from region 5 and it's Miami day to contact Miami Dade and Monroe.

We have 5 case managers in office and three rehab.

I mean, yeah, three rehab techs and there's four facilities that refer mainly to us.

It's Jackson being the main one, but also Kendall and I went to a hospital and Baptist as well.

I'm having issues.

I have gone a lot of times to all these facilities to my service with the turnover that has been alert, but the Aventura one, if anybody in the board, it's familiar with that. I need desperately Google there cause it's been dropped the referral a candle is picking up at uh having tour.

We're not getting that much.

Yeah, I like I said, we have gone to all those in services to all the hospitals and to the pediatric.

Thanks.

Thanks for doctor.

I wanna shoot me in umm.

As far as in service, I wanted to talk about one of the the success story before talking about the in service.

If this is a 55 year old man who sustained C3 incomplete injury, he fell off his boat. He actually went into cardiac arrest and luckily he had a friend who was a cardiologist around and rebuy him and the scene I met him at the spinal cord event that they have every year for the awareness at Jackson and he happens to be a from Social Security disability.

He got me in in 20 service there and we're right now partnering with the also CIL.

That's what I was talking about.

We just have one of the clients that.

Went through the process and in a week he had his interview so security and we're going so we hoping that this is gonna help a lot of the clients cause so that's basically the success story that I had the event coming up we have one the one that I was mentioning in June 19 to 21 at the Convention Center Miami Beach that's the Florida International Medical Expo and they're gonna have a lot of medical equipment.

I wanna go there as a visitor or not to have a book or I'm going to have a booth in September 21st at the ADA disability Fair that's gonna be at the Winchester Library.

They had it last year, had a lot of a lot of people came into the event.

So if that's one that probably we should post and the Resource Center because that's gonna and basically that's all I have.

If you have any questions now that I'm here.

OK.

I actually just have a question for all of the regional managers.

My question would be if you could identify a change or a processor support specifically needed from this Advisory Council, what would that be?

 **Wanecski, John M** 1:15:40

Umm.

 **Casavant, Robert** 1:15:41

Ohh mainly, but I was saying about the facility.

The contacts, yeah.

 **Wanecski, John M** 1:15:46

I'd agree with that facility contacts for sure.

 **Brewer, Evelyn T** 1:15:49

Yes, I even have people that can't identify a supervisor.

 **Casavant, Robert** 1:15:50

OK.

 **Wanecski, John M** 1:15:51

Mm-hmm.

 **Brewer, Evelyn T** 1:15:53

Would I ask that I'm trying to figure out who to go through?

And yeah, some case managers at the at the facilities, we don't have a supervisor in place.

 **Casavant, Robert** 1:15:57

OK.

 **Brewer, Evelyn T** 1:16:01

So that's even become a a turnaround issue as well.

 **Wanecski, John M** 1:16:04

Umm.

 **Brewer, Evelyn T** 1:16:04

So yeah.

 **Casavant, Robert** 1:16:07

Very.

Doctor valbuena.

So just a reminder that the Florida society humor is also in September from 19 to the 21st.

I believe that Orlando will be participating OK because that's a good opportunity for context, too.

Umm.

And I think there's a Florida.

I'm not an active member in it, but the Florida Neurological Society, I think, has a meaning, West Palm Beach this year are you?

Is anyone going to the family cafe this year?

Ohh, absolutely OK.

Yeah, that can speak to the family Cafe will be there.

 **Brewer, Evelyn T** 1:16:45

Yep.

 **Casavant, Robert** 1:16:48

Alright, there every year we have a team going down about a month from now.

Yeah, I know.

It soon.

Yes, that's great.

I do have one more question relative to the the numbers, Beth.

What is our goal for program growth, whether it's percent, percent referred and percent served?

You know, we talked about that, you know, it was kind of holding steady, but we've seen some increase in this last month.

Maybe do we have a goal set for how much we'd like to see percentage wise?  
Increased.

Umm, I don't think we have a particular goal, so we just wanna make sure that we're catching the appropriate referrals.

So you know, we don't have a number or anything like that in mind, but we just want to continue to connect with the facilities and make sure that we are catching the referrals that we should be.

Let's talk about that new more during the the new business section, might I think that's gonna be worth the larger discussion.

UM, uh, I did have a quick question for Jose.

If you could come back up.

You mentioned briefly this the story about this gentleman that you got expedited sign up for I for Social Security disability.

Can you just go into more detail on that?

He just haven't he he got me in contact with the CEO there, he CEO and we went to office with the CIL representative.

So they set up a system where right now they're we're not gonna cheer contacts with the for the clients or anything like that.

They're gonna use a zip code that we're gonna utilize in the application.

That's gonna be civil.

The one doing it and by that ZIP code, they're gonna determine that that that's one of our clients.

And they're gonna ask for the process.

They used to be a red flag form years ago, but this is like replacing that basically.

So that's the process that they're gonna use.

Hmm.

Yep, there is siyal that that the civil is mainly the one that's gonna be doing.

Yeah, good. Good.

Alright, thank you much.

Uh next is going to be the B Sky B Resource Center and I think separate from that is gonna be the resource website again.

Yeah, Becky, is that?

Becky's online.

Ohh because online OK.



**Robinson, Rebecca** 1:19:10

Yep.

Alright, good afternoon.

I'm Becky Robinson and I'm the Research Center manager.

Umm, I feel like I'm kind of repeating myself because we covered a lot of this that I do in the committee meetings this morning.



**Casavant, Robert** 1:19:21

Yeah.



**Robinson, Rebecca** 1:19:25

So just bear with me if I'm repeating myself.

Umm, our life, our website went live at the end of last month and we've gotten a lot of good feedback from staff and others about our website.

Umm, we discussed the pyramidal program about trying to reach out to other organizations and agencies outside of our program that could we could use for our PERIMENTAL program.

So hopefully we could have more success with the program as it is right now.

Umm, I continue to send out the customer satisfaction surveys every month.

Umm and I, looking at the statistics for them for the past three months, I I wonder if they've got the springtime Blues because they're really down.

I mean from the number of of invites that were sent out and what's being completed is really not very good.

In January, we only had 16 completed February.

It dropped all the way down to six total and that it went back up again in March to 11.

Hopefully it'll be a better turn out this month.

Umm, but I don't know.

You know, with summers coming, they may have the summertime Blues.



**Casavant, Robert** 1:20:58

Becky, do we send those?

How?



How often do we send to the same group?

Do we repeat send?



**Robinson, Rebecca** 1:21:03

I do them.

Yeah, I do them every month.

I usually try to send one out at the beginning of the month and then I send one out in the middle of the month as a reminder and then another one at the end of the month so they get three in the same month.



**Casavant, Robert** 1:21:16

OK.

Got it.



**Robinson, Rebecca** 1:21:21

So umm and I also wanna mention that in phase two we're going to be implementing the support group section and the event section on our website. Right now we're currently pulling them in from the DHS website, but once we get those two screens pulled in, we'll be completely separate from the DoH website. At that point, we'll have everything on ours and we just continue to improve it and make it better every month with what we implement.

So now I'll turn it over to Amanda.

So she can give the live presentation.



**Casavant, Robert** 1:22:05

Good.

Hello.

I am Amanda Strickland, the project manager for Rims and our team built the site.

We have long wish list, Ashley said.

Lots of things we're going to add to it and we have our homepage here, which Scroll down, we have brain injury and spinal cord injury, adult ampor pediatric and whenever we navigate through it to look for the resources, we're gonna go to spinal cord adult.

And these are the categories that we have and we're going to add to it.

What time and do you go to health and Wellness?

So they're looking for caregiver information.

Scroll down.

There's caregivers and then these are the resources we have.

Organizations.

The type of resources, so these are all the organizations.

And articles.

And the reference guides.

And there you go.

So this is for our clients and caregivers survivors to go in here and find out resources to help them find what they need.

And if you scroll back up, we have, UM, get involved.

And here's our events, the site that Becky was talking about.

We're currently recreating this on our new site.

This directs US back to our old site.

And then we have the peer mentor program.

And like I said before, we're going to be adding, we have contact us For more information, but in the future, we're gonna be adding our forms directly on here.

So when they fill them out, they can fill them out on here and submit them.

And support groups directs us back to the old site that is currently being recreated onto the new site.

We have about us be skip.

And here are some.

Flyers that we have the brain injury resource guide, the spinal cord resource guide and the overview for B skip and then some information about us and what we do on our statutes.

And if you scroll back up, any interject for just one second.

What's that?

So when you were talking this morning, when we were talking this morning about central registry and you know, how do we explain that process to the client's, Beth and I were talking about that at break and that flyer that we currently have, that's a one page here on the website.

We had a two page document and on that two page document we did explain what the process was or central registry.

When you send in a referral, the previous Council chair had requested not you, uh.

Previous had requested that we reduce that flyer to one page, so if it if this Council is

OK with that one page or you would like the two page to come back, we talked about enhancing the website to be more specific about central registry and what happens next.

You know that's not off the table at all, but I just wanted to bring that up as a point to the Council that we did have that and it was changed, but we can quickly bring that back as well.

Do you think that we could make it its own separate?

So they're both one page, so I get the idea of wanting it one page.

Yes, minimum.

Yeah.

And we still have, we still have both.

We still use both.

OK.

Just one as a shorter version.

OK.

The other so thank you, Amanda.

Yes, OK.

And then we have our contact us.

And we have our mailing phone and email, and the site is also compatible with with the phone or with tablets and these are clickable to be able to.

I'm calling from your phone or directions and email.

And.

So we have lots of ideas already that we talked about this morning that people have and we are.

We have our contact us to give out any resources that you would like to see on this site.

We any changes you would like to recommend?

Anything you would want to add to this, you can contact us and we update it each Sprint which we do monthly sprints and we discussed the recommendations.

And Adam, to our monthly tasks.

Think.

Any questions?

I think we were boarded you this morning, but now I got lots of questions this morning.

Sorry. OK.



**Kevin Mullin** 1:27:25

Umm, I do have two if that's OK.



**Casavant, Robert** 1:27:29

Yep, go ahead Kevin.



**Kevin Mullin** 1:27:31

Alright, this is Kevin Mullin.

First and foremost, the one that's speaking right now in regards to the website.

I just had a chance over lunch since we spoke this morning and I went to the Google search and just put it in brain and spinal cord Injury Resource Center into my Google search and we didn't show up till we were on the third page of Google search.

And there's usually 10 to 15 on each page prior, so we were about 45 down.

And again, I notice a new site.

Do we have the ability and I know that we're not really supposed to market these types of sites, but that's one of the reasons why we might not be getting a lot of traffic even though this into our site.

But even from our older site, that was my first question.



**Casavant, Robert** 1:28:11

We can get with our Webmaster team and see about the Google Analytics for that.



**Kevin Mullin** 1:28:17

Excellent.

Yeah, I definitely think because we don't, you know when you put in Florida brand spinal cord injury, just that alone we should be hopefully in the first page, if not the top three.

And then the second question I had, I think this could be more directed towards backing, I know that you're sending out monthly surveys and and that game filled out.

Maybe the springtime Blues, and I believe you're doing that electronically.

Is that correct email wise?



**Robinson, Rebecca** 1:28:40

Yes, yes.



**Kevin Mullin** 1:28:41

OK.

My other question because I work in the tech industry and when you send reminders and we're not getting them, do we know if they're still landing in everyone's inbox or by chance that your email get classified as more of a spam email because of the multiple durations getting sent out to contacts?

Because that happens a lot these days.



**Robinson, Rebecca** 1:28:58

I yeah, I haven't gotten any back saying that they haven't been delivered.

I have not gone to my spam and my junk email to see if they've been rejected and I will do that.

Kevin, thank you for bringing that up.



**Kevin Mullin** 1:29:15

Well, it's not just about you having in your spam.

We need to maybe make contact with some of the people on the list and just ask them, hey, did this show up in your spam by chance or did it show up in your inbox and have that verbal aspect with them?

Because then we'll find out whether your specific I your email might be linked to a spam.

Just a thought.



**Stotsenburg, Madonna** 1:29:40

Just to jump off of what Kevin and saying, this is Madonna.

A lot of the hospitals recently due to recent events, have increased their firewalls, features and umm I I had a situation on a government website that I access all the time that I wasn't authorized to access.

And when I reached out about communication coming through, it was actually our hospitals firewall team that was blocking their communication just because they've been handset with the cyber incidents that have been occurring.



**Robinson, Rebecca** 1:30:20

And they have done that as well with DoH and I get a lot of things that I have in the future.

I mean, in the past been able to open up and now I get where I have to. It's been quarantined and I have to release it or what have you.



**Kevin Mullin** 1:30:34

It's happening across the board globally just because we're having so many spammers these days.

As we all know from our own personal email addresses, but one thing we'd have to make sure that your email address is scrub.



**Robinson, Rebecca** 1:30:42

Alright.



**Kevin Mullin** 1:30:45

So it's clean and not rectified or classified I should say, as a spammer email and that you're with a proper and identify association.

So it might be something you might want to look into Becky.



**Robinson, Rebecca** 1:30:58

OK.

I'll get with Amanda on that.



**Casavant, Robert** 1:31:10

OK.

Anything else?

Any other questions?

Alright.

Thank you.

Thank you, ma'am.

Uh, so we're we're close to the 2:00 o'clock hour when we are.

Uh, we're going to go over the emergency medical oversight.

I guess we can dive into this.

I do realize this is gonna be a 3 hour chunk of time and somewhere in there probably some of us need a break, so I but we're one minute to the hours.

So let's do this and then depending on the timing, take it either around 2:30 or 3:00 o'clock to take a take a brief remission.

But Robert Mills, do you wanna go ahead?



**Mills, Robert D** 1:31:59

Umm, good afternoon everyone.

My name is Bobby Mills.

Can you hear me?



**Casavant, Robert** 1:32:03

Yes, yes.



**Robinson, Rebecca** 1:32:04

Yes.



**Kevin Mullin** 1:32:05

You're 10.



**Mills, Robert D** 1:32:05

Is it possible to take control so I can share my screen?



**Casavant, Robert** 1:32:10

Yeah. Yes.



**Mills, Robert D** 1:32:19

No, I don't know what you see right now.



**Casavant, Robert** 1:32:21

You.



**Mills, Robert D** 1:32:23

You see me?



**Casavant, Robert** 1:32:23

This is.



**Mills, Robert D** 1:32:24

Can you see my presentation at all?



**Casavant, Robert** 1:32:26

No.



**Mills, Robert D** 1:32:27

Umm.

Figure this out about now.



**Casavant, Robert** 1:32:35

No anyone.



**Kevin Mullin** 1:32:37

Still, see you.



**Mills, Robert D** 1:32:39

Let's try something different.



**Robinson, Rebecca** 1:32:39

It looks like it's trying to come up, but it's it's not.



**Mills, Robert D** 1:32:45

They probably see my picture.



**Casavant, Robert** 1:32:49

Yeah.

So grab I I think I sent you his PowerPoint.

So if we have to present it, we can.



**Kevin Mullin** 1:33:02



Probably when you click share it does give you the option of collect connecting to your screen for presentation.



**Mills, Robert D** 1:33:08

Ohh struggle.  
How about now?



**Casavant, Robert** 1:33:13

Now we can. Uh-huh.



**Kevin Mullin** 1:33:13

We're good to go.



**Robinson, Rebecca** 1:33:13

Yes.



**Mills, Robert D** 1:33:15

Umm, can you still see me as well?



**Casavant, Robert** 1:33:18

Yes.



**Kevin Mullin** 1:33:18

Sure can.



**Mills, Robert D** 1:33:19

OK, sorry for the the tech issues.

This is the first time I've had to present virtually on teams.

Apologize for not being down there as well.

My wife's traveling right now, so I am still back up to Tallahassee.

So even though we're going to talk about hurricane season and hurricane season preparedness, a lot of this stuff is applicable in the all hazards approach.

And what I mean by that is flooding tornadoes.

Any of those type of things, even a nuclear power plant incident.

So if you want just in Tallahassee, Leon County area in the last two months, we've

had almost historic flooding.

Last Friday, we had three tornadoes, which some residents of Leon County are still without power.

We're in an elevated wildlife or wild elevated wildfire conditions across the state.

Umm, Oklahoma, we have an incident management team out there as well.

So very busy right now and just hopefully.

Hurricane season won't be that bad, but we're just about to go into that.

Deep predictions are not looking so great.

So I've been in emergency preparedness and response since 2014 with the Florida Department of Health, and that time I've been a planner, a duty officer, the state Community preparedness coordinator, the state planning manager, and I'm currently in the Bureau of Emergency Medical Oversight as the Preparedness Coordinator and then for the department level.

I'm the alternate Emergency coordination officer.

I'm a certified Florida professional emergency manager through the Florida Emergency Preparedness Association.

That is a lot at any time.

If you have questions, just let me know.

So for the agenda, we're going to talk about the 2024 hurricane season and the predictions.

Personal and family preparedness and then state emergency support function.

Eight public health and medical readiness and the Department of Health is the lead agency for ESF eight public health and medical and we have a bunch of support agencies and associations which we'll talk about in a little bit.

So if you look at the 2024 hurricane season predictions, which I have up on the screen, some of them, some of them are in the lower range of 15 to 20.

But then you see the one from the main research group.

Theirs is a 33 name storms.

If you look at the 30 year historical average, which is 1991 to 2020, there's usually about 14 named storms, seven of which are hurricanes.

In addition to that 7, three or major hurricanes, which is CAT3 or above and then the rest are tropical storms, that data comes from the NHC.

So National Hurricane Center?

If we were to look.

See if we find it real quick.

Let's talk about 2023 for a second.

So this is the actual name storms from 2023.

This one right here you can see impacting Florida.

That's Hurricane Adalia for adalia.

However, you want to say it, so twenty name storms.

Last year, there were 99 named Storm Days, so storm out there somewhere over the course of 99 days from start to finish, there was a name storm from June 1st to November 30th.

That is 182 day span, so over half of that there was a name storm in the Atlantic Basin for the 2023 hurricane season.

It was back to him.

OK, so if you look at Colorado State University, they predicted 23 named storms this year than most of this data comes from April or late in that March as to when they did their predictions, you would Colorado State last year in April they predicted 13 storms.

The Man research group, their best guess was 16.

University of Arizona 19 but it ended up changing the 25 later in the season.

North Carolina State, 11 to 15, was their guest from last year.

And then AccuWeather 11 to 15, and they've already said there were twenty name storms.

So the numbers last year comparable to this year were quite high when which a lot of that is based on.

Current El Nino conditions transitioning to Luna conditions and a bunch of other more scientific stuff that I won't go into.

But they also do a comparison based on what the weather conditions are gonna be.

And that comparison is the 202016 hurricane season, which there were only 15 storms.

So I'm not a scientist.

I'm not a meteorologist, but.

We do have someone that is an amateur meteorologist and their predictions based on whether and everything else are the the season's gonna be quite high.

And in regards to name storms.

However.

You can see all the, you know, all the tracks and everything on the map from 2016.

It only takes one landfall and a densely populated area to cause major issues for

Florida example, I'm going to give you is so Hurricane Adelia affected Madison, Dixie Taylor, Swannee Lafayette and Hamilton counties, and maybe one or two others.

The census of those six counties is 1100 and 22,320.

The census of the city of Miramar in Broward County is 137,228.

So one strike in a very populated area, but it doesn't really matter what the the category is or how many storms total we have that season.

It's gonna be very destructive and disastrous.

No example.

I'll give you hurricane at hurricane in deaths, there were 149 deaths in Florida, spread over 19 counties attributed to her hurricane Ian in 2022, and that's per the Florida Medical Examiners Commission.

Storm Surge was the deadliest factor, claiming 41 lives, 36 of those in Lee County and then after that, you had drownings, delayed medical care because, you know, uh police officers fire, fire, rescue, EMS couldn't actually get there.

Natural causes, trauma falls, vehicle accidents, suicide and gunshots.

Now if you look at Hurricane Adelio less populated area, of course, like we've already discussed, there were four deaths confirmed over 4 counties.

One was heavy rain and then they ran off the road and hit a tree.

One was a car crash.

One was a windsurfer in Brevard County that went missing, so even though it was, you know, across the entire state, it was still counted as far as the death attributed to the storm.

And then one individual struck and killed by a tree.



**Casavant, Robert** 1:40:59

Extremely, Robert, this is this is Doctor Higdon, so I I'd like you, we got about half an hour for your presentation.

I'd really like you to focus on on kind of how this relates to individuals with brain, spinal cord injury with the emergency response to that.

This is very interesting stuff, but I really wanna use our committees time to the best of our advantage.

Could you really focus on the emergency response, especially for those with, uh, with these disabilities?



**Mills, Robert D** 1:41:36

Yes, yes, Sir.

But but I I do want to say all incidents are local and we'll talk about that in a little bit. And what I mean by that is local Emergency Management is the best resource to know of.

So emergency alert.

Emergency alerts and warnings every county in Florida has an established notification system for emergencies.

One example would be the this one right here.

Which if if you aren't saw every county has one, so if you're not signed up and persons with brain and spinal cord injuries are not signed up, you need to through your helping them you need to add this saw emergency preparedness was on the rim site.

So being able to get the alerts and be updated in a timely manner is very important.

Or.

And we're going to talk about the new cone of uncertainty which what that is is it provides a little bit more information in regards to where it's going to be affected.

So clients, residents of Florida, visitors all across the state will have a better idea graphically what the potential impacts could be in their their areas.

So this is your original advisory 20 from Hurricane Ian.

As you can see, it just talks about coastal information.

Does it really go into England conditions?

This is the, quote unquote, new cone of uncertainty.

So what this does is it has.

You can see the warnings and the the watches and whatnot at AM when perspective.

Now it's not very shrunk into where you know, hey, that's my house.

That's my county, but through your local alert system and things of that nature, that's how you can find that out.

And this is one of the reasons that the National Hurricane Center decided to do that.



**Casavant, Robert** 1:43:45

Yeah, Robert, I I I apologize.

I can tell that you put a lot of work into this presentation about detailing, predicting and mapping storms, and that's very valuable for the emergency response to have the resources available for these instances.

Would you mind if we kind of focus more on kind of the response specifically for

those with I with with disabilities and and if you'd like, we can just open up to questions for the board.



**Mills, Robert D** 1:44:17

Yes, Sir.

I'm almost the sheltering information slot right now and I think you know I'll breeze over the general population, the pet friendly, but we'll go more specifically into special needs and the considerations there.

Will that work for you?



**Casavant, Robert** 1:44:31

Sure.



**Mills, Robert D** 1:44:32

OK so.

The general population shelters they're located all across the state.

They're again ran locally and they have.

Anyone can go check your local Emergency Management website in regards to what's specifics they have.

So special needs.

I picked the City of Jacksonville for their website because it's it's pretty informative.

So you've got all the information here.

You can see it you must preregister for special needs shelters, at least here in Jacksonville.

What will happen a lot of times is people won't attempt the registration process until they see that something's potentially coming to impact their area.

And then it's a lot slower process to get approved or disapproved to be in the shelter.

Special needs shelters.

Therefore, persons that need their O2 dependent or electric dependent so brain spinal cord injury prevention clients might not necessarily fall into that category.

They might be more of a not a special needs shelter, but a higher level of care type shelter which some counties have.

Some counties do not.

The.



**Casavant, Robert** 1:46:02

So are you recommending then that they preregister before we ever even enter hurricane season?



**Mills, Robert D** 1:46:10

Yes, ma'am.

And what should happen is sleeping, working, but So what should happen is the Department of Health and County Emergency Management get together.

They look over the database of the personnel that have registered or the potential clients.

Then after that they will look at it from a medical perspective and see if that person qualifies to go to the shelter.

And then they're also they they have, it's called the statewide registry through the statewide registry.

They can use the clients information to reach out to them to let them know, hey, the shelter's open or the shelter's not open.

This shelter's open.

So it's very important to attempt the register to register and then be in contact with your local Emergency Management to see if you are eligible or not.

Does that make sense?



**Casavant, Robert** 1:47:02

Yeah, it's A at any point.

Do they provide help?

Provide transportation for those clients to get to the shelter.



**Mills, Robert D** 1:47:09

It's it's county to county specific. Umm.

Some some do, some don't, and that that's another reason to have that that great relationship with your local Emergency Management or your Department of Health because you know, we have 67 department, county, county health departments across the state.

So if a branded spinal cord injury prevention client can't get the information from their local Emergency Management, they can by all means reach out to the local

County Health Department.

Each County Health Department has at least one person that does emergency preparedness, and they should be able to help bridge that gap and provide the information that they need.



**Casavant, Robert** 1:47:51

If they're denied like they're so, it's not applicable for them to be at a special needs shelter.

Do they give them the information for the regular shelters and they're still notified when they're open?



**Mills, Robert D** 1:48:04

Yes, ma'am.



**Casavant, Robert** 1:48:06

OK.

Thank you.



**Mills, Robert D** 1:48:08

And the the difference, of course these these facilities are usually schools is what you see a lot of times or a portion of the school that has backup generation.

So that's very important.

If you're O2 dependent or electrical dependent, your general population shelters the square footage is different as to what you're provided you.



**Casavant, Robert** 1:48:22

Right.



**Mills, Robert D** 1:48:29

You're normally provided about 20 square foot of net usable floor space per person, whereas in a special needs shelter, you're provided 60 square foot of net usable floor space.

So a little bit more space and of course the recommendation was special needs shelters is you, you need to bring a caregiver with you because the ratio of the state recommended ratio is 1 medical.





**Casavant, Robert** 1:48:41

OK.



**Mills, Robert D** 1:48:57

So a nurse and one ancillary per 20 clients and the special needs shelter.  
So if you're in the medical field, which I'm not, you could understand how one medical person per 20 clients would be very it's stretched thin, right?



**Casavant, Robert** 1:49:15

So when they register, do they have to register the their caregiver at the same time or is it just assumed that they can bring a + 1?



**Mills, Robert D** 1:49:23

It should be assumed.

I wish this link would work, but it's not working, so let me go here and see what happens.



**Casavant, Robert** 1:49:35

Yes.



**Mills, Robert D** 1:49:36

Yeah.



**Casavant, Robert** 1:49:39

Kevin, I see your you have your hand up as well.  
Do you have them register?



**Kevin Mullin** 1:49:43

Yes.

This is Kevin Mullin.

Bobby, thank you for this information.

It's interesting, even from just the storm from general perspective.

But the one thing you said, it's a state registry for a person with a disability or a neurological dependency or disorder.

And you said there's an approval and denial process and of course, none of us want to wait for a storm, Andrew or Adelia, to creep up on this.

But what is the normal wait time on an approval process as the multiple weeks and just in case if someone started let's say in the beginning of the storm season, they didn't catch it ahead of time like they should have.

Uh, what is the normal approval process?



**Mills, Robert D** 1:50:18

Again, that's that's ruined by the county Emergency Management Agency.

But what I can tell?

What?

What they what?

I know they do do or they they do every year is they will go through and scrub that list based on hey did someone pass away?

Did they move?

So their constantly, at least annually, they're annually checking that list, seeing who's there.



**Kevin Mullin** 1:50:41

OK.

No, that's good to know.



**Mills, Robert D** 1:50:42

And some some counties.

Some counties operate their own registry, but the majority use the state registry, cause you're required by state statute in some way, shape or form to have a registry for special needs clients.



**Casavant, Robert** 1:50:55

So it's once they've, once they've applied, then every year they don't have to do it.



**Kevin Mullin** 1:50:55

No.



**Casavant, Robert** 1:50:59

It's just one time.



**Mills, Robert D** 1:51:00

Umm.

So looking back at the Jacksonville example, which I don't think I can pull up because something's freezing on my computer, it says you must register every year on the Jacksonville one, but I know there's other emergency managers that say no, you know, you register once and then you're we maintain you on our database and then we'll we'll make contact with you annually.

Then that's probably why there's a umm, I'm assuming there's a secondary emergency point of contact in there.

If they can't get a hold of the the client, they get a hold of the emergency contact to see.

Hey, did they move?

Are they still there?

Could they?

Are they deceased? Etcetera.



**Kevin Mullin** 1:51:44

And again, this is Kevin Mullen.

I had certain clients that were on a Medicaid long term care program and working with their case managers.

I remember, and I believe it would probably still the same now.

It used to be an annual basis.

You had to register before every hurricane season.

They wanted you to do it ahead of time just so that you and your caregiver had that shelter.

If and when it was needed, but I believe it was an annual basis, so it wasn't a one time membership for life, so to speak.



**Mills, Robert D** 1:52:11

And another reason for that as well is that and we're not going to go over the state emergency sheltering plan because it's very long and intrusive, but they may have

built another shelter that's closer to your residence.  
So when they're on the phone with you, I would assume they're going.  
Hey, just so you know, there's a new shelter.  
It's closer to you.  
This is where you would come as opposed to the place for last year.  
Kim with any more questions?



**Casavant, Robert** 1:52:41

Be my question a the starting it again.  
The so do you guys directly use on with like the Medicaid program just to to to share  
each other's essentially database of locations and clients and but people have  
deceased.  
And just to to to to stream like that information.



**Mills, Robert D** 1:53:06

Can can you hear me?



**Casavant, Robert** 1:53:08

Yeah.

Yeah, we can hear you.



**Mills, Robert D** 1:53:10

Yeah, Mike, my computer's freezing.  
So I can't continue with the presentation, but I have a a hard copy of it and I can still  
answer your questions.  
We do not.  
So the special needs shelter registries actually ran out of our sister Bureau or partner  
Bureau, which is a Bureau preparedness and response.  
They're the ones that day in day out, coordinate with local Emergency Management  
and whomever else is needed to maintain the registry.



**Casavant, Robert** 1:53:35

OK.

I can do the program that when we do a a post after the storm has passed and we do  
well checks on our clients as well as our staff.



**Kevin Mullin** 1:53:37

And.



**Casavant, Robert** 1:53:47

If we have clients that we're not able to make contact with last year, working with HIE, we're able to pull a report called E Plus which is for missing persons and we can see if we can locate our clients through that database.

For the ones that we're not able to make contact with to, we just got we didn't get to use it last year because it was after the storm, but we're prepared this year.



**Mills, Robert D** 1:54:09

And.



**Casavant, Robert** 1:54:16

We're good.



**Mills, Robert D** 1:54:16

And umm, but Kim, you have the addresses and whatnot of all the clients and the state, right?



**Casavant, Robert** 1:54:24

Yes, Sir.

So prepare way in advance.



**Mills, Robert D** 1:54:26

Umm.



**Casavant, Robert** 1:54:28

Actually, when the client start coming on and provide or starting in service with us, the case managers will start going over shelters to make sure that they're registered.

We do that in advance.

We don't wait till right before the season starts.

That's something that's ongoing throughout the year to make sure our clients are registered.



**Mills, Robert D** 1:54:49

Right.

So you you brought up a good point E Plus it's actually called pulse and other states, but we call it E plus.



**Casavant, Robert** 1:54:50

And wasn't.



**Mills, Robert D** 1:54:57

There's about 800 different entities that are partners and E plus.

So the way that works is umm, say Bobby Mills is is missing.

We don't know where he is, but I've been in contact with one of those 800 entities, whether it's checking into HCA capital here in Tallahassee or wherever, they'll run that system and let's say HCL capital is participant, they'll be able to say yes on this day.

This time, Bobby Mills was at our facility so they can use it to kind of track another thing that we've started to do, which Kim, we can go into this more.

Umm, in regards to preparedness on on our side, depending on how bad the storm is and how many resources we have cuz we pull resources in from nongovernmental all the way up to the FEMA contract.

Umm, we've started doing what we call medical use or so after urban search and rescues come through and we know it's safe.

We will dispatch or send.

Umm.

ALS and BLS ambulances out two communities, 2 residents to check on people so that we know.

Hey, umm yes, our client at that location, they're doing fine.

They don't have any questions or if they do have questions, we're able to provide them the information to one where the shelters are, where the points of distribution are, things of that nature.



**Casavant, Robert** 1:56:25

So once they're in E plus, umm, whether we finish, you know, whether they're they're cases resolved or for for B skip base stay in E plus right.

And they're able to, well, it's it's a database that we access.

So we will go into rims and identify what clients we were not able to contact and take their information and put it into Equus and search that database to see if they come up anywhere in a facility.

OK, but you only do that with active plans, correct?

So what about the the clients?

You know the those who have completed the program and they're no longer in the program, we don't track them.

Once they're discharged and there is a method of communication, unless they're the ones who are resigning themselves up each year, correct.



**Kevin Mullin** 1:57:19

And again, this is Kevin Mullen to piggyback off of Doctor Higdon's question somewhat from the long term care with the Medicaid.

And I just went through this with a client previously last year.

So I have a I can imagine it hasn't changed.

They go out to.

Florida Community Care and sunshine and those are.

Case manager services dependent, locked in by the state through the long Term care program.

They're very stringent on making sure all their special needs populations have the access to sign up for these, but it sounds like everybody's doing it as part of the job.

But there's really no state database at this.

All fluidly locks back to because whether they're part of B, skip or LTC, like the long term Medicaid plan, we should have a way that somebody or volunteer organization, one of us is all facilitating to make sure everybody's covered.

I'm depending on what program they are in some way that we can marry this all together with Bobby Mills organization.

Of course, to make sure that we're facilitating all needs needed, so that might be something we can bring up in the future, maybe investigate.



**Mills, Robert D** 1:58:19

Umm.

Yeah, I mean that would.

Take probably some legislative action.

But yeah, so even with the the the death reports we threw Biostatistics we we could access that.


But I'm pretty sure we don't pull that data.

It's a continuous hey, this county is going to contact their specialty clients every year or their emergency contact, not necessarily relying on the vital statistics data.

So my screens are frozen, but if you can still hear me, let me know or see me at least.

 **Kevin Mullin** 1:59:08  
Absolutely.


 **Mills, Robert D** 1:59:09  
OK so.

 **Kevin Mullin** 1:59:11  
Yeah, I'm just.

I'm a person of pro action.

I just wanna make sure if we were all on one database, it'd be better than ever having to rely on emergency medical services, especially after something catastrophic like a flood or hurricane that would come through one of our counties or God willingly multiple counties.

So like I said, maybe even if his legislative it might be something weak and all from agencies and all different departments can work on collectively, it just might be a thought to work on.

 **Mills, Robert D** 1:59:38  
Who's even though I'm so E plus.

That actually is a system that belongs to ACA, the Agency for Healthcare administration, one of our support agencies partners.

Umm.

And we just had a meeting with them last week in regards to E Plus a nice we were trying to figure out some ways to to utilize it in a different fashion than it was actually created for.

But they said they go in, set it up and they'll do 4 hour runs.

So, you know, they might not have been seeing it 1:00 o'clock, but here at 5:00, if you do another data pool, you would be able to say, oh, yeah, they are.



OK, we know they're safe or not.

Hey, what's necessary, but send a rescue?

Or maybe try to get a hold of law enforcement to go by there, and that's where we would come in at the state level to try to help coordinate that.

If it wasn't successful in the local level.

So disaster preparedness.

I'm Governor DeSantis signed House Bill 77073.

Couple days ago that creates 214 day disaster preparedness sale tax dates.

That's June 1 through 14 in August 24th through September 6th.

Some of the stuff you can buy during those times tax free would be flashlights and lanterns under \$40.

Umm.

Batteries and fuel tanks consisting costing \$50.00 or less.

Kim, when I get that information, when I get a nice graphic because this this is run through the Department of Revenue.

Once I get that, I'll push it over to you and you can hopefully send it out to your clients.



**Casavant, Robert** 2:01:15

Thank you.



**Mills, Robert D** 2:01:19

So we've already kind of talked about who our support agencies are, but I'll go into that.

So we've already talked about OCA, we've got the department of Elder Affairs, we've got the Department of Children and Families.

Is.

Just so you know, the Department of Children and Families is the mental Health authority for the state, so that's why we try to work hand in hand with them in case there's some mental health needs for anyone, really, whether it's a responder or citizen of the state of Florida for the Hospital Association, Florida Healthcare Association.

And there's several others.

Is about 20 total.

So we have.

A lot of response capabilities, but I'm gonna try to figure out how to more emphasized on the branded spinal cord front there.

Umm I have a question so.

Brandon Spinal cord client. Skoda.

I'm not necessarily like a hospital, for example.

I mean they they do.

But are there, like stand alone treatment type facilities like the doctor's office?

I would normally go to or things of that nature.



**Casavant, Robert** 2:02:40

Yeah, they'll they can go to it.

An inpatient rehab could be a free standing facility, but they're in patients at the time, but they might go to an outpatient facility that provides therapy services that could go to their doctor's office, if that's what you're asking.



**Mills, Robert D** 2:02:53

So with the yes.

So the the inpatient type places the Brooks rehabs or whatnot.

Those are still licensed by the Agency for Healthcare Administration.

So prior to pre impact is what we call it.



**Casavant, Robert** 2:03:04

Yes.



**Mills, Robert D** 2:03:09

They'll activate the reporting system and we can go in and look at the data and see what hospitals are evacuating, which are not evacuating.

They don't really focus on the non residential, they focus more on the residential because those are the types of places that might need patient movement assistance, which is where the Bureau of Emergency Medical Oversight comes comes into play.

Or could even, you know, like children, for example.

Is anyone familiar with the Golisano so evacuation?



**Casavant, Robert** 2:03:46

No.



**Mills, Robert D** 2:03:47

Now uh hurricane.

And there were 61 neonates transferred out of.

There was a state mission 61 over the course of about 24 to 36 hours that that's another place we came in and helped get.

It was a ground transport, helicopters, et cetera, to get those specialized patients, children very small children dispersed across the state to other umm, pediatric medical facilities.

So that's one that's that's truthfully the biggest thing that the Bureau of Emergency Medical Oversight does.



**Chester, Don** 2:04:27

Yeah.



**Mills, Robert D** 2:04:30

And I see I'm overtime.

So I do apologize.

Are there any last minute questions?



**Casavant, Robert** 2:04:42

None this time.

Uh, appreciate you dealing with my curve balls?



**Mills, Robert D** 2:04:45

Oh no, no worries.

And I I wish I could, like my computer is completely frozen.

So other than my camera, which is a very bad time for that to happen.



**Chester, Don** 2:04:53

You are most welcome.



**Mills, Robert D** 2:04:55

But thank you all so much.

My contact information is in the slides.

Feel free to give me a call.

Shoot me an email and if I don't know the answer, I'll try to find it for you.



**Casavant, Robert** 2:05:04

Thank you.

Thank you.



**Mills, Robert D** 2:05:06

And yes ma'am.



**Casavant, Robert** 2:05:07

Thank you, Bobby.

Alright, next item agenda is Jessica Kerwin.

I don't know if I think she's on.

I I see her on.

I don't know if any of our Council members have a preference for taking a break now versus after this this half hour session.

She's on.

Just go ahead with with Jessica's presentation then.



**KIRWAN, JESSICA M** 2:05:35

Hi everyone I'm just attempting to share my screen here.



**Chester, Don** 2:05:39

Yes.



**KIRWAN, JESSICA M** 2:05:41

Umm.



**Chester, Don** 2:05:50

What?



**KIRWAN, JESSICA M** 2:05:51

I want to make sure I'm sharing the presentation rather than the presenter mode so.



**Casavant, Robert** 2:06:01

We see it.



**KIRWAN,JESSICA M** 2:06:03

OK.

Do you see UF health screen?

Is that?

Is that what you see?



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

Yes.



**KIRWAN,JESSICA M** 2:06:08

OK.

Let's, umm let me do this.



**Chester, Don** 2:06:12

Please.



**KIRWAN,JESSICA M** 2:06:12

No, trying to get it to be on the right monitor here.

OK.

It's our.

Do you still see the presenter?

I'm just going to.

Oh, I know what I can do here.

OK, I think that's right then.

Alright, my name is Jessica Kerwin.

I'm the assistant director of research administration in the Department of Neurology and for the UFD Brain Center and the Brain Center, which stands for brain injury rehabilitation and Neuro Resilience Center.



**Chester, Don** 2:06:37

And.

**KM** **KIRWAN, JESSICA M** 2:06:46

Here at UF is a center that focuses on collaborative research within the university, and I'm here to talk about a grant that we have with brain injury Florida and we are working with B.

**CD** **Chester, Don** 2:06:53

Thank you.

**KM** **KIRWAN, JESSICA M** 2:07:03

Skip all of you and Kimberly on this grant.

And so I wanted to provide an overview and I believe our Pi presented for those of you who were on the board at the time presented about this grant back in October when we had first received it.

But I'm here today to provide you with some updates, so I'll give you an overview of the grant.

I'll talk about our needs, the needs assessment that we're conducting under this grant, the Advisory Board we put together to carry out our activities and then I'll hand the microphone over to carry Rayburn so that she can talk about brain injury.

**CD** **Chester, Don** 2:07:38

That's.

**KM** **KIRWAN, JESSICA M** 2:07:43

Florida's role in this grant and the information line they've established, as well as their newer resource facilitation, and umm, I very much appreciate your time today. I know you have a busy day and so I appreciate you taking the time for us to talk about this initiative.

So the brain center received a \$600,000 federal grant from the administration for community living to implement a brain injury state partnership program and the title of this grant is building a system of resource facilitation for all Floridians with brain injury.

It's going to last about three years, but there is opportunity for renewal to continue carrying out our activities and we do hope to continue renewing this grant with ACL.

**CD** **Chester, Don** 2:08:20

It's.

**KM** **KIRWAN, JESSICA M** 2:08:30

So we have we remain objectives 3 main aims to carry out this grant.

**CD** **Chester, Don** 2:08:33

Thanks.

**KM** **KIRWAN, JESSICA M** 2:08:36

The first is to develop a Florida State plan to serve as a foundation for a sustainable person centered acquired brain injury system, and I want to make that distinction.

Typically, these ACL grants are for TBI partnerships.

However, it was our desire both University of Florida and Brain injury Florida, to expand it to all acquired brain injury.

So we do not just focus on traumatic brain injury.

We are trying to capture the needs of all Floridians with any Brayden acquired brain injury.

So as part of this grant, we will also create the sunshine Resource Facilitation Network, which provides connections for resources and hopefully improves access to services throughout the state.

And we'll also be creating a database to measure our outcomes and track this process with the RF work and brain injury.

Florida will be maintaining that database and the this project, the principal investigator is Doctor Michael Jaffe.

He's a TBI expert.

He's also a military veteran.

He served in the military in the Air Force for 21 years, and during that time he served as a physician and he conducted a brain injury research in the field, an in combat zones.

So you know this is a project very near and dear to him in our comvest tigator is neuroscientist here at the University of Florida.

Doctor Jose Abesamis bra and we are partnering with brain injury Florida and be skip to carry out this.

This grant, with logistical support from Nashua.

I'm not sure how many of you familiar with Nasha, but they provide administrative support to us so they they are basically carrying out the administrative support on behalf of the ACL.

So what we have achieved so far in uh, we've received the grant in September.

I started in this position in December and I hit the ground running so that we can make sure we would be meeting our milestones in time.

So I mentioned that we're doing a needs assessment.

**CD** **Chester, Don** 2:10:55

He.

**KM** **KIRWAN,JESSICA M** 2:10:58

We're carrying out this needs assessment as an online survey for individuals, caregivers and providers.

**CD** **Chester, Don** 2:11:00

See.

**KM** **KIRWAN,JESSICA M** 2:11:05

So we are hoping to reach about 3500 individuals and organizations.

**CD** **Chester, Don** 2:11:11

Yes.

**KM** **KIRWAN,JESSICA M** 2:11:12

We are partnering with brain injury Florida and reaching out to anybody in their database.

We're reaching out to those individuals that be.

Skip has in their database the Brain Injury Association of America has also provided us with Florida contacts.

We're working with the University of Florida's Health St, which is an institute here that does community outreach, and I didn't include it here, but I should have.

We're also working with the University of Miami Stroke Registry, so they're also going to disseminate our survey for us.



Umm, we are currently trying to get IRB approval which you know is just a kind of a bureaucratic process to make sure that our our research can be shared.

**CD** **Chester, Don** 2:11:46  
It's.

**KM** **KIRWAN, JESSICA M** 2:12:01

And we can eventually publish our findings if we so desire.

So we're working on getting that IRB approval so that we can post, you know our our outcomes from the survey on the VIF website for example.

And we're also working out well.

We've also translated the survey to Spanish so that we can reach as many Floridians as possible.

Umm.

And again, this survey is a three part survey, so depending on which you're an individual with a brain injury, if you're the caregiver or a provider, you'll receive a different set of questions in the survey, depending on your role.

We also, as part of this needs assessment, we conducted a listening session last week at the brain Injury Florida annual Conference in Tampa and I'll touch upon that in a little bit.

**CD** **Chester, Don** 2:12:41

Is.

Yes.

**KM** **KIRWAN, JESSICA M** 2:12:49

And we've created an Advisory Board of Floridians, some of you in that room right now are on our Advisory Board as well.

And I'm very grateful to Kimberly for helping me put this Advisory Board together, working with 5th as well, and we've received a positive response from the individuals we reached out to and I'll talk a bit about what they'll be doing and and then bit has already established the brain injury information line, which Kerry will touch upon later and they're handling calls, I'm call that brain Injury Association of America receives their transferring them to the Florida line.

So this just I wanted to quickly show you some of our outreach is is gonna be done

over mail and it and we'll be posting Flyers wherever we can in social media participants.

Every fifth participant, we're trying to incentivize completing the survey.

So every fifth participant will be eligible for \$20 or everybody's eligible for \$20.00 gift card.

**CD** **Chester, Don** 2:13:50

Yes.

**KM** **KIRWAN, JESSICA M** 2:13:53

We're giving it to every fifth person who completes the survey.

So if you happen to be a fifth person to complete the survey, you will receive a gift card.

And for anyone who has difficulty answering the survey online, I'm also making myself available to do it over the phone, and the survey is set up so that nobody has to answer any question that they're not comfortable answering, or that they don't want to answer, or if they feel that the survey is too long.

And they can't complete it.

It's about 10 to 20 minutes long.

They can stop at any time, so once we have our IRB approval, will be also mailing out these postcards to the the list that we've received from our partners.

So we conducted the listening session last week at the 5th Annual Conference.

Biff also used some of our grant money to offer scholarships to increase participation in the listening session, so they handed out a few scholarships and asked that anyone receive or received the scholarship, participate in the listening session.

So we had 30 participants who were mixed of individuals with brain injuries, therapists, caregivers and they were free to participate to their comfort level.

During our conversation, it was a one hour conversation.

Uh, we pulled 6 questions from the survey.

We only got through five of the questions and we received a lot of great feedback from the group.

So just to quickly show you what these questions were and I'm not going to go through each of these in depth, but they related to resources and information that individuals or family members may have received after acquiring the brain injury and going to medical provider, going to the hospital, we asked them what kind of

information did you get.

We also asked asked them, have you ever had to travel to receive rehab?

If so, how far did you go?

We asked them, did you receive any of the the following rehab services because we're interested in what services and supports individuals with brain injury are accessing and and so you know we we're asking about a broad range of services and likewise what kind of programs are they, umm, are are they trying to access and how satisfied are they with those programs?

**CD** **Chester, Don** 2:15:51

Yeah.

**KM** **KIRWAN, JESSICA M** 2:16:22

And then we were also asking about work.

So have you been able to work since your brain injury?

If so, when did you return to work?

Are you working part time full time?

What?

What kind of issues have you encountered in returning or trying to return to work?

Umm.

And then the six question which we didn't get to, but it came up a lot either way was have you had any difficulty with any of the following.

So you know, although we didn't formally have time to discuss this question, these kinds of issues came up during our during the other questions.

So if the five main takeaways we found during the listening session was that people felt they had inadequate information and referrals after discharge, and I'll I'll go into these in a little bit more depth.

But challenges accessing rehab, insurance and financial barriers, umm.

And they had a need for comprehensive support and resources, and they had issues with employment and workplace accommodations.

So inadequate inadequate information referrals after discharge from the hospital.

I think the the feeling that was expressed was that I either did not receive information and it might be that there's been turnover in staff and those staff don't know about the kinds of resources information that should they should be sharing with individuals with a brain injury and therefore that information is not reaching,

reaching the patient.

Umm, another concern that I heard was well, I just experienced a brain injury.

I might have been given information, but because of my cognitive difficulties I don't remember if I was given that information so.

I won't read everything on here, but that was the gist of the concerns that in that the participants shared with us.

They also shared a difficulties with accessing rehab services, so, for example, some of the individuals are unable to drive.

**CD** **Chester, Don** 2:18:27

And.

**KM** **KIRWAN, JESSICA M** 2:18:31

So even if they're able to make an appointment at rehab facility, they couldn't necessarily get there or if they were relying on public transportation, they were relying on any kind of transportation that caters to individuals going to doctor's appointments, for example, you might be in the van for hours at a time because it's making a lot of stops.

So there is a bit of a travel burden that made it difficult for people to access the services they need it.

And then there were others who said that they lived far away from the services they needed.

And that, you know, sitting in a car for 8 hours would be difficult for them.

And therefore they just couldn't get to.

Maybe they were in a more remote area or they kind of facility they wanted to go to just wasn't near nearby.

So getting to those locations pose a challenge.

Insurance and financial barriers, of course.

Some of these individuals were not currently employed and therefore reliant on Medicare or Medicaid and and even if their insurance covered a service that they needed the facility, the provider wasn't interested in taking that Medicare.

So it wasn't necessarily that their insurance wasn't covering the service.

It was more finding an finding a provider who would take their insurance and then and then there were issues with just general financial difficulties.

And also so, uh, I think let me move on.

So these were comprehensive support and resources.

Umm, there was an interesting counseling services therapy, support groups, socialization and individuals just found it difficult to either to identify a support group.

It's not necessarily that there were support groups in their areas, they just weren't finding them and feeling isolated because, you know, there's one individual who hasn't been able to work since her injury and therefore it is very extroverted and it finds yourself just home alone all day because she hasn't identified support group to.

**CD** **Chester, Don** 2:20:54  
Sorry.

**KM** **KIRWAN,JESSICA M** 2:21:01  
Umm to attend and doesn't have a means of transportation to get there.  
So there was an also concerns again that the insurance was wasn't going to cover mental health services so.  
There was a strong interest in more emotional support and socialization opportunities.  
And.

**CD** **Chester, Don** 2:21:38  
I'm for the call.

**KM** **KIRWAN,JESSICA M** 2:21:40  
There are some individuals who who were concerned that their employer treated them differently after their injury, and we're not accommodating to them and that there was sort of a lack of knowledge amongst employers and workplaces about umm, how to accommodate their employees with brain injuries.

**CD** **Chester, Don** 2:21:42  
OK.  
See you in the meeting.

**KM** **KIRWAN,JESSICA M** 2:22:09  
OK.

So.

So that's what we found out from the listening session we haven't conducted.

We haven't finished our survey yet, so once we do have those results, of course I will share them with everybody.

So we will be conducting the survey over the next couple of months and then compiling that information to write the state plan.

So on the Advisory Board, we've put together, I just wanted to share you know, the individuals who are on that.

And as I mentioned earlier, it is a priority for the, for us and through the grant to make sure to include in at least 50% of our board must be made up of individuals with brain injury.

Umm so that there helping inform the new state plan that we're writing or the updated statewide plan?

Umm the the guidelines in our grant specify that ohh.

So yes, so we supported brain Injury Advisory Board with the person centered focus that includes a makeup of at least 50% of individuals.

So it's very important that these individuals be engaged and lead the decision making process.

The Advisory Board will inform, implement, support and update a brain injury state plan developed by and with individuals with lived experience and family members and support networks that clearly outlines how the state is assessing and serving all people with brain injury, with an emphasis on diverse underserved populations.

So that is one of the purposes of the Advisory Board and to participate in determining the needs of all individuals with the brain injury, the state brain Injury Advisory Board also creates a successful structure for straight statewide cross system collaboration.

And I'd let me also mention before moving on, our Advisory Board will be meeting quarterly.

We have our first meeting next week and I will be presenting something very similar to this, so I apologize for those of you who are maybe hearing this for the second or third time or will be hearing it for the third time.

But we will be having our first meeting next week and the goal is to meet quarterly and for all of us to work together on writing this new state plan and promoting it throughout the state.

So let me hand the microphone over to Kerry and Carrie.  
Just let me know when to advance the slides.



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

OK, I think do I need to go to the podium or is this OK?

You're.

I'm good here, OK, so.

So what you can see there is this is some they need to be closer.

OK, So what you can see here is just an infographic that we use kind of on a lot of our literature that we hand out for brain injury Florida, just to make sure that we're communicating that we work with people with all acquired brain injuries.

So that's just a nice way for us to show what falls under that.

So it's both traumatic and nontraumatic.

You can go ahead and go to the next slide, Jessica.

So there's a brief history and development, I know we've talked about this before, but are we're really trying to promote effective awareness, education outreach, support prevention, advocacy for those in the state of Florida affected by brain injury, you can go to the next one.

Thank you.

So our brain injury information line is what we have been able to establish since we started working and collaborating on the grant.

There's a national brain Injury Information Center that has been ran through Brain Injury, Association of America, and so for the first time since 2018, people in the state of Florida are actually answering calls to people from the state of Florida.

So it's not going being outsourced anymore.

So this grant has really been able to allow us to open up and be able to connect with people in the site with them.

So I just kind of wanted to tell you a little bit about.

How that process is working so we have volunteers with through brain injury Florida that are answering those calls as well as neural resource facilitators.

So the calls come in.

There's a message that is left, and we determine whether it goes to our volunteers or our neural resource facilitators.

All of our we have two volunteers so far.

Right now they have been trained with AC's brain injury fundamentals training as

well as active listening and empathy training.

And then they're trying to utilize brain injury Florida's database as well as the national Brain Injury Information Centers database so that we can track those calls.

And so they're volunteering about 10 hours a week.

So calls, where it's easier to answer.

Maybe they have questions about support groups or that are a little bit more simpler.

So there are volunteers are handling those calls and they're doing wonderful those cases where people are needing a little bit more support or a little bit, maybe they're just more complex cases.

We are neural resource facilitators are handling those calls and so those are people that have been hired through the grant.

They're trained a lot of them are either brain injury specialist certified or they're going to be sitting for that certification soon.

And so they're kind of more hands on where they're working one on one with clients, whether that be in person, through email, on zoom, you know they're taking the time to really help them complete those applications, making sure that they're connected to the right services.

And So what?

We're the brain injury information line is providing is just basic information about brain injury and about brain injury resources that are available to callers.

Now this is all acquired brain injury, so this includes people who have been affected by stroke, but for those traumatic brain injury patients that are calling, we're making sure that we're telling them about all services and that includes the brain and spinal cord injury program.

So we wanna make sure that those connections have already been made or helped facilitate whites for them to be able to be connected.

So you can sleep on the side there, it's just making sure that they have the time.

The neural resource facilitators make sure that the patients understands or the clients understands they can kind of give them a little bit more focus and attention.

Alright.

And the process for our calls.

Thank you, Jessica.

So the inquiry is received, it's given to a volunteer or a neuro way source facilitator and then they have two days that they have to respond to make initial contact.



I'm sure case managers and everyone would be skip can probably understand that sometimes you're calling and they're not calling you back, so we make several attempts and then if no one is able to get a hold of them, then that case is closed, but it can always be reopened.

You know, we have talked a lot this morning, especially about the more we see it, the more it's received or different avenues to get to a location is so important.

So, especially with people who have been affected by brain injury, they need that kind of not just reassurance, but they need that we need to make sure we're repeating information, right?

That's how we learn.

Make sure that we're hearing it more than once.

And So what we really envision is that all of the agencies that serve people with brain injury are really just kind of collaborating and making sure that those people have everything that they need.

And so I think it's nice that not only are we working with people with TBI, but we're kind of expanding it some too.

So maybe people that do not qualify for the brain and spinal cord injury program, they could be referred to brain injury Florida, so they can still get that neural resource facilitation at some point.

And so that they're not people that are just missing out on services.

So it really takes a village.

So we're hoping that everyone can kind of collaborate together in this grant has really facilitated that for us.

So it's been really great.

Umm, you can go ahead and go to the next slide.

Thank you.

So we started taking the calls in February.

So just this data is from just a little over three months.

You can see that 80 inquiries have been received, so 80 calls have been made, a 53 percent, 55% of those calls have been from South Florida.

So it's the same that you guys are seeing on your data as well.

That's a really heavy area that we're getting calls from.

You can go to the next one.

So out of those inquiries received 54% of them were able to be handled by volunteers, so they were simple request.

I'll mention what those specific requests were.

41% of those went to the neural resource facilitators, and then you can move on to the next one.

Thank you.

So our populations that were served by those 80 calls, 2020% were non traumatic brain injury, 34 traumatic and then the rest were either undisclosed unidentified or unrelated disorders.

Thank you.

So these are the questions, the inquiries that they were asked, so 31% about support groups and I kind of mentioned this earlier when I was talking to Becky, there are a lot of brain injury support groups listed out there in the world, but there are not many of them that will respond when they're called or contacted.

So a lot of them have changed through COVID and through the years or they just weren't updated.

If someone wasn't able to continue to facilitate those groups and so people were really struggling to find those support groups in the state, information gathering is 48% of the calls.

So they're finding medical benefits, financial assistance, vocational services.

They just have general questions.

39% is there needing referrals to doctors or rehab centers and then 5% is assistance filling out paperwork.

The percentages do equaled over 100%, but that's just because some of them called with multiple needs.

You can move on to the next slide.

And then I just wanted to briefly mention some activities about brain injury Florida.

So the last time I spoke with you guys last year, we were very, very new.

So we have a year under our belt.

So these are just some of the activities of the organization of the board.

So we had our first fundraising event, which was a run walk in Rock, Run, walk and roll in Orlando and January.

We had about 50 participants and then we had our conference last week here in Tampa.

And so we had a really great turn out for that.

We were, we were really happy with the way that it went.

We had wonderful speakers come the other two pictures down there with all the

people in them, about 13 people from the state of Florida went to Capitol Hill and brain Injury Awareness Day and joined Brain Injury Association of America in their goal to try to read Umm.

I don't revamp that, might not be the right word, but the TV I act so they're trying to rewrite that and get that reapproved and then during brain injury Awareness Month, we partnered with Brain Injury Association of America through their campaign as well.

So we do have activities of that we're continuing.

We're going to have a conference yearly and the fundraising events yearly as well.

And so we would love for you guys to be a part of that.

We would love to see you guys as much as we can.

We really wanna make sure that we're working together.

This isn't, you know, we wanna make sure that the the clients are getting what they need, especially if you guys could let us know about clients that aren't traumatic and don't qualify.

We'll make sure that we continue to ensure that the clients that are calling with traumatic brain injury or are referred or already working with you guys and then we have we're on social media.

I help run those social media.

That's why I was mentioning.

Is it Kim so much?

It's kind of taken over a lot of my life, but if you ever I wanna know what's going on, you can follow us.

We're on LinkedIn, Facebook and Instagram as well, and so I have.

Umm, no, go ahead.



**KIRWAN, JESSICA M** 2:34:46

Can I sleep?

And ohh, I'm sorry, go ahead.

And I I just forgot I forgot to include your work groups in this presentation.

But if you wanted to mention those as well, there are opportunities for volunteering.



**Casavant, Robert** 2:34:57

Yeah, we do.

Have you know it's a working board?

So I'm on the board of directors.

It's a working board, so we all chair committees.

So we have an information and referral committee, which is the brain injury information line.

And so that's one of the largest portions that we've been focusing on, but we also have our conference organizing committee, Social Media committee and Advocacy committee and a fundraising committee.

So we all are continuing to do these activities that we're hoping are gonna be annual. So we're hoping to spread the wire and get the word out.

So that and it's it's more known that we're here and we can have a connection because I think when people are parts of organizations, they feel like they're a part of something and that helps get them out and doing things in the community.

One of the things that I'm also Co chair of the support Group committee that we have and we're trying to connect to all the support groups in this data that are active. We're trying to establish a meeting with the facilitators quarterly so that they can have that communication of, you know, what topics work for you, what activities are you doing that are getting people out?

And into your support groups.

So just really kind of forming that connection so people can be involved and feel like they're a part of everything.

I do have some brochures for Biff, and so you guys can have one of these.

I can send it to you digitally for those of you that aren't here in person today, you can always reach out to me if you have any questions.

And then, Jessica, you can go ahead and go to the next slide, because I think it's our QR code.

I also have for those of you guys that are here, we have our code for the survey, so we would love for you guys to take the survey for the needs assessment.



**KIRWAN, JESSICA M** 2:36:30

Umm.



**Casavant, Robert** 2:36:38

So make sure we pass that I have some questions.

Yeah, well, actually, UM, first of all, it's this available also for pediatric patient or just adults.

Yes, let me let me just go over some of the question.

That's my first one.

Yeah.

The the second question is what service you provide besides the education about programs available.

Is the patient need assistant with our patient service like paying for the outpatient services?

Any modification right?

The House transportation.

So it's really information referral.

So we're not unfortunately I'm able to provide any services like be skip.

So that's where we're separated from B skip, we're just able to give them information about those services that already exist.

OK.

But we're not able to financially provide those services.

OK.

And when you call to the information line, does they have the availability Spanish too, or any other language beside English?

Not sure that's a great question.



**KIRWAN, JESSICA M** 2:37:40

I think.



**Casavant, Robert** 2:37:40

I would assume since it's a national line, it would.



**KIRWAN, JESSICA M** 2:37:44

Yes, so ohh, I'm sorry I don't know about the national line.

I do know that.

Umm Papas, Spanish speaking neural resource facilitators, correct?



**Casavant, Robert** 2:37:49

Be.

Yeah, it's our neural resource facilitator.

Yes.

And last question is better the the like inclusion criterias to be part of the to be part of the you know referral.

Uh, do you have to have a diagnosis by imagine by labs?

Any specific diagnostic criteria because one of the the diagnosis, the vision has an impertinence, but there is no clear reason for it, right?

Are those any exclusion medical graduates?

I'm Jessica.

You might know this, but as far as I am aware there's not any kind of verification of that process is there?

I'm not aware of it.



**KIRWAN, JESSICA M** 2:38:38

Correct.

No, there there isn't an.

In fact, the survey specifically asks, were you diagnosed by a medical provider or are you essentially self diagnosed?

So there is no requirement of a diagnosis.



**Casavant, Robert** 2:38:54

Honey, you know, if we're able to answer their questions as far as referring them to those services, then I don't, they will not turn in someone away to to kind of guide them in the right direction.

And if that makes sense, so when they're calling for services, not just for, you know, for the survey purposes, but they're calling, we give them like say they're calling about their area about rehabs or outpatient services.

So we will give them three places within their area that offer those services.

So I think that that would pertain to anyone and you know they could call and say I'm having issues with this.

Help me.

Help me point me in the right direction.

So I have.

Thank you.

Yes, yes, I have one question.

OK, so of your 80 calls, umm, the percentage you gave umm that were TBI, hmm.

How does your?

How do you identify who is a TBI and who is not when they're calling in?

I'm not sure the how I'm.

I'm guessing they just ask them what their diagnosis is like.

What happened?

But I don't know if, like I said, that there's a verification I can check on that and get back to you guys.

OK, just do you know Jessica?

How?

 **KIRWAN, JESSICA M** 2:40:09

I I don't know.

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

How we're identifying that specifically, I can definitely ask for you though, Kim.

 **KIRWAN, JESSICA M** 2:40:12

I'm not sure.

That's seems like it drew a good question for Drew.

 **Casavant, Robert** 2:40:18

Right.

My I'm sorry.

No, we're at time.

But my last my question is around the grant and the dollars and you mentioned something about legislation and impact.

So your these surveys are going out.

So then what are you gonna do with that?

 **KIRWAN, JESSICA M** 2:40:38

And so we are basically conducting a needs assessment and then we will write a a, a plan that just describes, you know what, what it is that these individuals are in need of and it's more of an identification process and hopefully we'll get to continue the grant so that we can.

The plan is to.

UM, write the state plan and then disseminate it.

And just to kind of hone in on the focus of what the needs are amongst this population and to ensure that these kind of services are being communicated and met.

So it's we won't necessarily be providing the services, but we're identifying what those services should be.

And then and disseminating information to people on how to access those services. So it's in this way, it's kind of a grant to just spread the word about what services these individuals need, where they can go for these services, where there might be a lack of communication or where there might be unmet needs.

And then try to facilitate a way to meet those needs.

So it's it's a grant to facilitate.

Resources versus you know, providing those resources, we're just trying to facilitate that.

People get access to these resources and that they know where to go.



**Casavant, Robert** 2:42:16

Hmm.

And the last time of the state plan was written was in 2014.

1714 I mean there used to be a brain injury needs assessment or a brain injury plan in place, but be skip and the brand new association of Florida.

I think the last time they completed it might have been like 2016.

So so it's long overdue for that to kind of be reevaluated for sure.

So I have one more question.

I know we're over time, so I'll be quick.

So in your process and that process is for when you receive a referral, correct?

So how do you determine when you close your case?

Or do you consider it a case that they're a case closure that goes right once they're connected to the services that they were seeking?

So we just make sure that they get those service so they get signed up for outpatient, they find a support group kind of that's kind of where it is.

There isn't.

How do you track to know that they're getting those services before you close them?

The normal resource facilitators are typically, if they're assigned to a neural resource facilitator, then they're may walking along that process with them.

Now, if they just call and say, hey, what's the support group?



We don't call back and follow up with them that I'm aware of.  
I think it's we just give the information and that's kind of the end of that call.  
OK.  
Thank you.



**KIRWAN, JESSICA M** 2:43:38

Thank you.



**Casavant, Robert** 2:43:40

Thank you, Jessica.



**KIRWAN, JESSICA M** 2:43:42

Thank you all.



**Casavant, Robert** 2:43:44

Thank you.

Alright.

Are the committee members OK with pressing forward with with the new business since we're running behind? Right.

Umm can we go to fight?

Yeah.

Let's take five.

Yeah.

Yeah, yeah, yeah.

Let's take five.

I'm like, how do you see the weight shift a little?

And I don't wanna be screen.

My watch is going to get up.

Get up.

Thank you.

OK.

Thank you guys.

Ohh yeah yeah it's I have it here.

You know, but we have been.

In shipping.

Yes, you.

Ohh yeah, like this you know, track here.

Yeah, let's bring it back here.

Prefer you know, and I think flight.

That's simple.

You know the resources, so I was really excited as other acquired during the right out there.

And so I think that's what's unique about it.

And no, it's just phenomenal organization, so.

Yeah.

I don't want.

I don't know that that's kind of where we could go to similar to here, but we you know if you look at other like chapter affiliates of Burn Injury Association, they do things like what they call camps or they'll like offer services for weekend.

It's kind of like they're retreat, brain injury or caregivers or family.

And so I think it would be more along the lines, but we would never be a program similar to be where we could pay for that in a map.

That would be that level of funding.

So but yeah, never know.

You never know.

You never know.

You're right.

Yeah, but I just it's it's a change to see some of the patients really, yeah, especially at night and we're seeing so many younger, sure.

So yeah, the people in our community.

Yeah, I'm strokes and being, like, completely paralyzed on one side of their body.

They were the the caregivers for the family, you know, or like they were.

They were the breadwinner for their family and other family income and it's just it's just terrible.

I'm sorry I'm going to run to the restroom.

You guys can start without.

That's that we have bug rehab as a guest.

Yeah, that would we have good connections there.

Yeah, I think that would be.

So our our next face to face could be on the online and for yeah, but I'm saying well,

our next biannual it's going to be all.

In the spring.

Ohh OK good selfishly because like my.

This is.

Move it.

I think it's probably enough for most people because it's graduations, it's school, ending stuff.

You're the school year, right?

Because we live through end of year strings cost.

Yeah, yeah, not cost, but the meeting might purchase orders.

Everything hard.

Setting down room.

Yeah, all the legislation stuff just come out and we were down trying to meet those.

And yeah, at the end of the so like October, November, December is my.

Yeah, that's great than that it's on, yeah.

I'm just.

I think I'm gonna switch that around.

You get into it.

That's it.

Wired to have a face to face.

Yeah.

That'd be great before the holidays, right before the holidays before.

The to to do another face to face or just switch it from the timing it's it's in instead of in the spring, yeah.

OK.

Yeah, we'll be in person.

Yeah, it's about to die.

Yeah, it's like the end of her.

Yeah, dying down.

And it's like it's like.

You could just suggested that we have that we have.

Yeah, I would say like, yeah, you're yeah.

I start.

Yeah.

And I have to.

Sitting at the court, well, it it.

We're gonna have it face to face in the just a few short ones again.

I don't know if you all like.

This is the next area code.

I tried to tried to keep it.

Everybody, you don't care, you know?

Seeing that Jacksonville.

So you're saying?

I mean for, I mean it's the same distance, same drive from from Pensacola and Miami.

Six hours.

Yeah.

Yeah, I do try to keep it centrally and I myself that has got mad traffic in here.

It was nice having here where it's like we say in this meeting you have breakfast in the same building.

OK.

Yeah.

And the restaurant nearby.

Yeah, I did that.

Make it more.

Yeah, not the not the last time.

Bad.

It's just this is nice.

Yeah, last.

Who knows?

OK.

Well, internally, the this week is the national patient safety soundness and said you've got all once a year and there's a ton of people that attend that and then some specific state and especially things going on in Orlando right now too.

Yeah.

And always.

That one, yeah.

Didn't work out, that didn't work out well.

I'm trying to.

Yeah, yeah, yeah.

Sure.

I think all of us in people are back.

OK, the 1st order of business is actually something we skipped over, which is approval of the prior minutes.

Can I get a like, let's confirm that we have quorum.

Well, the only way to do that is to call.

Will call again.

OK, I'm going to think that we do have quorum here.

I haven't seen anybody leave.

OK.

Umm, so let's uh, I'll solicit for a a move to to prove the minute they make a motion.

Second.

Alright, thank you.

It's minus proved.

OK, so so as far as the new business that's that's on our agenda here, I the rims update, we already kind of went over the the homeless population.

Was there anything else that needed to be added, Amanda?

Uh, the referrals, you know, so if you wanted.

Well, I'm missing 2 managers here, but if you want to know any specifics about the clients that were on this report, yeah, the regional managers can speak to them.

Yeah, let's spend just a few minutes on that.

UM pose did you?

Uh, you're the first one back to put you on the spot again. Did you?

Did did did you interact or know any of the particulars for some of the ones that were homeless ended up on our.

Uh on our new data set?

Yes, please. Your favorite place.

So there's never coming back and John or lying in Roslyn comes back.

OK, let's start with Jose.

No, go ahead.

You're the start. OK.

Yeah, I did.

Umm, one of them's spired.

The hospital is Jackson, so he passed away and the other he was.

I was a gunshot wound and the other two were found unresponsive.

One of them was never identified as the one that you spoke cumulative morning.

Don't know he he was never identified in the last report we got.

We monitor a case for like you want.

The last report was terminal was wearing partnership for the state but.

Terminal and the other person got discharged from the hospital.

Know whereabouts and not even the sister that lived in South Carolina and new.

He was always home.

Yeah.

So, so so you just started back in the street and then he was out of out of contact?

No, we're about you see the according to the city is always live like that.

OK.

Yeah.

If they're referred to these skip then does that then become like something that you would help them do is to find housing.

Yeah, we OK.

But the housing issue, so yeah, I can imagine that we can.

Umm.

And that's not the only one we have helped clients that are homeless and actually one of them will be a successful story because he actually we were, he had all his therapies done.

Imagine behind a public, so the therapy she was a failure.

She wandered to the where he was living.

Yeah, he was referred to CIL.

He got his Medicaid and also finally got his so secure after two to three years because living in the street he would never responding the the letters and so security.

So finally got it and actually he stayed there on the street.

But he had the Social Security disability.

Wow.

So we do get cases like that in public.

And if the case managers.

Uh online that had any particular they want to share?



**Wanecski, John M** 2:54:40

This is John Wanecski from region four.

I mean, we have I have updates on all the ones that were on the on the list there.  
<redacted>



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

Yeah, Kevin, interview here.



**Wanecski, John M** 2:55:58

Sure.



**Casavant, Robert** 2:55:58

I think for, I think we're going into more depth than we need to.



**Wanecski, John M** 2:56:02

Ohh, I'm sorry. OK.



**Casavant, Robert** 2:56:04

Yeah, just, just don't say names.



**Wanecski, John M** 2:56:05

Anyway.



**Casavant, Robert** 2:56:07

Don't say names.



**Wanecski, John M** 2:56:07

I'm sorry



**Casavant, Robert** 2:56:08

That's all.

Yeah.

I I I saw including our packet here that we have some information like the resource guide and things like that was a particular person that was prepared to talk about those was that you or uh, the resource guides uh each region was asked to pull together what they had for homeless population in their regional areas and so that's what they have provided.

There's region 1234 and five.

Some of the hoses documents and I think I forget what maybe Roslyn's document was pretty big, so they're digital copies.

OK, I printed out the smaller version so that you could have these to take with you as well.

Do any of you want to talk about your resources that you have for the homeless population?

Basically what we do, we present to the homeless trust fund and that's, you know, that's mainly the the one that we that we provide for them.

But in their end, what Kimberly was saying, there's more information.

There is also an Miami, I think something's action.

I forget the name of it, but I know it's also a community.

Help the the system with the homeless so, but that's the only ones that I know of.

I wanna let you know that before anything because we talked about the emergency preparedness.

I had a guy there that I received in the mail that you might wanna take a look at it because that and check with your counties because there might be distributing that and this guy has it comes in different languages for us it even Creole and he has places where you need to call even for TV's and spinal cord, spinal cords and call and for the emergency when they have the emergency.

The guy, he's a brief guy, so I'll.

I'll put you.

OK, I have just a question on the homeless.

Do you all have a?

Are you aware of shelters that can actually provide some care?



**Wanecski, John M** 2:58:20

Umm.



**Casavant, Robert** 2:58:21

I know you know, sometimes we have people who are going home, discharging to the street essentially, and they cannot do all of their care on their own because of their level of ability in this House is one of the honey.

The thing is that with the homeless, some of them are really afraid going to the shelter.



Yes.

Yeah.

The barrier that we have, they don't want to go because if they don't go then they don't get into the list housing.

But if I can you say that last part again, if they go to a shelter, then they go to a shelter, they they get signed up.

Like, if there's and, they could get help, but if they refuse to go, they're not gonna be in that list, OK?

Yeah.

As far as like housing resources for the the the housing resource that that do exist, that's usually managed through like is it.

How does is that the?

Is that the federal agency or is there state equivalent of that that that that manages like like housing grants and things like that?

Well, in that area we have one that's both glad that isn't there.

You will have for many spinal cord and they do housing.

That is, I think they have like, the open for this.

It's OK and we have clients that are going in there living ohh.

They have a facility specifically for spinal cord injury, correct and people that are are previously homeless.

Yeah.

What's the name of that?

I'm curious.

Squad is the CL ad I CLA alright, I've never heard of anything that before.

That's really good.

Yeah.

Yeah, buildings.

I have one of my clients.

When I was a manager and then he got into the house.

Awesome.

Yeah, I don't know of anything else in the state.

I mean, I didn't know about this previously.

Are there any for our our other case managers on the line?

Are there any other resources like that in the state that I actually have housing solution for people with these injuries I?

I'm really curious what the kind of the the financial model is for squad and if it's something that and not the B skip would reproduce it, but if it's reproducible, yeah John or Eve, are you aware of any in your region?



**Brewer, Evelyn T** 3:01:01

I am not aware of any specifically no.



**Wanecski, John M** 3:01:08

No, not not super specific, no, you know.  
County health facilities and Salvation Army.  
And you know, that kind of thing.



**Casavant, Robert** 3:01:22

OK, my understanding is that there there are long wait lists for for the resources that are available for people who are homeless.



**Kevin Mullin** 3:01:23

This is Kevin Mullin.



**Casavant, Robert** 3:01:31

You know, the years long and there's all these criteria for that on with an injury.  
Sometimes that might increase their need for housing.  
It has the biscuit case manager has ever been involved in kind of helping connect those dots with their communication to make sure they those those criteria, met to to help people, patients get those resources.



**Wanecski, John M** 3:01:57

I I haven't.



**Casavant, Robert** 3:02:00

You know, OK.  
Kevin, you have your hand up.



**Kevin Mullin** 3:02:07

Yes.

And also depend upon doctor.

I guess he didn't's gonna be looking into squad, but that might be another link that we can put on our B skip website because that would be a tremendous resource.

It, like I said, well, like Doctor said, compared to whatever.

It's funding issues are rules or regulations to get in, but that might be also another area that we can add to the site.



**Casavant, Robert** 3:02:32

I have the.

Yes, please.

Yeah.

And it's to all the Council members.

Yep.

So Jose, if you send that to Caitlin or I, we can forward that out to the Council members.

Just to follow up on my previous question about the kind of prioritizing people on on, on housing lists, is that because these housing lists don't exist or having this neurological injury doesn't move them up that list or is just that's an opportunity or the third option is, is that an opportunity that can be done in the future?

It sounds like a big unknown.

OK, it also sounded like didn't wanna even go to the shelters, which is the trigger for them to get on lists.



**Wanecski, John M** 3:03:19

Yeah, I.



**Casavant, Robert** 3:03:25

Yeah.

So that is a bit.

Yeah, in my experience, that's a big problem.

Also, sometimes the homeless programs are geared towards employment and employment is a problem for clients that have medical issues currently going on at that moment.

I'm not saying that's always the case, but that is what a lot of the programs are geared towards, especially the federal programs.

Yeah.

So just to share a story at the queue.

Care possible?

Where do consoles?

There's a young man, I think gunshot wound, and he was completely paralyzed.

But you know, he spent, you know, for six months on the queue care side.

UM.

Deviaton got to the point that he was really kind of independent from wheelchair level, but you still don't didn't have access to housing and I think he even though he was functionally independent and could have lived in handicapped housing without assistance on, he was eventually discharged to a skilled nursing facility.

Umm, because there is not housing available to him and and no point kind of.

Was he in a position to to report to A to a homeless shelter?

But yeah, so that's kind of the the the case I have in mind.

Oftentimes it's a lot more complex than that when they have cognitive deficits and or higher level injuries.

But that's kind of the opportunity that I have in mind.

So my request is a Council member is kind of for the B skip to look into this more and add it to the agenda for the next Council.

Uh, I think that ties nicely with that or can tie along is what we were just discussing.

Some of them don't have jobs and they need book rehab.

And so perhaps Volk rehab can be a guest at our next meeting, see if there's any.

Got this opportunity there.

Yep, I think in general it would be good to kind of hear the interface the the to hear more about the exchange as biscuit wraps up and the vocrehab comes into play.

Be great to hear more about the interface, OK.

So the next topic on our agenda is the adopted Charter.

That's that's one of the same as the bylaws.

Or is that different?

The Charter is, yeah, we need to renew every year, bylaws is in standing from 2016, but there was a recommendation at the last Council meeting to make an amendment to the special committees Section 2 membership.

So if you wanna do.

Charter first?

Yep, let me just find that for myself.

You passed.

So with the Charter, there were no recommendations for change at our last meeting. It can't stand as is.

If you want to approve it to move it forward for another year, continue with our same committees.

Or if you want to make changes to your, your goals and your objectives, that's open for discussion.

Is there anyone that that that has any specific change that they would like to propose to to any of this?

I'll just from the Public Awareness committee.

You know, I think we're making progress on our goals.

I wouldn't say that we're there yet, so I would recommend that we continue along those lines.

Yeah, I my opinion is gonna be able to do this kind I in order here.

You know, we really haven't had quorums for councils and it's hard to kind of further some of these kind of state objectives without that.

But let's let's address the bylaws and then maybe in the future we can circle back to restructuring the committees if we see fit.

The only change that I see on your Charter is the Council members, of course, that will have to be updated, of course, yeah.

So other than that, are you all in agreement to keep the Charter as is, except for updating Council members?

Yeah.

It's so you can notion that today.

Yeah.

I just have a question only for clarification.

Under objectives for goal one, it talks about evaluating, monitoring and providing guidance for quarterly reports of program services.

So we've been meeting every other month and then, you know, report here at six months.

So do we.

Are we concerned about that language?

On that.

But I just want to. OK, yeah.

So I'm I'm proposing that we, you know, just modify according to the correct Council members and keep the rest as is. So.

 **Kevin Mullin** 3:08:54

This is Kevin.  
Mullin I second.

 **Casavant, Robert** 3:08:57

All right.  
All in favor all day any in opposition.

 **Kevin Mullin** 3:09:00

Aye.

 **Casavant, Robert** 3:09:04

Alright, thank you.  
Motion passed, right?  
So I will update the the dates on this and the Council members and send it back out.  
OK.  
And then the next order business is the bylaws, umm, and if I can find that for myself, this is a change that was that we discussed it last meeting.  
Should be your life stocking alright.  
The very last document I'm told.  
Nope, Nope.  
Yes, alright.  
And there's one there's one section that's highlighted.  
Umm.  
Looks like it's uh, they're not numbered.  
But in Article 5, umm, this is what was previously discussed.  
I think one year ago. Yes.  
Yep, I'll just it's it's a I'll just read out loud.  
Special Committee members, members and apostrophe members position on a subcommittee will be vacated if the Council members unable to attend to consecutive subcommittee meetings and end point in time, and Council member has the option to be reinstated by making a request and attendance of the subsequent

subcommittee meeting, and this will allow us to kind of, uh, as we discussed, allow us to kind of have a more consistent membership in in be able to move forward with with the goals of each each sale committee or special committee.

Any comments?

I agree with that.

I just also wanna composition.

We may have to update that based on the legislator legislation and some governors desk.

Which was composition with two persons.

Ohh sure.

Yep, good catch.

But I I that will be that will be pending the governor signature.

OK, this is somewhat of an aside, but you know, with those Members, maybe there might be an opportunity for kind of a a a committee more on those on that topic if if they want to, if those Members want to emphasize that you can can you refresh my memory.

Is there some similar like language on committee meeting or like Council meetings too?

Like, if they're not present for two consecutive Council meetings in sunshine law or like 4 or fall.

Any reversals?

I'm sorry.

So sorry, so that would be set by legislation that we don't have the we don't have the option to choose or change who would be on the console or not.

OK.

But we do have as a Council, we do have the ability to to change some rules around the committees.

OK.

Yep, especial committees or anything stating that legislatively, I don't believe so.

OK, cuz I spoke with legal.

I spoke with legal on all this to ensure that we were able to do that.

OK.

And so once someone is appointed to the Council, they're on there for four years unless they resign.

OK.

Even if they're inactive, well in no now if they're inactive and it's in your bylaws here, they can.

They can be removed.

That's what I if there was getting.

If they're inactive for, I think it's in here.

They can.

They can be removed.

It's part of the duties.

I'm not sure if it's up here.

Right here.

Membership resignation.

Termination and absences Section 4 because you have your under composition and membership, you have your membership appointments you have.

I'm sorry.

Thank you.

You have your membership terms and then you have your resignation termination in absences, so if any Council member is absent for two consecutive meetings without notice, their second second consecutive absence will be considered a voluntary resignation.

So it's actually very similar language, right?

Yeah.

Yeah.

So I make a motion to approve this change and then pending the change.

OK, OK.

And OK, all in favor, I and in in disagreement opposition.



**Chester, Don** 3:13:10

I.



**Casavant, Robert** 3:13:16

Alright, motion is passed, so change this language and you can just send it out to make it official please.

Yeah, OK.

Uh.

And so we're right 340, we've got 20 minutes to make the most of it here.



Any other new business that that people wanted to bring forward that's not on the agenda?

I had a recommendation for the Council that we talked about briefly this morning at the committee meetings about how frequently you want to have your committee meetings.

We started out monthly.

Two meetings every month.

Then we went to one meeting every other month and you know, Quorum is always our issue.

I recommended just for just throw it out there quarterly meetings.

I don't know how the Council feels about that.

I'm trying to, you know, make it most productive for everybody's time because I realize you're volunteers for this and to move forward, we have to have Quorums to vote and that that's always been our issue, right.

I wonder if we send out the information about the change setting that we can, you know, if they're not active, then we have to remove them.

I wonder if that will help.

And then we will increase people's attendance and so maybe we could keep them every other month.

Ohm.

Yeah, I uh, I could work, at least for our public awareness.

I think we're making to action, you know, gaining traction.

And so I'd hate to.

Shift because sometimes just in my experience, going to quarterly meetings or or a longer period of time, there's you're like repeating and revisiting because there's almost too much time in between.

Secondly, agree.

So you you, the Council, would like to leave these as is 2 committee meetings every other month.

And so the next committee meeting will be in June.

Well, we're just having this now.

So do you wanna wait until July to have to start at the beginning of the new state year and start the rotation then?

Or do you want to have a committee meeting in June?

Umm yeah, I think so.

Scheduled in June, I think is.

What is it Caitlin?

The Qi.

Yeah.

OK.

So like, we'd have to ask Madonna.

Madonna, which she wants to do.

What would you like?

Thank.

 **Stotsenburg, Madonna** 3:15:49

I think with that I know that we've had a little bit of quorum issues, but I like having the every other month.

I'm just because it we are also starting to gain traction on opportunities and projects and I think maybe we have an opportunity to reach out and provide.

 **Casavant, Robert** 3:15:56

OK.

 **Stotsenburg, Madonna** 3:16:07

Umm.

Touch points was some of the committee members.

 **Casavant, Robert** 3:16:12

OK.

So then what I would like to do is starting after the June date is to go ahead and prepopulate those dates.

So everybody knows in advance when the meetings are going to be, uh.

The only one that is gonna be not on the calendar at this time will be our next face to face meeting or our next Council meeting, which will be a face to face meeting which I intend to have in the fall to change it from the spring to the fall.

So our next biannual meeting will be in the fall, and I'm anticipating that to be the end of October, the beginning of November, before holiday start, we're at the end of hurricane season and it's a quiet time of year, so that that is my intention for that.

So Caitlin will go ahead and schedule all those meetings in advance.

You'll get calendar events for them through outlook.

You'll all get calendar events and then if you want we can send out an email that lists the dates in an email as well, so that will cover for those that maybe don't get the calendar event.

Yeah, that'd be great.

Well, that also include our our in person meeting as well.

I can put tentative dates in there for in person from.

Is there a timeline for like how far out we're like supposed to or like, you know, trying to get information out.

And then we had a struggle with like where the hotel was going to be and stuff.

But I'm wondering if it would be I'm only required to have two meetings.

Yeah, a year and it can be this month and next month if I wanted them.

So I try to do it like every six months every six months.

Yeah.

So because you have so many committee meetings in between.

So me having it the next face to face this fall might be pushing it a little close, but I need to change the time of year that we do a face to face.

OK to make it, I just meant like sharing the information maybe further in advance.

So that way people can plan to travel, we do try to do that.

Yeah.

Yeah.

Poor Caitlin.

She struggled with the hotel.

That was our biggest hold up was the hotel because I can't make a date and I can't put anything out until I secure a hotel.

And so yes, we we will start much earlier, won't be so busy.

I don't know, but we're going to we're going to start much earlier because we learned on what some of the hurdles were.

So before this Council meeting, the Bureau had somebody who did all of our meetings for us.

So and then that person left.

And so all those meetings have come back to each section.

So we we all have to do our own.

So, to be honest with you, Caitlin and I have never done this, but we pulled it off.

You did?

Good job, good job.

So hats off.

Thank you, Caitlin, not me, because she she did the nuts and bolts of this whole meeting.

And so I I couldn't have done it without her.

Right.

I've got one thing to add to the agenda to discuss with you all Council members there's a program that saved Florida.

Hopefully you're aware of it.

It's called JP pass.

I I do, you know the acronym, what it stands for, but I think it's a memorial.

I think JP is something I always get.

The James personal assistant and I get I don't get the rest of it.

I get the James Patrick part.

Yeah, I can tell you all look it up here.

So I can talk and telligent, but while she's looking it up, it is a fun that it's just people with personal with the cost of personal assistants.

I who are employed full time, I think it has to be full time.

Yeah, but it's it's a resource that is funded by the state of Florida and it's from I like I think, sales taxes that's collected post facto, James Patrick, Personal Assistance Services is the last us.

So, so by statute, the Advisory Council, the language doesn't quite match up, but the head of the Advisory Council is supposed to sit on the board for the James Patrick Personal Assistance Services Advisory Council.

So I'm uh, I've I've now become that person.

Uh, it it?

It came up through legal.

Yeah, it was brought to my attention through legal that I was not to be the one sitting on the on the Advisory Council.

There was something that came up in so so instead of being administrator, it's that the actual Advisory Council had.

But it is me or my designee.

But if someone has a personal interest in this or a personal connection to this and like to serve in that role, who's also on the Advisory Council, I would please ask you.

Let me let me know and I'd be glad to pass the torch to you.

And if there's multiple people, then we can of course have a discussion for that. Is there anyone on the Advisory Council online that that, that that's worked with this or or or is interested in this either?

They they don't meet that often, but maybe every three months.

Yeah, I think it's quarterly.

It's orientation and training involved with the people who are those personal assistants?

I'm just curious to how it works.

Umm, so the yeah.

So the fund itself is provides funds to the.

The money actually goes to the individual.

Uh, who with the disability and then the individual with the disability, pays someone to provide those services.

And as you don't know enough about the program, but that's essentially what the financial structure is.

It's it doesn't take too spot on quarter brain injury.

You're just people with disabilities.

It's typically spinal cords.

OK.

Umm.

It's people need the the person getting the funds has to be full time employed, correct?

Yep.

So they do work with the Office of Application Rehabilitation, but I've had pinged to my own that they're gainfully employed and but their family members have been taken care of them.

But they're family members are getting older and older, and they're looking for solutions.

So specification in mind, I told him twice about it, but hopefully he takes the initiative on himself to go through with it.

But that type of that type of situation, they're tied to the Centers for independent living, too.

Yeah, yeah.

I mean, we can talk.

I I said if you needed. OK.

Very good.

And it's really a nice group of people.

Yeah.

It's a wonderful, umm, prod or not project, but program it really is a wonderful program out there.

Yeah, sounds good.

Alright, so if if there's no one else that's interested, I'll pass the baton on to you and you can let them know.

But that would be another kind of we're collecting kind of lists of other people that we want to interact with.

As far as the Council means, but that might be another opportunity in the future.

Maybe VR can speak to it.

OK, OK.

Council meetings before I would invite them back again.

Absolutely.

Think it'd be great having them and be our next?

Yeah.

Yeah, we've never heard of them even while people are kind of early stage disease or soon after their injury, even knowing about these resources in the long term can really kind of shape things in their mind and let them envision the future, even though we're just focusing on getting home at first, especially with the script services.

But to have them have that foresight is really important.

I had a couple of questions.

Yes.

Umm.

Is it a possibility to have more of an orientation process for Council members when they join, whether that be like meetings with certain members of B, skip, or maybe recorded sessions?

I feel like and this is only my first, I think I'm finishing my first school year.

Maybe this year, but I feel like there's a lot of questions that I ask that you have to tell me.

Ohh yeah, we have that already.

No.

So I just feel like I could be more informed ohm.

And so I was wondering if there was a process that we could help create or recaps to be created.

Council can help to put together what?

That you would like that process to be absolutely OK.

Yeah, it's typically when we get new appointments, they you all get your appointment letter and then we send out the welcome and I send you the copy of the bylaws and Charter I explained to you kind of what the role is, how often we meet and pick a committee.

I think there's just so much about the there's so many different facets of the program that there's just a lot of opportunity that we could learn about what we what everyone does.

So you want like you would like the new Council members to have an orientation on what the program is now.

Yeah, sure.

I don't like, you know, like the regions and you know how many people are hired within, like, how many case managers each region has and the number of people that are served.

So kind of like infographics on the program.

Yeah, exactly. OK.

And we'll say too, like I am much more of if you give me a lot of things to read all at once, I don't know if that I retain all of that.

But I remember a conversation or like so that might be different ways to learn might be a great idea too.

And then like kind of rules of like how we can interact with one another as talents, members like outside of, you know, just kind of a brief flurry sunshine.

Yes.

Yeah, yeah, yeah.

The ones that we were like, ohh yeah.

Leaving, waiting that we get in trouble sometimes when we you know.

So and that's OK.

I think that would be great.

I don't know if that needs to be able to tell you if it needs to be a separate committee that you know that works on that or how, but I would to to work on that project and the indoor even draft.

Some things people could throw away and then the next meeting in person meeting

we could have.

Kind of working sessions. Could we?

Could we forward that to the to the quality Improvement Committee?

Umm, OK.

 **Stotsenburg, Madonna** 3:26:57

I would love to take that on.

 **Casavant, Robert** 3:26:57

And that's the problem.

What was that, Madonna?

I'm sorry, Madonna.

We couldn't hear you.

Ohh, we might walk through later.

I think I heard an affirmative.

I thought I saw her.

I'm happy to type.

We're happy to take that on, but didn't wanna take for her.

And then I'll have a couple more questions that I kind of wrote down the stars funding the we get any sort of funding from like traffic situations, OK.

 **Stotsenburg, Madonna** 3:27:26

Yes.

 **Casavant, Robert** 3:27:36

Oh, yes, yes.

OK, I thought I didn't know that we did.

I knew Alabama did, but so like, that's the kind of stuff that.

Yeah.

So that's all in the Florida statutes.

That explains what the where. The funding. Yeah.

No, that's OK.

That's where the funding comes from.

OK.

And it comes from boating under the OK.



So it comes from DUI's, boating under the influence, uh, temporary tags, motorcycle specialty tags.

I'm missing one.

I'm missing one.

OK.

That's great.

Yeah.

Yeah, we get we get like either a a percent or a dollar amount and when it's a dollar amount, don't get excited.

It's like \$3 or something like that.

Civil penalties.

That stuff I was missing.

Civil penalty?

Yeah, but it would I you know the the website does the statutes in and there's some information along there as far as the my input from it is all the meeting mints are available from all the past meetings going way back.

But that's a little bit too much to swallow, so if there can be any kind of summarization of that to kind of get some historical knowledge to this edge account.

So I think part of this why this is coming up is because so many of us have only been on the Council for for two years or so.

I'm yeah.

So I've only been in two years and a lot of us are very new.

Umm, sure, yeah.

And we do the financial review.

One of the meetings a year, right?

So like in our next one will have the financial I don't usually bring budget to the Council.

I can answer budget questions, but I don't actually bring budget into the Council.

OK, thought we saw something which I think is that the request to do them but.

It brings a lot of controversy, OK?

And uh, my chief recommended that I don't bring budget into my council, but I can ask, I can answer your budget questions.

So if you want to know revenue amounts, if you wanna know where money is being spent or how much like.

Yeah.

I mean, obviously we have a service, the percent that goes to salaries to pay for all of our wonderful people that work within the program, and then this much goes to helping.

Yeah.

So the annual report that gets posted every year, you can see the breakdown of all of the costs and expense in revenue.

OK, so I can bring the annual report and we can review the annual report.

That's perfect.

Yeah. OK.

OK, I do.

OK, two more questions.

I'm so sorry, the web, a website question or testimonial is gonna be put on or those success stories that we hear that is a long wish list.

Testimonial.

That's why.

OK.

OK, the success stories are just so great to hear.

I think spreading the word on those and social media someday it would be great.

What is the last question?

I promise when someone is so they send an application or a referral and they are denied what is given to them when they're denied.

Just say you did not qualify and that's it.

Or is there like this might be a better place for you to go?

Kind of so discussion.

They're given a closure letter, OK.

And some of our closures are.

Really hard closures.

They aren't just black and white, OK?

And so on.

Those ones that are hard decisions and they're typically ones that go to our nurse consultant and she does a review of the medical review, we call them Gray areas.

We're not sure, so our staff can send it to her.

She'll do a review on some of those closures.

There are specific closure letters that go out that are signed by me, which are very detailed as to why they did not qualify so that the person really truly understands

statue and what eligibility is and definitions and so forth.

Majority of our closure letters are sent right from the regions and they are told why they don't qualify, and then they're also given additional resources and the link to our Resource Center.

And they're also given the opportunity, if they want their case to be reevaluated and reopened, they have that opportunity to call back and ask for their case to be reopened in applicant status.

And in in service status.

So when an in service client is closed because they've now met Community reintegration, they have the opportunity to come back and ask for their case to be reopened in a post closure status in a post closure status.

That bullet we're gleaning from the then it we need some more participation so.

And maybe that's, you know, also goes to the quality committee to discuss.

And then the second was the the goal for the percent to increase our percentage of those referred and those served and we heard that this last quarter we did have an increase in referrals and was attributed to the inservices and things that happened to some of our facilities.

And we're going to the next phase of the survey.

So again, maybe that.

That's what it was.

She's sitting out three surveys a month.

Every single month there, ignoring those five month too, does survey.

Those are the surveys that were created by the Council, like 8 different, right?

I know, but I'm worried that there's just too many, you know, and they're like, already answered that.

And so we don't need, they're going to different people.

OK, good.

They're different people because they're different surveys.

OK.

So, OK, good.

One is for, I think currently enrolled clients.

If you're gonna have to help me out on this one, so there's a there's a six month, six month one and then closure one.

OK, I was worried it was every month we were sending it to the the same people.

Ohh I was like, oh, that's good.

No, they pull.

They they're actually pulls clients for Becky and OK, so that's how we identify who the surveys are going out to.

OK, great.

Have a question, would it be possible on the places that we are doing presence physically and those meetings that we anticipated, we're gonna be there to have similar type of survey and putting nearly how can we make it better?

How can we help and make the survey available there?

Yeah, to be able to schedule an in service after that face to face encounter face would be a good place to start doing that.

And so we try to take the laptop down there with us things online.

Sometimes that works, sometimes it doesn't.

So yes, and the answer to your question.

Yes, that's yeah, that's excellent idea.

And then the last recommendation I just had was can we put on the website?

Yeah, looking at you, but it's hurricane season time, the the links for where they can go to register or preregister for getting them we have.

We.

Remind your wish list why longer time so sorry, OK.

I that.

Ohh OK.

OK.

OK, that's development.

So yeah, there's some things are done on the fly, so adding those.

OK.

Alright, so we're nearing or we're 3 minutes past our our our designated time.

I think we do have to open the floor for any public comments for anyone that's in attendance.

That's not.

That's not on the Advisory Council, are there?

Is there anyone present that that has a public comment?

Alright, thank you very much.

So, uh, we're at this summary and enjoyment stage of of our meeting.

I I would if there's online, I would like to thank the emergency in emergency response.

Uh coordinator, that was present, Billy Mills.

And thanks to the the Bernie Florida.

And so I'm gonna say it wrong, but the ACL?

Uh in in initiative for presenting and I think we made some important changes to the bylaws, so our subcommittees or sorry our committees can move forward a bit more, but I want to thank everyone for attending umm anything else or or ask for for motion to adjourn.

Motion to adjourn.

Second, second.

All right.

● **Casavant, Robert** stopped transcription