

BSCIP Advisory Council Meeting _ In Person-20240516_085751-Meeting Recording

May 16, 2024, 12:57PM

3h 29m 36s

● **Casavant, Robert** started transcription



Casavant, Robert 0:06

So we're gonna go ahead and start our first Advisory Council meeting this morning for our morning session and our first committee meeting is going to be the performance, quality improvement and I want to welcome everybody and thank you for those that have traveled.



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Alright.



Casavant, Robert 2:31

I I know that probably took you out of your busy day, but maybe it also gave you a break.

I'm here today.

I will see.

So with that, I'm going to turn this meeting over to Madonna.

Madonna, are you online?

Madonna.

OK, so perhaps she's not been able to log in yet, so we'll go ahead and we'll move forward with a roll call.

Caitlin, you can do roll call for us, please.

(background)

Can you hear me?

No, it's very low.

OK, Madonna stoltzenberg.

Kevin Mullen.

Jennifer lannon.

Ruthie and Tattersall.

Jill olenek here.

Don Chester.



Chester, Don 3:43

Here.



Casavant, Robert 3:46

Patty Lance.



2b9928db-3cc0-4a0e-8b82-8b5193fd0423 3:48

Present.



Casavant, Robert 3:51

Daniel Nicholson.

Michael Fada.

Doctor Adriana Valbuena present Doctor Brian Higdon, present.

Carrie Rayburn.

Brother.

Doctor Abilash haridas.

I don't have that.

You're that.

OK, so currently we don't have a quorum.

OK.

Alright, so since we don't have a quorum, we cannot both on October minutes, December minutes, February minutes or April minutes.

And in this meeting, we cannot vote on anything, so everything will just be for discussion.

So since Madonna is not online just yet, I'm gonna go ahead and move forward with our meeting on the agenda and she has improving the quality of work and staff performance.

The RIMS update data field to capture homeless population, so that has been in place since February 28th and that is also a topic of discussion in this afternoon's meeting in the attachments that were sent out in, I think the afternoon meetings is, uh, the results that we pulled back from the homeless that we were tracking, I can go over that briefly this morning if you all would like and we can go into more detail this

afternoon.

Sure.

Ohh, I'm sorry.

OK, so we were able to identify 16 referrals that came in as homeless.

There were like two brain injured ones from region 2 and Brevard County in region four.

They had a total of five.

Four were in Broward and one was in Palm Beach, one in Palm Beach was brain injury.

Three were brain injury and Broward and one was a spinal cord injury and Broward in region, 3 in Hillsborough County.

They had two brain injured region 3.

Pinellas County had one brain injured and Region 3 Sarasota had one brain injury.

Umm, no, I think I already did region 4 as I skipped around there.

I apologize, a region one in Duval County had two brain injured clients in region five had three uh brain injured clients that came in as homeless in this afternoon's meeting.

2

2b9928db-3cc0-4a0e-8b82-8b5193fd0423 6:29

It's a blessing.



Casavant, Robert 6:30

There is a a referral, umm or in your attachments there is a referral document that breaks down I think who the people were and you'll be able to ask the regional managers updates on those clients this afternoon if if you would like to know more information about them they're they're prepared to speak about that.

So that is working that we are being able to identify them some we have, I I can tell you we had one that came in that had no name and so sometimes we get referrals from the traumas when you know maybe it's a gang related and they don't don't want to identify the person or sometimes they just don't have identification.

So we didn't have one unknown unknown any questions that you wanna ask about that this morning?

I I this is again I just want to say thank you to you guys for starting this data collection at a request and I think it will then insights to problem that a lot of acute care hospitals see every day.

As far as these these cases where it's they're already kind of homeless and then they have a neurological injury can be really challenging.

It's interesting to me that that's very predominantly brain injury and I think that's more than our usual data.

Umm any insights or any in any ideas from from why that's the case and there's nothing.

Pardon me.

I was just saying, even mechanism of injury.

That that could be it.

It's also when in this afternoon we have a interactive map that was in your attachments that will show you that we typically receive more brain injured referrals than any other injury than spinal.

Then dual.

And it's gonna show you on the map of per region.

You know it.

It outlines it so that you can see at a glance it's like a snapshot that you'll be able to look at and actually see the dynamics of where our referrals come in and kind of give you a reason on why.

And you know, obviously in the cities, uh, we get more of those injuries than we do in our rural areas.

But specifically to answer your question, I can't answer your question because I really don't know. Yes.

But umm, but it's been very interesting tracking these and and of course we're gonna continue to do that.

And we've talked with Amanda on maybe other ways that we can improve that tracking.

So this was our first run.

Her team has done a fantastic job implementing that into our system and such a short time.

And so we are able to collect some data to present back.

So and also.

Back there on the table in in the attachments.

Umm each region went out and collected resources that they have for homeless people.

Specific. Yeah.

So some of the documents were too big to print out.
So that's why they were some digital attachments in there.
But we do have some resources back there that you all can take with you as well.
And then you have of course the attachments that were sent via email.
So they've done a good job researching all of that and providing resources.
So excellent.
So any other questions, comments.
OK.
The next item she has is a report on the number of referrals.
That also is in this afternoons.
Umm.
Meeting and I think there might be an attachment in your packets with the
breakdown of referrals.
I'm not sure if there is.
That was a pretty big report.
But no, I don't.
I don't have it in in the package, so it's probably just an attachment, and if you want
that I can pull that attachment up.
If you wanna look at it, I did notice that.
Didn't you say there was 100 and some more referrals from the last time we ran that?
They're.
So there was an increase and there was some new facilities that had referred that
weren't reported the last time we ran that as well.
So are getting out there in the community and the managers getting in front of
some of our referral sources has really improved the referrals coming in so good.
Right.
Ohh, just doesn't further this afternoon I thought yes.
OK.
Yeah, some of these are repeat or what's on the app, OK, which I I didn't realize that
when Madonna sent me her agenda.
So I it's alright.
Alright, the next agenda item is the facility survey updates and Becky, do you have
anything to report on that?



Robinson, Rebecca 11:34

Now I do not.

I thought we were supposed to send it back out to the council members to look at the questions, to see if they needed to be revised before we sent them to uh.

I thought the next group is going to the rehab facilities.



Casavant, Robert 11:51

That's correct.

And I'll take the bullet for that.

That's my oversight.

I should have sent that back out and I apologize.

I didn't send that survey back out to you all, but if you want, we can pull that up and kind of look at that and make and have discussion on that.

Go find my file here.

Rob, I don't think you have that file.

It's, uh, surveys the facility surveys.

I know, Becky said it to me.

So let me find it.

I got it right here.

It is.

It is to SurveyMonkey.

Do you have that one?

OK, I'll let you share it.

Can you guys see that?

OK, it's it's on the screen behind us too.



Robinson, Rebecca 12:55

Yes.



Casavant, Robert 12:56

Good enough.

OK, so Becky, you wanna go ahead and go down through these questions?



Robinson, Rebecca 13:02

Sure.

Of course, we're just gonna have them do the facility name and contact person and

phone number, but #2 is is your facility, your staff aware of section 381.76, Florida statutes regarding the referral time frame?

Yes or no?

What resources would better support your facility on the referral process?

What barriers, if any, do your staff experience?

Does your facility or staff know the criteria for referring someone to the brain and spinal cord injury program?

And then if it's no, they have to explain why.

What would help their staff, #6 has your facility or staff been referring to the brain and spinal Cord Injury program?

Yes or no.

#7 is your facility or staff aware of required information needed for a referral?

Yes, and if no, would your facility like to schedule an in service, please include a contact information below and #8 is your facility, your staff aware of what services are provided by the brain and spinal Cord Injury program for eligible clients, yes or no.

Same thing and nine would which patients do you refer to?

The brain and spinal Cord injury program all level 1 trauma patients.

All patients with dramatic brain or spinal cord injuries or patients with brain or spinal cord injuries who may need assistance from the brain and spinal cord injury program with equipment therapy or community resources.

And lastly, what is your perception of the brand spinal cord injury program?

So do any of those questions need to be revised?



Casavant, Robert 14:42

I message option would be adding more than one contact person.



Robinson, Rebecca 14:43

Or the rehab facility.



Casavant, Robert 14:47

Umm, just so that there's if they happen to leave.

There would still be someone that would be a contact person for the program.

Well, and if they're coming to rehab, the thought is, is that they should already have been reported, right?

So it would be helpful to know, are you aware of clients being already having been reported or referred to the program or are there patients that aren't being referred? I mean, I don't know how we word that, but you know what I'm saying?

Like I wanna understand if we actually already know that that they've been referred or they aren't and then we're referring from a rehab standpoint.

Maybe something like umm?

How often do you have to refer patients to be skipped program and then you can list like number options like you know less than five or and give an option of they're already referred to the program when they come.

That's a good one.

I like that one.



Robinson, Rebecca 16:02

The other suggestions.



Casavant, Robert 16:11

We're remind me who exactly is going to.



Robinson, Rebecca 16:12

And on the list.



Casavant, Robert 16:16

Alright, who exactly is gonna be receiving these these surveys?



Robinson, Rebecca 16:16

And just like go ahead.



Casavant, Robert 16:20

Like who is in those institutions?

That'll be for a rehab centers.

Yeah.

Rehabs.

How do we identify who within those?

Or do we just give it to research?

Who?

You're gonna send them to specifically like we did trauma. Yeah.

That's part of our struggle, right?

We're gonna have to, and we can go back to some of our referrals that we have received from the rehab centers to get contacts from maybe the case managers or whoever is referring from those facilities and perhaps start with them with the surveys, OK, have you seen only digitally you send them?

Is that what it is?

Yeah.

Back you only send them out separately, right?

So yeah, you send these surveys out digitally, not via mail or email.



Robinson, Rebecca 17:01

Pardon me.

Yes, yes, yes, yes.



Casavant, Robert 17:07

So you send them email, OK.



Robinson, Rebecca 17:12

And that was gonna be my question.

If we find, are we gonna be able to find more than one contact person to send them to?



Casavant, Robert 17:20

Well, what we can do is look at our referrals that we're currently getting and look at those central registries referrals that come in because they always have the contact person who sent it.



Robinson, Rebecca 17:25

Right.




Casavant, Robert 17:31

Ohh, I'm sorry, I meant I misunderstood.


I thought they were filling out the contact information, so I thought it was like like sending it to one person in the facility.


Might be OK, but then adding another person for you guys to contact as what I was suggesting that would be great, right?
Instead of like, you don't have to send it to me.


 **Robinson, Rebecca** 17:48
Yeah.

 **Casavant, Robert** 17:49
People at one facility.
But then if I'm likes manager I could add another case manager to your list as well.
That would be fun.

 **Robinson, Rebecca** 17:56
OK.

 **Casavant, Robert** 17:57
It's a great idea and some sending it that would be hard to track down multiple people for.

 **Robinson, Rebecca** 17:58
Yeah, I could add another section up at the top.

 **Casavant, Robert** 18:02
Excellent.
It's, but they could share that information with you.
I suspect most of us could probably at least get you the contacts from our facility.
That would be appropriate to send to you, and I can do that for the whole state of Florida, for our organization.
So, OK, that'll capture a lot and that would be wonderful.
Did you hear that, Becky?

 **Robinson, Rebecca** 18:22
Now I didn't.

 **Casavant, Robert** 18:25

I would.

This is Jill.

I was saying that I can request contact names to send this to for our organization across the state of Florida, so that'll capture a good number, I believe bring up the front.



Robinson, Rebecca 18:39

And that's good.



Casavant, Robert 18:41

Yeah.

Or more baby and.

And then if each of us on the the Council can reach out to our contacts, we probably can at least get some more names that way as well.

OK.

And doctor Hicken, didn't you in previous meetings talk about ACA having a list of rehab facilities as well?

Without that, where you're resource, no, but the medicare.gov Medicare site.

It's like Medicare care compare.

You can get a list of all Irfs uh by state, OK.

That'll be a good resource as well.

Thank you.

Alright.

Do you wanna move on to question?

Well, what?

When were you asking the question?

Three, Becky, you were on screen.



Robinson, Rebecca 19:35

I just read through all of them and I asked if we had any changes, suggestions for changes.



Casavant, Robert 19:41

Yep, it's.

The question about I think it's question #2 about the timeline.

I think we, I think this question is reused from the from the acute care hospitals for the the timeline is a little bit less pertinent to rehab facility because uh it the boat is sort of been missed as far as the the the timeline from the acute injury.



Robinson, Rebecca 19:49

And.



Casavant, Robert 20:07

So in some ways it may be less, less, less relevant to rehab hospitals in and they're just more plain catch up.

So are you wanting to omit that question?

I'm so over this up for conversation.

I don't know if my my peers have have suggestions or how to modify it, or you just a little bit Kim so I can read that one.

So referral time frame is within 72 hours or something I think is with the what it says but you know no ones coming to rehab hospitals.

You know, before that, right? Yeah.

I'm with you on the same thing because I don't want them to feel that they can now refer because they already passed the time frame thing.

Yeah, yeah.

You don't want them to think that.

Yeah, omit number one.

OK.

So sorry two. Yeah.



Robinson, Rebecca 21:06

Thanks #3.



Casavant, Robert 21:07

OK.

What resources were?



Robinson, Rebecca 21:11

What resources would better support your facility on the referral process?



Casavant, Robert 21:19

I think it's open.

Personally, I think it's open ended enough that you know, like some may say, I didn't even know there was process and some may say, you know, just I need to understand it better or whatever.

I don't know.

I think it's open ended personally.



Robinson, Rebecca 21:33

#4 what barriers, if any, do your staff experience?



Casavant, Robert 21:40

It's a good question.

That's probably gonna be staffing issues like the entire state of Florida it, yeah.

2nd and contracting and yeah.

But hopefully they'll be responses that we don't anticipate, yes.



Robinson, Rebecca 22:00

Right.

#5 does your facility or staff know the criteria for referring someone to the brain and spinal cord injury program?



Casavant, Robert 22:12

I think that that's a great question.

I think that is similar to the one at the end though, where you're asking like which people are appropriate.

So it's redundant.

I think that's a great question.



Robinson, Rebecca 22:25

OK, that's five is good.

Six.

Scroll down please.

How's your facility or staff been referring to the Brandon Spinal Cord Injury program?



Casavant, Robert 22:41

Hopefully the answer is yes, but yeah.



Robinson, Rebecca 22:44

And and that's where we could add the thing about what Kerry was talking about, like how often or how many.



Casavant, Robert 22:49

Umm. For me?

Yeah, yeah.



Robinson, Rebecca 23:00

Phone number 7.



Casavant, Robert 23:00

Wait.

Say that again.

Say that comment again.



Robinson, Rebecca 23:04

Well, Kerry was saying that we could ask if they are referring from the rehab facilities, how often are they having to do it, you know.



Casavant, Robert 23:12

Yeah, maybe you could ask them just like to estimate a percentage of their of their of their missions have been referred already for these diagnosis.

I don't know the best way to word this is, but yeah, I think it's too cold, right?

Yeah.

All right.

Are you aware they're coming in and have already been referred?

If not, what percent are you having to refer or something like that?



Robinson, Rebecca 23:40

OK.



Casavant, Robert 23:42

Of course we can look at the data on the back end, but it's good to have their insights.



Robinson, Rebecca 23:47

OK.

Umm.

Is your facility or staff aware of the required information needed for a referral?

Yes, and if no, would your facility, I'd like to schedule an in service.



Casavant, Robert 24:05

Singular to the previous question, isn't that the that for?

Please call up a little bit.

The one that says, do you know the uh, thank you.

No, the criteria for referring.



Robinson, Rebecca 24:25

Right there, #5.



Casavant, Robert 24:26

Yeah.

I don't know if you 25th. So.

Well, that's the criteria for referring.

And then the other one was what?

Sorry.

Uh, so bound up, but I think was 77 then.

Yes, that's Tility aware of the required information needed service at all.

I think one is you and the other one is your facility, but it's just one person filling it this.

So I'm not sure.

Yeah, maybe, but padding the in service portion up to #5 and then getting rid of #7.

Yeah, I think A would your facility like to schedule an in service, yes or no, maybe great one to leave on there, yeah.



Robinson, Rebecca 25:27

OK.

And we're gonna add that to #5 and delete 7.



Casavant, Robert 25:32

And that too, I think it was five.

Yeah.

And then delete seven, yeah.



Robinson, Rebecca 25:36

Right.

OK, #8 is your facility or staff aware of what services are provided by Brandon Spinal Cord Injury program for eligible clients?

Yes.

If no, would you like to schedule a certain service?



Casavant, Robert 25:52

Yeah, I think we're asking that already, right, which one?

The 8th where I was gonna.

This is like, what if they know their resources?

That we if they know how to determine eligibility.

So in you know if they have a client that it has had a stroke, do they know that that person would not qualify qualify for this program?

How often does that happen?

From your end that you get you know non non qualifying referrals in some regions quite a bit quite a bit, other regions not so much.



Robinson, Rebecca 26:27

Yeah, I guess I hear about it quite a bit.



Casavant, Robert 26:30

So I always use Jose because he's always in front of the the facilities down there, so they're very aware of eligibility, but like Roslyn, she has struggles with some of getting an in front of the people at the facilities to explain to them what the criteria is

and who should and shouldn't be.

So it varies across the state.

Yeah, but we we do get a share of yeah.

Are not qualified.

Yeah.

And you guys get a few not qualified, then miss a bunch of qualities.

Really, I'd rather somebody send a referral and not and turn them away because they're not eligible.

Then they're not.

Send it in.

That person was eligible, right?

Yeah.

So I'm OK with that.

Get Yep.



Robinson, Rebecca 27:14

So 8 is good.

9.

Scroll down please, which patients?

Uh, do you refer to the Miranda's final cord injury program, all Level 1 trauma patients, all patients with traumatic brain or spinal cord injuries, or patients with brain or spinal cord injuries?

Who may need assistance from the brain and spinal cord injury program with equipment, therapy or community resources.



Casavant, Robert 27:37

OK.

I don't know.

Yeah, I don't know that would apply to rehabs.

Yeah, this is a little bit different.

Yeah, that's a trauma question, yeah.

I feel like they'll see you're asking the question without giving them options.

Yeah.

Previous question I think that we can wait a minute.

Scare out.

Yeah, #9.



Robinson, Rebecca 28:07

Altogether.



Casavant, Robert 28:08

Yep, yes.

Sing me another.



Robinson, Rebecca 28:12

OK.

And #10, what is your perception of the brain and spinal credential program?



Casavant, Robert 28:19

Yeah, that's fine. Yeah.

OK, so I just just to be clear on the survey we're making recommendations we cannot load on these changes today.



Robinson, Rebecca 28:24

Hey.



Casavant, Robert 28:32

So Becky will update the survey and I promise I will send it out and have it ready for the next meeting and hopefully we will have a quorum and we can vote.



Robinson, Rebecca 28:37

Yeah.



Casavant, Robert 28:42

Yeah.

Uh, with I.



Robinson, Rebecca 28:44

OK.



Casavant, Robert 28:46

Sorry, I was just a bit behind on on question 10.

I just wonder if there be some way that we can change the wording to kind of get even more responses and you know.

In, say, like part of the advantages of it or or or or.

Yeah, just again, I'm kind of racing it for discussion without having a solution.

Do you find?

Referring the clients to the brain and spinal cord beneficial to the like the client.

Or yeah.

Is that where you're trying to go with that benefits?

To you know what benefits do you feel the brain and spinal cord Injury program provides to your clients?

Yeah, I think we have a questions above that that solicit, you know, constructive feedback, but I think would be good for them to get the insights on on the causes of it.

Yeah.

OK, so we want to change it to.

What are the benefits that the brain and spinal cord Injury program provides?

They're what benefits are you aware of that?

The brain is spinal cord provides or traumatic brain, and that's that's weird, but I'm I'm trying to come up with the the language for you.

I'm trying to be creative in front of an audience.

This is my computer.

For that my computer benefit, so we should maybe leave a question for opportunities too.

So we can get like it's good for their feedback on that for Mommy, sure.

Ohh, but just so we can get feedback on both sides.

So we want, we don't want them to feel like they can't tell us where they're seeing gaps and where they would like, you know, like some more.

So are there any improvements that you would recommend?

For referral process for for what?

The question can we, instead of just putting like a box for them to fill, can we put auctions and and then to click because at the same time, besides being a survey, could be also informative for the end of the service that we provide?

Like what kind of like like check marks?

It's saying the community like outpatient service equipment service, like all the actions that we are able to provide.

So at the same time, they're filling the information the the survey, they also learning a little bit of the of the auctions.

You know that we have the resources that we have of.

So the question constantly, you know this kind of all the options that we have available maybe at least the big ones and and then to check check all that applicable and just leave a box of comments.

Anything else? They feel they wanna also put.

Like what is your understanding of of the benefits of the brain and spinal cord injury program and have the check boxes like you were saying and then what opportunity?

Yeah.

And what other news you have?

Yeah.

So and then list the main services exactly the main services at the same time.

You know, they may not be open like to write all the things that they don't know.

Yes, I did benefit so that way we teach them, OK, we offer all this.

It's a teachable question.

Yeah, I like that.

That's good thinking.

Think it did you understand that, Becky?



Robinson, Rebecca 32:24

I know you and I'll get together.

OK.

On that one, I got something about what is your understanding of.



Casavant, Robert 32:31

It's doctor bell.

So Doctor Valbuena was suggesting that we posed a question to be a what?

What benefits?

How would you put it?

What?

What benefits do you find that your client receives from BSIP and then list our some

of our services of physical therapy?

Ohh, uh.

Assistive technology, yeah, equipment.



Robinson, Rebecca 32:57

Equipment.



Casavant, Robert 33:00

Uh, yeah.

Counseling because home mods is always a big one.

Uh.

Specialized equipment, should it be worded more like were you aware that biscuit provides these services or click the options that you click the services that you were aware because it provided kind of like that?

Yeah.

There you go.

And then they could click the ones and then you would see the ones that they didn't click that they didn't know and you could send no more information there.

So taking your word, click on the services that you're aware that the clients have the opportunity to receive through the brain.

Of course, yeah. Yeah.

Two work.



Robinson, Rebecca 33:37

Right.

And then list them.



Casavant, Robert 33:37

Yeah.

Let me let me add one more word.

Already aware?

Yes, and already aware.

Yeah, like that.

And then we can be.

Then we can be aware that that that the other words may not been as well

advertised.

Yeah, click on the services that you're aware of that provide opportunity.

7134.

I like that.

Good work is good work.

Did you get that one, Becky?



Robinson, Rebecca 34:04

Yes.



Casavant, Robert 34:05

You listen back.



Robinson, Rebecca 34:07

I think I guess you'll tell me when I send it to you to review.



Casavant, Robert 34:08

OK.

How are you doing you?

Yeah.

Don't forget my one word I added.

Yeah, yeah.

Don't forget Doctor Higgins word.



Robinson, Rebecca 34:17

I got it.

Doctor Egan.



Casavant, Robert 34:18

That's funny.

Alright.

That. That's great.

That's gonna need and it shortens it down a little bit too.

Yeah, nobody likes it really long, but they want.

They don't have time to fill out a big long one, so that gets right to the nuts and

bolts of what we're trying to achieve.

Yeah, to judge.

Good idea.

OK.

Are we good on that then and we'll move on.

Yeah.

Umm, but Donna?

I saw that you joined the meeting.

Do you wanna take over from here?

 **Stotsenburg, Madonna** 34:52

Yes, I have joined the meeting.

 **Casavant, Robert** 34:54

Awesome.

So where is the part of where the case manager presentation and a case discussion?

Umm, but my dad, I'm not sure what point you you joined.

Did you want to be quickly, quickly caught up?

Since you're the committee chair.

Maybe.

 **Stotsenburg, Madonna** 35:15

Yes.

 **Casavant, Robert** 35:18

OK.

So we going to the back to the top of the agenda.

We talked about the homeless population and we went over just briefly the attachment that I have for this afternoon's meeting and the managers are prepared to speak about the homeless people that were identified in the data that we captured.

Alright.

Are you?

I saw him with this town over there.

It should being picked up well.

There was.

I can move up these bikes supposed to be like, OK, I'll talk louder. Sorry.

The other way you are.

Other birds.

Alright.

Can you?

Can you hear us now, Madonna?

 **Stotsenburg, Madonna** 36:08

That is much better.

 **Casavant, Robert** 36:09

OK.

I'm sorry.

I'll. I'll.

I'll move up here.

My apologies.

We were talking about the homeless population and there are attachments in the emails that were sent.

There were sixteen clients that were identified and it broke it down by the my county and we're going to go over probably more of that information this afternoon as well.

And the managers are prepared to speak about the clients that were identified.

If you want to know more information specifically about them, the number of referrals again, there is a a document that was in the attachments that gives you an idea where all the referrals were year to date and we had identified that there was an increase from the last time that I ran that report for you all and there were actually some new facilities that had reported referrals.

Uh, we're now currently on the facility survey survey update.

I don't know if you were there for the whole survey or if you need us to kind of go back and recap.

 **Stotsenburg, Madonna** 37:19

No, I can catch up on it.

Don't worry about going back, I apologize.



Casavant, Robert 37:23

OK.

No problem.

So the next one was a case manager presentation of a case discussion and I expected we really have a case that we could bring up.

I'm not sure what specifics you're looking for when it comes to a case discussion.

I think we did this last week.

Paid meeting, OK.

Was there a?

Something specific that you would want to know about a case because I have some managers here that might be able to, uh on the fly, talk about it.



Stotsenburg, Madonna 37:52

No.



Casavant, Robert 37:58

Cake.

I put him on the spot here.



Stotsenburg, Madonna 38:02

But I was kind of looking for in this process is just some of the challenges that they're having.



Casavant, Robert 38:03

Is there anything?



Stotsenburg, Madonna 38:10

The last meeting I kind of reviewed the last meeting minutes on going through what it looks like as a patient comes into a system, the reporting process and then moving them through and what that looks like.

So I think that was presented last meeting, but I think moving forward we wanted to initiate a kind of report out on any challenges or opportunities or and as we get feedback from our systems that we are circling back with them providing training, providing education.

Umm, so that way we can work through, uh, the awareness and the Pi components and getting feedback from the between the facilities and the case managers.



Casavant, Robert 39:03

So I guess I will pose a question to any of the regional managers, any challenges that you have been having with your facilities other than trying to get in front of them for in services, we always have those challenges.

Any other challenges that you all find that you are having with this?

One challenge that.

Turnover.

So it's you might have to come over to the mic to talk.

Hold on, raz.

So one challenge that we're having is the turnovers at the facility and trying to reach someone as far as trying to obtain updates.

That's that's one, but I really am.

That's one of the biggest challenge that we have because of the turnover.

It's hard to keep a contact person, so that's our problem.

That's what we're dealing with, even after we do an in service and they get the information, things were fine.

Fine.

A month later, with Bike to the beginning not receiving, you know, have formation that we need.

So that's what happened.

It's just like, OK, so.



Stotsenburg, Madonna 40:26

So I think that's a really good point to bring up.

And can I ask you where in your experience or the case managers that are there, who are your usual points of contact and do we need to think about standardizing those and putting it out to all the hospitals and rehab centers?



Casavant, Robert 40:50

Yeah.

What?

Who?

Whose is gonna speak?

So I don't.

I don't know if having we have some specific points of contacts at some facilities that I'm very aware of that we have issues with, but sometimes there there's no result even though you jump the case manager, go to their supervisor.

I know of a facility specifically that holds referrals and so then all of a sudden we get an influx from this facility and I have reached out to that person and that person's manager and nothing has changed.

Well, I guess I can second that.

Roslyn was saying about the the turnover, and that's something that maybe the can help me because I had an in service at Jackson at the whole Center for the pediatric. That didn't happen with Logan the clients, and when we try to contact them, they don't fill out the forms.

They don't.

So I had to rely on so they send the referral.

They don't send.

They have been sending, likely we get it from different and when we contact them and they have contact specific mega, who's the supervisor for that department and wouldn't get any compliance from them and so hard because if we don't get the medical screening form filled out it's when a limbo and then we had to rely on our lean who's actually the that does all the referrals in Jackson.

But at times she she's not referring the client.

She's not gonna send it back to me.

Let's just put it that way.

So that's if you can help me with that.

I would really appreciate it.

So I was actually mentioned that I I was last week covering pediatric rehab and the case manager mentioned I asked the specific patient that sustained a severe brain injury.

Have you send the referral?

Is this patient being referred to?

Umm to this program and she said it kept asking for the Pediatrics francios amigos and it's a mandatory Phil does not allow me to continue and no one document pediatric branchless amigo.

I was not even aware that was an specific branches amigo for Pediatrics.

When we send the form, we usually attach the guy of the pediatric and adult and the pediatric is different.

Yeah, under seven, they have the pediatric.

Yeah.

The thing is that no one is really documenting that and I don't think the case manager can just put that documentation so they it's hard for them to be looking for through the medical records for any information.

No one is really documented because I checked with the pediatric team.

Then the surgery.

They're not documenting it.

Then neuropsychology is just one it mainly for the adult side, right?

So which probably go go more in details and that the data piece, they don't recommend their ranches so they only doctor that will be that commented that it's gonna be the PDF theatrics rehab and she does not get consulted on every brain injury she get consulted on the ones that are moving on the right direction to get to the acute rehab so I think there are some information that is mandatory in the screening process where the case manager may be having challenges specifically ranchal as amigos 4 Pediatrics like I was not even aware of that and.

Yeah, I'm bringing injury.

Uh train so.

So I think you know moving that out of the mandatory field or just putting the ratios amigo for adult, that's equivalent for the the children's, it will help to get that form filled and get the referral.

So what the issue the program has with changing the central registry form?

I know I can.

I can imagine when they said it's a mandatory feelings like Pediatrics, rancheras, amigo.

Let me do some some research and device to you and that has been a topic of discussion people he theatrics.

Yeah, yeah, that I can help you with the rest, but I you know, I think there's some challenges just to get that form filled.

Yeah, that I don't know how we can able to fix what.

When we went, we went through a whole form.

I mean, I there was no.

Yes, they were aware of the form and they were aware of the what need to be filed.

But The thing is where they get that information, they cannot just put it.

It's not.

They have to be documented clinically.

Someone from the clinical side right has to document that for them to input that in the form, and that it's not common practice for that to be.

No, no, no, no, not that Pediatrics one.

I mean, we can definitely get the run.

You'll lose amigos, documented, and I was I mentioned to Kimberly that I I I did.

Uh article just education for the physicians.

UM and the F and the Florida Society PNR, where I went over what is the the program and what is required and how it's important.

The documentation on the consoles and when we evaluate the patient to be clear, so case manager had what they need to send their referral.

OK, so we can't change the system usually, right?

Can we add like a an NA or something that just can you know fill the the OR let them know like and click anything and we can solve that issue later?

I mean, can they click a number and then we make it up because the number 2 may not appropriate referrals.

I mean, yeah, it's.

I think Rachel is Annika.

Should be there, but I don't think specific P address should be and it should be just generalized to the, umm, the adults.

Don't they have to check if it's pediatric?

So that would drive then the next box I don't know, cuz I haven't seen it specifically, but I'm just saying if it's an adult they have to fill the ranchos, but if it's peeds either if we can't change the system to skip it or not require it, can we add something so that they can check out?

Does that optional?

Yeah.

No mandatory when they say that they can't get past it.

I'm a little confused because that's a PDF that we send out that they're populating, so they should be able to skip question because it said that they keep.

They keep rejecting.

It kept rejecting the application.

It's mandatory on the form it it probably says it's mandatory on the form, so maybe

we need to change a little language on the form.

Another says I got it.

So with the state, when there's a form, you can't just change.

I know, so yeah.

But maybe I can.

I was picturing why I guess they submitted it and then it kicks them back like you did not complete unfilled.

Is that what happened?

She saying that it's been rejected and then she's been for because of their Pediatrics?

I don't know if there is a uh first filter.

So the I I'm talking to Amanda for those that are virtual.

Uh, in rims?

It's probably a required field, and if it's not filled out on the referral form then there will be an issue with putting the referral in rims.

OK, so perhaps we need to a change rims to where we're able to bypass that and put unknown at this time or something like that.

OK.

Yeah, because I'm.

I'm really confused on how they're not getting past that.

What?

What are they using?

That's that's not sure.

She just mentioned that in the meeting that it she haven't been able because it keeps asking about for that information, which it says is mandatory.

So I don't know if she just not sending it because she doesn't have it.

Ohh not sure exactly, but I can definitely.

I can definitely find out, but I would recommend it if if they think that's stopping them, just put unknown at they can write that in.

Yeah.

I just.

I just, you know, this is just an example of 1 case, but I wonder if certain information is a barrier for other programs not to submit because he chose as a mandatory and they don't have that information.

Well, look into that.

I'm sorry.

We'll look into that a little bit further.

I'll have to do some research on how we can handle that pediatric Rancho, because that has been a topic of discussion before and there are some field facilities that you're correct they don't use the pediatric, they'll fill in the adult branch for it and not use the pediatric.

But they do feel they use the the adult, yes.

So use adult.

Yeah.

I added the added attending.

Pardon me.

Yeah, but this is a score that.

That, that's that's a different issue, but maybe they're clicking adult when it's pediatric because they don't have the.

2 **2b9928db-3cc0-4a0e-8b82-8b5193fd0423** 50:06

Why?



Casavant, Robert 50:10

That's what I thought like category.

No, I think what Amanda is talking about is user putting the referral in because in rims a pediatric is anybody 18 and younger, right?

So we look at the date of birth to determine whether there were adult or pediatric.

2 **2b9928db-3cc0-4a0e-8b82-8b5193fd0423** 50:30

I.



Casavant, Robert 50:32

So I think that's an internal issue that happens and not with the central registry form. Imagine there's an analogous problem with the spinal cord injury side of things with with.

2 **2b9928db-3cc0-4a0e-8b82-8b5193fd0423** 50:46

No.



Casavant, Robert 50:48

Less likely.

Sports.

Uh, good.

Because of their age by imagine there have you.

Have you got some across that as well where where data fields aren't being entered for the for the Pediatrics for spinal cord injury is, is that also an issue?

I would have to ask my managers that because I'm not aware or best do you know if that's been an issue?

Not that I'm aware of.

That's more from the deficits, so they're not asking for a specific sport, but oht. OK.

Yeah.

And I did have a question.

I think it's kind of off topic, but with when you guys go to facilities, are you contacting like do you go and ask for case manager, is that the person that person?

I feel like that was what we had initially both, OK.

OK, social workers.

OK.

And so that's pretty standard and just going to those people in those areas, OK.

I had a question.

Are you guys having any issues with the technology access technology in a timely manner or equipment and I'm I'm just asking if that's one of the the struggles you know, once you you're working with the client, you're not able to get equipment that's good.

No, as we have some delays, you know that's.

And and it.

And if this is the, you know, a difficult problem at Jackson, where they have at Petes, physiatrist uh, you know, of course there's going to be more problems that probably aren't being identified at other facilities.

Pediatric physiatrists are are, are rare birds, yeah.

Any other questions?

You you get a lot of referral from in general from the the Lee and Jackson.

The main issues is being the the whole building.

The theatrics, yeah.

OK, they have some fault.

Any other questions?

Madonna.

SM **Stotsenburg, Madonna** 53:11

No, I I think that that brings up some things that we can add to the agenda for the next meeting.

I really do think that we need to look at those forms.

Umm.

And then if the case managers can just report out as we move forward, I I'm wondering have we ever?

2 **2b9928db-3cc0-4a0e-8b82-8b5193fd0423** 53:31

Thank you.

SM **Stotsenburg, Madonna** 53:32

Umm.

Collaborated with the FHA on points of contacts organizations.

Since I goes through like the CEO, like hospital leadership, because I feel like CFO's, at least at my organization, are very like they are very engaged in the reporting processes and ensuring that our case management team cooperates with the appropriate individuals.

 **Casavant, Robert** 53:43

No.

So I am not opposed ever to going up the chain of command when I have issues with the program at facilities.

However, I usually go through trauma.

Uh, before I go directly to anybody at a facility, I I always go to our trauma section 1st and talk to them and helped and try to get their help with some of the issues that we're having.

That's just how I have handled it, and I find that politically to be correct.

SM **Stotsenburg, Madonna** 54:40

OK.

Yeah, I understand that.

But if we have issues with.
With follow up or people not responding.
Maybe it's just education on the administrative teams.



Casavant, Robert 54:53

Hey.



Stotsenburg, Madonna 54:54

Hard to set expectations for.

Follow up umm, so if they're in the know and they understand the why they can help support the teams or get the right people at the table.

Sometimes has been my experience.



Casavant, Robert 55:11

Agreed.

Yeah, and sometimes see UFOs, in my experience, are very in tune with things that assist in community discharge.



Stotsenburg, Madonna 55:18

Exactly.

So I I don't know if maybe it would be an opportunity to kind of present.

Some of the of like an overview of our programs in front of that group and then they can take it back.

It'll spark interest in taking it back to their hospitals, identifying who those individuals are and what that process looks like.

Because if it's hardwired, even when turnover, there should be a hardwired process.

So the next person coming on in that position should pick it up or have the manual or it should be part of a protocol or something as what I'm thinking, especially in trauma programs.



Casavant, Robert 56:03

That.

That would be very helpful to the program.



Stotsenburg, Madonna 56:10

So maybe I we can connect and see see how to get on those agendas.
Anybody else have any thoughts on that?



Casavant, Robert 56:35

But to be clear, you're talking about like the agenda for like the for Hospital Association.



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That's.



Casavant, Robert 56:40

Is that what you mean by FHA?



SM Stotsenburg, Madonna 56:42

Yes.



Casavant, Robert 56:43

OK.

I just.

Yeah, I don't have a lot of personal experience with kind of what role that plays.

But again in front of them may be an option to defer.

Further, the knowledge and kind of the the utilization of of vscode.



SM Stotsenburg, Madonna 57:10

OK, I agree I can work on that and kind of get information out to this group as we move forward.



Casavant, Robert 57:22

Thank you.

I appreciate that.

Anything else on that?

Yeah, I think it's the time of the meeting where you call for called Remote Mobile.

Sorry, motion to adjourn.

Uh, well, we have new business.

Anybody have any new business?

Anybody have new business they want to bring up?

 **Stotsenburg, Madonna** 57:57

So I would like to kind of bring up something here.

I we have a lot of discussion going on with the trauma standards and the state right now and the 16, four J with prehospital, umm, and trauma center.

So I know one of the discussions that I have been part of in the Florida Commons Hour calls is the specific standard relating and I know we brought that a couple of meetings ago.

But defining what that looks like for trauma centers and if it needs to be involved, actually remain a section in the trauma standards.

And what we're looking at at defining it, this may be something to take to the general meeting and not the Qi portion that we're in today, but I wanted to know if you had heard anything in particular, Kim, and what if anybody has any thoughts on that since we discuss it from the last meeting, a couple of meetings ago.

 **Casavant, Robert** 59:01

So the only thing that I can speak to about that is I had a brief conversation with Mike Lefler, who is overseeing the trauma section at the Bureau, and he had some ideas that he was, uh, discussing and thinking about on how to address that issue with on your Commons call.

But I don't know the details on what he was going to be approaching with that.

So I that's all that I know.

I know that there is discussions.

I know that he has some ideas on how to address that regarding the standards and the designation you're talking about the best skip designated facilities, correct?

 **Stotsenburg, Madonna** 59:43

Correct.

 **Casavant, Robert** 59:44

Yes.

Umm, I actually think he was going to reach out to you.

Madonna, as part of his strategic plan on that of.

But again, I really don't have much, much more information other than that and I don't wanna speak for Mr Leffler.

SM Stotsenburg, Madonna 1:00:00

Perfect.

I'll circle back with him.

I just wanted to make sure that we get it on an hour.

Agendas.

Because I know it's a very hot topic in trauma right now.

 **Casavant, Robert** 1:00:11

Yeah.

SM Stotsenburg, Madonna 1:00:11

Uh, and it's a great opportunity for us again, I believe to collaborate with the trauma system.

 **Casavant, Robert** 1:00:20

Agreed.

Help me understand when you say trauma.

Uh, as an entity?

Are you talking about the the within the state government or within the community of trauma hospitals?

SM Stotsenburg, Madonna 1:00:36

So it will be as so the Florida Department of Health has a trauma section.

The Florida Trauma Systems Advisory Council, similar to the B Skips Council and that is there, are appointed members to that committee, but it in all reality it represents all 36 trauma hospitals in the state of Florida and part of the standards.

There is a section designated UMM for B Skip designated hospitals and there it's my understanding that there used to be a formalized process on and standard specific to that I have.

I have them here but.

And I don't wanna get into history because I'm not.

I I don't fully understand the history there, but there it has been brought to the table.

Since we're reviewing the standards for the trauma system on how to become designated as a level one or level 2 or pediatric trauma center and questions been brought to the committees, attention on the B Skip section and understanding what that entails, what how does a facility become Best skipped designated? What are the quality metrics or the expectations of those trauma centers and and kind of outlining not, so we're in the early phases and I know.

2

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That.

But I think.

SM

Stotsenburg, Madonna 1:02:15

It'll be up.

It's a it's a great topic of discussion in the trauma system world in Florida.



Casavant, Robert 1:02:24

It's very encouraging that they're having that.

Discussion.

So I appreciate that.

So if the Council would like to have a special meeting to discuss the biscuit designation and the trauma standards and how that has come about, I would be happy to do that with you all.

But I am not prepared to speak about that today at any of our at any of our meetings because that is a very long conversation.

So if if you all would like to have a special meeting on that, I will make sure I invite Mr Leffler to speak as well.

And we can schedule a special session.

That's what we can do.

You wanna do it just as the bulk of the meeting for like this, this committee or no, I would call a special session for that.

Just for the entire Council, just specifically for that, that would be good because that's a topic all on its own, just like Madonna said.

I know that is a hot topic and will that so ladies that used to be designated by skis as well.

SM Stotsenburg, Madonna 1:03:26

Yes.

 **Casavant, Robert** 1:03:31

It could be.

Yes, that'd be great.

Yeah.

So I will.

I'll get with Mr Leffler on that and we'll put something together for you.

Perfect, very good.

SM Stotsenburg, Madonna 1:03:43

Thank you.

 **Casavant, Robert** 1:03:45

You're welcome.

Then next on the agenda is a future meeting.

Uh meeting dates discussed.

I think we kind of have it pretty well set out like every other month on the 3rd Thursday.

OK so I have a recommendation and I'm gonna present it.

If the committee meetings this morning and we it it, we'll talk about it this afternoon.

Further, if you want but my recommendation based on the historical information of our meetings, we've tried every month.

If we never get Quorums, we tried every other month and like today we don't have a quorum and now we're gonna be 5 months behind on approving minutes.

We can't make decisions 13 months, 13 months.

Yeah.

OK, 13 months.

I'm gonna make the recommendation that committee meetings maybe get changed to quarterly.

I don't know if that will work.

I don't know how to make it work.

We do have a discussion this afternoon based on Doctor Higman.

Higgins recommendation to change our standards or in our I'm sorry, in our bylaws, you know there's a recommendation for a change in there that might help to approve attendance.

I'm sorry, Rob, that might help to approve attendance.

So that's just something to think about and we can talk about it more this afternoon and how we want to resolve it, because we have to have committee participation and there needs to be an expectation. Yes.

Yeah.

Yeah.

And that's part of what is being changed in the bylaws recommendation.

Ohh, I'm sorry.

Hi, Kevin.



Kevin Mullin 1:05:35

Good morning everyone.

Sorry I'm a little bit late.

I had a meeting that ran over in regards to the quorum count.

What is the necessary amount?

Because I know this has been delayed for quite some time because I came in late and I see one or two others came in.

Do we have enough right now by chance?



Casavant, Robert 1:05:52

Umm.

Kevin Skype.

Six. No.

Do I can't?

No.

Yes, actually no, because you're not on the committee. Actually.

Yeah.

So you and Patty are not officially on the committee, so we have six members.

We have 4, so yeah, actually we do have quorum right now.

So we can vote on minutes and move forward with that.

Alright.



Kevin Mullin 1:06:20

I think that would be advisable.



Casavant, Robert 1:06:20

Thank you.

Thanks, Kevin. Yep.



Kevin Mullin 1:06:22

You got it.

At least we get one done and then we can look at the bylaws.



Casavant, Robert 1:06:28

Yeah.

Well, we're we're way behind on our meeting unit.

So, uh, do we do them individually?

Move most like no improve or we can do we move to approve the last 13 months?

Yeah.

Why would move to approve the last 13 months of meeting minutes for this committee?

For this, I'm not on this committee, so probably so.

There you go.

Motion my uh.

October, December, February and April meeting that.

Second, meeting an important meeting in that a second would be either Madonna, Kevin or Donester.



Stotsenburg, Madonna 1:07:08

I can just like.




Kevin Mullin 1:07:09


I second.





Casavant, Robert 1:07:11


Thank you, Kevin.


 **Kevin Mullin** 1:07:12
Alright, congratulations.

 **Casavant, Robert** 1:07:14
And so, Madonna, do you, do you agree the motion is approved?

 **Stotsenburg, Madonna** 1:07:19
The motion is approved.

 **Chester, Don** 1:07:21
Yes.

 **Casavant, Robert** 1:07:21
Sorry.
Alright, we also do the survey questions.
As well, yes.
Yep, you want Becky?
Can you go back to the survey questions?
Do you want her to put the survey questions together first?
No.
Uh, I thought.
I thought we just had to have someone improve it to make the changes because, well, we haven't made the changes changes yet where she has the recommendations.
OK, she'll put the changes together.
The Council reviews it, and then the Council can vote.
OK, so we don't need to do that.
No, OK.
It remind Becky you're off the hook.
Sorry, Becky.

 **Robinson, Rebecca** 1:08:05
Thank you.

 **Casavant, Robert** 1:08:05

So.

Yeah, let's go.

So Madonna, do you?

Uh, motion to adjourn and we'll take a 15 minute break and then come back and begin the second committee meeting.

 **Stotsenburg, Madonna** 1:08:23

Yes.

Do we have a motion to adjourn?

 **Casavant, Robert** 1:08:29

Anybody second.

Second. OK.

 **Stotsenburg, Madonna** 1:08:32

Thank you.

 **Casavant, Robert** 1:08:33

Alright.

Uh, so we'll get back together at about 10:15.

We ran a little bit over, so about 10:15, we'll get back on that again groups.

Thank you.

Actually, OK.

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The only way, yes.

OK.

Thank you.

I think you are the.

Paint this is the path but I.

2.

Alright, thank you.

No, I'm going back.

OK, I.



Casavant, Robert 1:17:23

And the name?

She's fantastic.

You're very lucky and he's coming to you.

He was a chief resident.

He's so great.

And I've definitely I'll find out that information very quickly.

Yeah, yes.

So one is actually kind of in limbo for the moment.

His wife is finishing her nurse practitioner.

Fellowship in Pensacola.

And so it'll be like six months before they move.

And so he was something random, I think.

Yeah.

Yeah.

And then that's Sean.

Yeah.

The weather setting.

No, you know and I I, I hope they here, yeah.

Yeah.

Yeah.

And what?

What she's really involved in a human right, which I see bright colors, and I just like the online.

You're always so, yeah, but we're excited. Yeah.

Coming.

Yeah, she is.

Yeah, yeah, quite accomplished.

I was like, you know, the trainers.

And she does like that.

But I haven't.

Yes, solar love.

Please tell her.

Yeah, yeah.

Yeah, it's good.

But yeah, because we have you guys specialist specialist and we had the Doctor Doctor list which is she got married. She's living.

Yeah, but she's still sort of working for us.

But she's on her way out, so really.

Here.

Thank you.

Yeah, sure.

Yeah.

So that we can hear what they're saying those.

Doctor uh, the one that's been the longest is NGO.

To do it, turn person.

I think he's working with you guys on the drainage report a he he presented our conference.

Yeah.

So he is aware of it for about a year or so.

Believe it is new. Ours.

Yeah.

Remember.

Yeah.

He's like the brain view version mean.

So like there's like, uh, I there's like a yeah.

Great training specialist.

There's no I like the first one.

So essentially like just.

He's like the brain injury program and I've heard of, like, the spongy program we go to work, we go through console that are.

Which is this.

OK, so we both, I finished on this side and so that's well.

You ready?

I mean, yeah, that you don't have there.

Yeah, yeah.

I wish you had everything.

Yeah.

Yeah, they can talk about how.

Yeah.

No, that's. You are.

Yeah.

Yeah.

And I don't know.

Yeah. I either, yeah.

And his brother?

Ohh.

Nice.

That's really cool.

Yeah, that's when they realize they're.

Thank you.

Yeah.

Yeah, that's right.

And then?

Which is the first level I'm gonna right now.

Yeah, they didn't tell me.

We can't.

She's also bringing my part of the of the bringing during the day all been.

I just noticed that just one day I was on vacation that day.

No, I know sessions the well, that's.

It's.

Part of that, but I think she said no, you don't remember him?

Yeah.

Yeah.

OK.

So we're gonna go ahead and get started with now.

I have to go back, yes.

Yeah, Doctor, can everybody hear me OK.

I'm going to take that as a yes. Ohh.



Stotsenburg, Madonna 1:23:09

Yes.



Robinson, Rebecca 1:23:11

Yes.



Kevin Mullin 1:23:11

I can hear you.



Casavant, Robert 1:23:14

And thank you for staying on with us.

For those out there and the teams meeting our next committee meeting is the Public Awareness Committee meeting and thank you all again for taking the time to join us.

With that, I'll turn it over to Jill, who is the lead for this committee.

Yeah.

Thank you all for being here today.

We would like to get started because we have some work we want to get accomplished today, so I'm gonna ask Caitlin if she can do roll call.

So we can see if we have a quorum to vote for our March 2nd.

Alright.

We'll start with Don Chester.



Chester, Don 1:23:56

Doesn't.



Casavant, Robert 1:23:58

Kevin Mullin.



Kevin Mullin 1:24:02

Present.



Casavant, Robert 1:24:03

Patty Lance.

Jennifer Iannoni.

Daniel Nicholson.

Michael Fatter.

Madonna Stautzenberger.



Stotsenburg, Madonna 1:24:25

Present.



Casavant, Robert 1:24:26

Joe Olenek present Doctor Adriana Valbuena.

Doctor Brian Hickton present doctor Abilash Haridas.

Carrie rayburn.

Present ruthann Tattersall.

123.

We have a quorum.

Motion do we have a motion to approve the minutes from March 2nd Motion to approve?

Thank you.

Carrie, do you have a second second.

OK, Doctor Hickman and Doctor ballpoint also.

Ohh minutes are approved.

Sorry, that's OK.

No, still learning that part. Alright.

So Becky, we would love to hear from you on the peer mentor program.

How many participants are?



Robinson, Rebecca 1:25:22

OK.

Umm, I really don't have a lot to report.

I have three more that are in the process of becoming peer mentors.

It's really an overwhelming process to get through the departments process.



Casavant, Robert 1:25:38

And.



Robinson, Rebecca 1:25:39

Umm, we're actually looking at different ways of doing this process.

It looking at other resources outside the program that we could use for our

perimental program that would hopefully increase the success of the program.

I'm I started over a year ago and I've sent out numerous emails, probably 50 to 100 emails to different people that were umm prior.

Interested in becoming a peer mentor?

And I got very few responses back and those that did say that they would be interested in providing a peer mentor service once they start the process, and it takes a long they end up just dropping out.

They email me and say they're not interested, so I'll see how these three go that I've got in the process.

I know that a couple of them have already responded back to our provider enrollment person and they're in the last phase of it, but I haven't heard back from them yet.

So I still only have four people approved and if I got these three, that would be 7 total.



Casavant, Robert 1:26:49

So do we have anybody participating?



Robinson, Rebecca 1:26:50

Then.



Casavant, Robert 1:26:51

Umm, that's requested a peer mentor and they're getting the mentorship.



Robinson, Rebecca 1:26:55

None at all.



Casavant, Robert 1:26:58

Have we put it out there?

That that's available now.



Robinson, Rebecca 1:27:01

Yes, I I have talked to the case managers and I will send out another email to them and see if they have any clients that are interested in, you know, having up your mentor.



Casavant, Robert 1:27:13

And are those all spinal cord injury, some brain injury?
What is the?



Robinson, Rebecca 1:27:19

Umm, the ones that I've got currently are spinal cord injured.
I have one brain injury, one that Kim had sent me and she's one of those three that's
in the process now and she's brain injured.



Casavant, Robert 1:27:34

And the other two have spinal cord injuries.



Robinson, Rebecca 1:27:37

Yes.



Casavant, Robert 1:27:38

I'm it's well, if I can ask the case managers, maybe.

What is the?

What are the barriers do you think for our clients not wanting or not participating in
a in a peer mentor program?

I mean, most of them, you know, it's a totally new situation for them, so yeah.

So that that question is posed to the regional manager.

So if any of you have a response, I don't have one.

I know that one of the you.

What about the clients seeking out a mentor or seeking out?

You're.

Is there anything more?

Let me more than that, but I know I have a vendor that is the final.

And then.



Robinson, Rebecca 1:28:49

I'm not able to hear what they're saying.



Casavant, Robert 1:28:52

Yeah.

So I was just gonna repeat what they're saying is, UM, they've they've had a couple of people that they've identified that could be mentors, but we probably need to do a better job, more proactive in encouraging our clients to participate and request mentors so that they could potentially benefits.



Robinson, Rebecca 1:29:11

OK.



Casavant, Robert 1:29:13

So could you guys tell me?



Robinson, Rebecca 1:29:13

I know I did have one from Region 3 that was interested and there was some confusion because I thought he wanted a peer mentor and I had it all set up and come to find out he wanted to actually be a peer mentor.



Casavant, Robert 1:29:19

Yeah.



Robinson, Rebecca 1:29:30

So he's one of the three that's in the process of becoming a peer mentor as well, so.



Casavant, Robert 1:29:35

What does that look like, Becky, when you say that you have it set up, do you like, share their contact information?

Is it up to the person who's newly injured to reach out to that person individually?

What's that process?



Robinson, Rebecca 1:29:50

I'm.

I'm not sure what you're talking about to have the peer mentor hook up with the client.



Casavant, Robert 1:29:53

So like.



Kevin Mullin 1:29:54

So what?



Casavant, Robert 1:29:56

Yeah.

So if a new the client is wanting a PR mentor, do you just give them the peer mentors number and they call them?



Robinson, Rebecca 1:30:02

Uh-huh.



Casavant, Robert 1:30:06

Or do you think?



Robinson, Rebecca 1:30:06

I usually contact both the client 1st and then the peer mentor and ask them some basic questions to make sure it's a good fit and then I will contact the peer mentor and give them the clients name and phone number to contact to set up an appointment for meeting.



Casavant, Robert 1:30:14

OK.

OK.

I do.

We have.

I'm sorry.

No, go ahead.

Do we have information I'm available to provide the clients that we have the service available like or is it just word of mouth right now?

To the.



Robinson, Rebecca 1:30:47

I think it's basically just word of mouth coming from the case managers to their clients.



Casavant, Robert 1:30:53

We have some Flyers, OK, that we also will put out.

OK, that Becky and Robin created, we do have some, I call them flyer.



Robinson, Rebecca 1:31:01

I I think I think bellies are being given out as well.

You know when the case manager is working with the clients, they're like when they close them, they give them that flyer.



Casavant, Robert 1:31:15

Do you have that?



Robinson, Rebecca 1:31:16

Well.



Casavant, Robert 1:31:16

Cause that easily pulled up the fire.

I don't have it handy.

Becky, do you have copies of those Flyers?



Robinson, Rebecca 1:31:23

I I don't know whether I can pull it up or not.

My system so slow I'll try.



Casavant, Robert 1:31:28

OK, that's OK. OK.

We I was personally reached out to by a member of B Skip asking if our facility.

I'm I run this will help run the support groups on the contact person for that and so someone reached out to me and asked if our facility was interested in being a mentor.

Was that Tamika Williams?

Yeah.

So Tamika reached out and I referred her to Jill.

And then we hadn't heard back from her.

So I was hoping we could connect with her.

I think that's something we would be interested in.

We have, you know, inpatient rehab.

We have support group that's really active right now, both spinal cord and brain injury.

So HTA would be interested, so maybe reaching out to other support groups where they have active members and connecting with those members to to gain more interest for people to be mentors or if they need and.



Robinson, Rebecca 1:32:23

Exactly, I believe, Terry.



Casavant, Robert 1:32:24

And if I feel like.

So what?

What?

I asked our provider enrollment umm.

Caitlin manages that.

Section of the program.

But what?

I asked was for Tamika to be able to reach out to see other organizations that provide peer mentor services because we struggle so much with the application through the state.

We were looking for another Ave where we could provide peer mentors and use other agencies that do this even as a vendor where because we pay our peer mentors.

So we would on board other organizations as a vendor and then send you the referral and then we would pay them to provide the pure mentoring.

I think that would be.

So we're trying to find a way to make this work and get it this resource out to the clients, but we struggle as a state agency because of the application process.

It's long and lengthy.

Most people, like Becky said, don't want to do that.

Well, we, ICSI, Florida West would be really interested in doing that, I think.



Robinson, Rebecca 1:33:30

Right.

And carry you also open yours up to stroke clock patients, right?



Casavant, Robert 1:33:41

We do our umm, since COVID, our support group has been combined.

So it's no longer diagnosis specific, so it's open to anyone within neurological condition.



Robinson, Rebecca 1:33:48

OK.



Casavant, Robert 1:33:51

But we have people who have specifically have traumatic brain injury and traumatic spinal cord injury that could be included.



Robinson, Rebecca 1:34:00

OK.



Casavant, Robert 1:34:03

Uh, so I don't know what external resources you consider already, but I can mention a few and probably some of my colleagues might have some others in mind, but for spooning specific, the Christopher made it Rees Foundation has a peer mentor program and our local peer mentor program actually uses their resources to get a pre monitors like train and checked off on kind of their role.

Umm.

As a peer mentor, so both the Christopher Manning Rees Foundation might be good to connect with, as well as the local Brooks one I can give you the contact information for some of the people that run that locally.

I think probably United Spinal, I would guess that they or sorry, I think they're now united on wheels, it might be another resource.

I'm not sure exactly what their structure for their peer mentor program is.

But those would that be another one to consider.

OK.

And it from my other committee members.

Any other, umm, local or or or more general uh perimental programs that we should consider connecting with?

No.

If you think of any, if you'll email them to me, I'll have to reach out, OK?

 **Kevin Mullin** 1:35:26

This is uh, Kevin, the United spinal.

 **Casavant, Robert** 1:35:28

OK.

 **Kevin Mullin** 1:35:29

They're not up here, mentor.

They're called community liaisons.

Just a little bit of a different.

So I was one for quite some time and as best as I remember, at least when I was part of it and affiliated, they were very app to work with any local organizations, state organizations.

So that might be a good one to approach.

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

Thank you.

Sorry.

 **Kevin Mullin** 1:35:52

United spinal.

 **Casavant, Robert** 1:35:52

OK. Thanks.

I know Becky's been working on getting support group brain injury support groups in the state like identified so that it can be on the website.

We've been doing the same with brain injury Florida, so I can make sure you have the support group confirmation that we know for sure is active and that might be a great for brain injury side.



Robinson, Rebecca 1:36:17

OK.

That's always good for me to get updated ones because a lot of times these brain injury support groups will will set up a support group and then they don't let us know that they folded or what have you.

So I like to keep active ones on our website.



Casavant, Robert 1:36:37

Hi.

Yeah, we've been having the same trouble identifying with brain injury Florida.

And so I can I can share.

Maybe you and I can just ongoing share information, Becky, so we can make sure that we're rent that would be great.



Robinson, Rebecca 1:36:50

OK.

That's that's good.



Casavant, Robert 1:36:54

And I'll when I send out to my contact, said the state of Florida HOA and post keep medical and encompass.

I'll ask and asking them about contacts for the survey.

I can ask them the same thing about snowboarders, so at least we can it's information.

Or maybe we could ask this question in the server.

Do you have an active support group?

Yeah, maybe that's ohh, that is a good idea.

That's a good idea.

OK, Becky, we are so excited to see the website.



Robinson, Rebecca 1:37:38

OK.



Casavant, Robert 1:37:38

OK.



Robinson, Rebecca 1:37:39

Well, Amanda Strickland, who is our rims coordinator and project manager, she's going to be previewing it for us.



Casavant, Robert 1:37:48

Woo.

Yay. Amanda.

So we have that on this afternoon's agenda as well.

So do you want to do you wanna sneak preview?



Robinson, Rebecca 1:37:56

Yeah.

Now or later.



Casavant, Robert 1:37:58

Umm, you know, if we could get a sneak preview and the only reason I'm saying that is because the next section we're talking about different information that we think is gonna be pertinent to share.

So probably be helpful to see how it's already sides.

Yeah.

OK.

Do you want to use my laptop or do you want Rob to pull it up and navigating through?

Store.

Yeah.

We are so proud of this and this has taken us.

I know it's been a long time, so inside it I've I've told you forward to it.

This is been such a challenge.

I'm gonna, but we do have it up and it is live.

Woo and our team did great.

Hold on.

Playing it all together so quickly so we can show it off for this meeting.

And here you are.

Here's our little girl on the front.

We have home, get involved about, contact us under getting involved.

We have events which is still on our old site, but in future friends we're going to be creating that on this site and then we have the peer mentor program, which in the future we're going to be, uh, putting the forms in there so they can fill them out on the site and support groups that still an old site.

But that is getting recreated as well.

So when she says future Sprint, so events and support groups should be out on the site by the end of this month and then the website will be complete right now if you click on those.

I'm sorry, Rob, if you click on those, they take you back to the old site where you can still see the information.

So we're moving everything completely over by the end of the month and it it'll be a complete package.

OK.

Yes or not.

Keep implementing new things so they are gonna be static pages.

As of right now, but we're gonna be adding lots of cool gadgets and making it.

Really cool.

So anyway, we have brain injury.

Adult pediatric spinal cord, adult pediatric and what?

I mean, go to adult brain and you're looking for something.

We have our categories.

Right.

Is this the live site?

Umm so you can Scroll down.

You can see the different categories.

And let's go to transportation.

And then here's the information under transportation.

And then we can go to.

Transportation options.

And here's a list of the items, and they're all separated by the types.

And it takes you to the information.

So yes, we can navigate through it.

And we are we do have an email address for recommendations.

Any new ideas?

New items that you all may want to add to it, and we'll add those to our features, sprints and create new items and take into consideration any ideas?



Robinson, Rebecca 1:41:18

And let me add on each one of these that are listed.

If you click on the link there, it will take you directly to the Department of Transportation, so any of those that we had on the the subcategories, they can click on the link and it'll take them directly to that website.



Casavant, Robert 1:41:38

Once.

We also implemented because the state everything has to be approved.

So we've already been proactive with communications on what our process for approval is gonna be from here forward, so that it streamlines and there's no drag we're not, we're not waiting.

So we've spoke with them directly and we have a process in place to expedite things through.

Are the manuals on the website the manual? Yes.

You like to home.

Ohh if you got to about.

Just go to biscuit.

So we have this right here and there are some documentations, Flyers, the brain injury resource guide.

It's everything that was on our old site, OK, we went ahead and recreated.

And like I said, if there's any anything that's not on here that you're wanting on here, hmm, you can send in the recommendation we meet about it.

We set it as a wish list item and we go through and we assign them each Sprint and implement it, and then you'll get an email saying what's new, what's out there?

That's correct, yeah.

And then can we see the fire?

The biscuit fire?

For the peer mentorship, but it's just an overview.

Ohh got it.

Wanted to see it.

And then you can also pull this up on phones, and yeah, it looks good on mobile.

Yeah.

Yeah, should.

Yeah, yeah, yeah.

Really good on mobile.

Can we see the peer mentorship? Is there?

Uh.

The peer mentorship is still on the old website. Yes.

Yeah.

OK, so there will be a flyer that they can like pull up and print.

Yes, OK.

Awesome.

And then if you go back, so maybe you can also go to about and Resource Center.

And then we have the contacts contact us.

How about the top?

And umm, they are clickable from phone tablet.

That's great.

Yeah, I really like the pictures for each individual category.

I think that's gonna be so helpful for people.

Yeah, instead of just a list that could get lost.

You know, we did a lot of research on that.

Yeah, that's fantastic.

Big, big font images on.

There's the contrast.

Yeah, colors noticed.

Contrast.

That's color was a very big thing.



Robinson, Rebecca 1:44:12

In.



Casavant, Robert 1:44:15

What about on the information content of the information level to the what 5th grade reading level?



Robinson, Rebecca 1:44:16

Yeah, we we included.

Sorry.



Casavant, Robert 1:44:23

Ohh or understanding we did have communications go through and and a lot of the content that's on there.

OK, so it's ADA compliant.

We learned recently that there is a website that you can go to and submit anything and it tells you if it's fifth grade reading level and it will correct it for you.

Even chat. GPT.

Yeah. Chat.

That would kind of worries me.

Ohh no, but it.

But there's just something out there that can change it for you.

Some of our therapists have used it in their presentation.

Can can you share that thing?

Yeah, I didn't write it down, but it's free.

So yeah, I will still get that info, no?



Robinson, Rebecca 1:45:05

Hello we did also when we were testing the our our site we got input from our brain injury expert which was Robin Tipton and we have a quadriplegic in our Miami office. That was our spinal cord injured expert to help us with things that we needed to look for and be aware of.



Casavant, Robert 1:45:25

Good.

Yeah, that's great.

I love it.

I have a lot of questions but I'm not sure if this meeting or next meeting is the time for it.

I'll defer to our Kevin lead.

Kevin, you have your hand up, but I want you to know I see you.

 **Kevin Mullin** 1:45:37

Yes, thank you so much.

Just really quickly, if we have any external resource links, uh, that might even be worried with or affiliated with, let's just say disability travel since that's one that we can share.

I know in the past sometimes they only had to be nonprofit.

Is it still that way or can they be possibly for profit?

Because even for profits have some tremendous aspects and information.

If we're going to be able to share links or is it only nonprofit?

 **Casavant, Robert** 1:46:06

So we can put whatever we want out on this website as long as we stay impartial, we can show favoritism towards any content that we put out there.

 **Kevin Mullin** 1:46:13

Excellent.

 **Casavant, Robert** 1:46:18

We cannot make recommendations to any of the content we can provide it, but if a client calls and says, well, who do you recommend?

We cannot make a recommendation.

We can say here are the resources and you can research and choose yourself.

 **Kevin Mullin** 1:46:33

Excellent.

I appreciate.

Thank you.

 **Robinson, Rebecca** 1:46:35

Right.



Casavant, Robert 1:46:36

Great.

So thank you.

I know that we were just supposed to do a sneak peek so, and because we wanna work on some some things for the rest of the meeting and we're gonna be able to see the rest this afternoon.

I appreciate you sharing with us super excited about it.

Because our goals I've listed them here on our agenda remember our goals for this year, we're to develop a strategy and associated tasks is semanate information and resources to the public, making sure it's relevant and timely information and making sure that we've identified our audiences and stakeholders to create the best awareness of the program.

So uh.

And then, of course, developing educational opportunities.

So what we wanted to do this meeting, which was talked about a little bit at the last meeting, it was really identify some topics of pertinent communication information that could be approved and posted to this website like one topic a month that may be of interest.

That's that.

We've identified as potential gaps and information that may be meaningful and useful to our clients and their caregivers.

So I sent a I asked Kimberly to send out the just some things to start our thought process flowing.

It's by no means.

Any of those topics that we absolutely have to do, I just wanted us to have some discussion and originally we were going to do breakouts, but because we have so many online, we'll just do one group for this, for the discussion, so.

Uh, this is this just meant to be brainstorming initially, and then we'll narrow from there.

Apologize because I printed my list and then left it in my office.

Prob that that list that I think you're looking for was just in an email.

Yep, that I I included.

I'm sorry, I just, OK.

Perfect.

We'll pull that up.

OK.

Thank you.

You know.

While we're getting that pulled up.

Kimberly, you had said that that we now have an easier process for approval for information going on to the website, which is super exciting.

So because before it was taking three to six months and then only to get things approved, so do you wanna talk about what that process is?

Well, our internal process is as we add content or change content that goes to Becky 1st and she creates it perfect after Becky's done and this is all on the test website and people only there's certain permissions that people have to get to the website and actions that they can do.

So Becky creates the new content and we have a format in which she follows a Amanda created that with her team.

Once Becky's done with that, she sends that on to Robin.

As a second review, a second set of eyes to look at it and then from there it goes to our Bureau communication person and if everything is OK, we promote it right up.

If there's something that gets to our Bureau communications person that she thinks needs to go to DOT or DoH communications, then she'll send it.

But for the most part it stops right there.

We can promote and we can keep moving.

We don't have to go directly to Coms.

We go to our internal comms at the Bureau level, so that also work for social media.

No.

OK, so I that's only for the one that was great because that is that is happy that is only for this website.

OK.

I think for the things that we're creating today, we want it both places, right?

It's, I mean that would be the ideal. Yeah.

If possible, but if we have to start with the website and then go from there, then that's what we do.

If we can keep it to the website, that would be much easier on the program.

When you start getting to the social media and you're talking about Facebook and all of that, that's a rabbit hole, is there, is it a rabbit hole that's not worth pursuing,

though?

I just feel like if it's so much if it's something we can put on our website and get the message out that way, I would prefer I promote our website on social media.

Can they post like they could?

They could post the link.

Yeah.

So on the DO HH like John maybe like on a rotation of every two weeks like this is here.

I just feel like there's a whole generation of people that only get their information from social media, and so if we're not targeting that we're there's a huge gap.

So my understanding and I always use Facebook as an example, I don't believe the OH does a whole lot with the with the Facebook anymore.

OK.

But like on the main DOHC website that's out there or anything like that, they can.

I believe they can highlight us and maybe rotate things that way, OK.

So I guess the question that I think that I'm hearing is is if there are social media web, you know people on social media, can they adjust share a link at least for the website without permission?

Yes you can.

OK, because there are other Florida agencies.

Good.

So because there are other Florida agencies that do post on Facebook, but but there must be some other system that they do it by cuz I followed the Florida Fish and wildlife and they're always like posting about like the people that catch breaking the law and so like that well.

So do you do you away test their own website right there and correct me if I'm wrong, Amanda, they're currently going through a restructure and redoing the whole DoH website, which is going to be a huge undertaking for them.

So if I don't have to go to them for anything right now, the next couple of years and I can use with my internal process that we met with them and they approved on, yeah, I mean, when you look at their Facebook page, they're posting multiple times a day on their Facebook page.

Yeah.

Didn't they tell us that they didn't?

Yeah.

Yeah.

So like I mean they posted for Mother's Day they posted karma, you know, like they're posting regularly.

I followed them, so that's why I just saw that they were active, but they have never mentioned BSCN before.

And so if we can get into their rotation somehow, even if it's just like a little, you know, link like we're saying, or if they put us as a secondary link to their info, you know, like they're about info. Yeah.

So I'll take that back to the bureaus.

Comes because I have to follow my different process.

I'm sorry.

I just think that that's just see they mark it.

I'm quite certain that they told me and it was a person in Liz that day or in uh DoH comps, not debureau level that they don't.

They weren't really using the Facebook.

Someone is, so that's that's interesting.

Thank you.

Yes, nice here.

Umm.

That is gonna be add both of.

And.

But change we're.

OK, So what Amanda said is if there's design change, they'll do those in sprints and it'll be updated monthly if it's information to the sub links that are already existing, then that's can be approved and updated on a daily or more than daily, more than one TimesDaily basis.

OK.

Thanks.

So as I look at the list and we saw some of the topics already, umm, there's a lot of pieces that are already incorporated into the website, which is super exciting.

And of course, we knew some of those things would be there.

So I think one of the questions do will we be advertising be skip in person meetings or do we need to do we need to better inform that these exist in the public can attend at any point on the website or for a communication like a posting.

So you are you're asking because we have to post in the bar for all of our public

meetings.

We have we post that in the Florida administrative register, OK.

So I'm wondering if we can post it for on Wednesday.

Can we?

Can we like under events maybe?

Yeah, yeah, that can be done.

Absolutely.

OK.

And so we don't have to create anything specific because you guys already have a format that you use, right?

OK, cuz these are public, right?

Anyone could come to these?

OK, correct.

Not committee meetings, though.

When we meet separately, because our committee meetings are, those are public meetings as well, that's where the Florida or Florida administration registration Florida Administration register is where we have to post all of our public meetings at least seven days in advance.

If it's not within seven days, I can't have a meeting.

Yeah.

You could start a.

Facebook.

Yeah, yeah, yeah.

I think that would be great because I think if we can get more public caregivers or clients participating in the meetings, that may inform us in our direction and what kind of information they are missing or meaning as well.



Robinson, Rebecca 1:56:29

So.

So we're wanting to put the Advisory Council meetings under events.



Casavant, Robert 1:56:29

So you're running.



Robinson, Rebecca 1:56:35

Is that what you're saying?



Casavant, Robert 1:56:37

Yeah, I think so.

I mean, yeah, yeah.

Great idea.



Robinson, Rebecca 1:56:42

OK.



Casavant, Robert 1:56:45

Yeah, great idea.

Alright, so like I said, some of the topics are already on the website.

So what else do we think?

Is there a recreational opportunities?

Yeah, there was.



Robinson, Rebecca 1:56:57

Yes.



Casavant, Robert 1:56:57

OK.

OK, perfect.

What if it?

What other information do we think would be helpful?

Just tidbits of information that could be, you know, people have to hear or see things multiple times before they really understand it.

And so maybe there's some recurring pieces of information that may be helpful to put out, you know, a periodically on the home page or wherever that's kind of what the intent of this was and for since we can't do social media specifically to post it up there, we can at least post the link and say there's new information or something like that. So.

Let's check in the the on the website that rehabilitation part and when I click on it

there is not much.

Are we planning to, like, provide a list of all the acute vision rehabilitation programs in Florida and maybe also mentioning which one are programs that are distorted in a conscious and what is this for?

Because I find this the the family when they're in trauma, they don't know.

They don't understand what the program is and what the options are.

So it sounds like what you're saying is is maybe just an understanding of what acute inpatient rehabilitation is in general by region.

What auctions?

What are the acute inpatient rehabilitation programs available?

Yeah, in separate that from programs that offer these certain consciousness, which I think in Florida, the only one available is it.

Umm brooks?

Umm, so even case manager, sometimes they they don't know when I put refer this patient to DOC program they don't even know what DCL program is.

So is there any idea on the website that has like what each of those types of facilities are like?

Just check.

I don't.

I did not see anything in that.

No, we are.

Creating to have the.

Ohh that would be great.

Perfect.

And he will provide and that view.

Is that?

It's not, yes.

Until I could cute pair hospital and then we, you know, you go to inpatient rehab and then the steps of facilitation that you might experience would probably be a good idea. Yeah.

But they really get.

But you know that's that's that's absolutely right.

You know, I think you would benefit from inpatient rehab and no one's everyone here is.

Sometimes people hear rehab and they think it's something totally different.

Well, it's used interchangeably.

First, yeah, same thing, right?

Every Yep, it it does have that.

Uh, that the insurer has a huge role on this.

You know the the decision but also empowering the family because the the family appeals are, I don't know, in your facility the current somebody my facilities more of the 50% of overturning the denials is by family yeah.

So we have created kind of a mini website educating the family, what to say, helping them through the process because it's a lot of the peer to peer getting overturned by family.

Yeah.

So I think having this websites are great resource for family that just you know that just had the that their loved one in with an injury and getting just a general idea of what are the process just very general and I love the idea of the maps with the centers but not every center offers the same.

So I can rehab in general have the same 3 hours, but some of the centers will not take someone that is acute rehab when they said someone with a spinal cord injury because they don't have a spine program.

Yeah.

So I think having that little information because.

Wow filtering.

I can still filter the dots and the locations and the type of facility here before.

Umm. OK.

Perfect.

Like a brief and also, yeah, maybe a brief information.

Each facility which can be provided by the facility that they take severe ring injuries, they say spinal cord injury or they state mainly strokes, you know those kind of help to direct the patient care.

Yeah, I mean, this is the this is liable to be a kind of a kind of contentious thing about, you know, who who offers button, who gets, you know, kind of kind of visibility from this of course.

We all work for hospitals that are that are very passionate about brain, spinal cord injury care and that's why we're here.

But then there's other centers that.

I say that they do and and and don't always do as much.

So and sometimes it.

Yeah.

Yeah, I was just gonna say sometimes it's about what is closest in accessible for the family.

Yeah, they don't have anything in love.

Play the decision and then you know if they're qualified to provide that care.

Yeah, it should be listed as, but we can look at like certain you know, carf graduations would be the main thing to look at and and that might be a, a, a bar that we can list on the website if they're credited.

In general, if they're credited for brain or spinal cord injury care, yeah, what do accreditations mean?

Maybe because there's car Joint Commission accreditations for stroke specialty and different things like that.

I mean, I know we're not stroke, but you know, I'm saying there's.

How we should?

I don't think we should.

You know it's an incorrect email so that we can discuss it.

Meeting to.

Yeah.

Yeah.

And we can probably even use one of our sessions for this particular meeting to do some of that work.

Because, I mean, that's what we're about, right?

This, that's what the goal is.

So I would make the recommendation if you have your ideas to send them to Amanda, the team can talk about how we can implement them onto the website, what it's gonna take, and then add the next committee meeting.

We could come back with our feedback and we've looked into this.

This is how we can do it.

What exactly are you looking to want to put on there?

We have to remember always we have to remain neutral.

Umm yeah, I think that's so, yeah, that could be sticky.

So for sure, but I think if we just give a general descriptor of understanding of what is Hospice, what is acute rehabilitation mean, what is skilled nursing facility, what is outpatient, what, how are those?

I mean, there's general description for those that people don't understand the difference of that, that we could give some description and then in a general statement about you know your insurance you know has.

Depending on what your insurance is there are different accesses to these services as well, right?

And then you know, they're case management deal.

Yeah, would be able to help them identify which ones they're right.

Better appropriate for them, but at least that general understanding of the that might call up so kind of what I hear is like so on our internal our Internet that our program has for our staff, we have a medical librarian have that staff can go to and reference what something means.

If so, when they're looking for through records, Nancy, who she's on the call.

Here she is, our health nurse.

How consultant she works program.

She got a lot of trauma, experience and so forth.

She puts these things together.

And So what I what I hear you saying is kind of to do the same kind of library, so to speak for the website.

I think that's good.

That would be great.

It sounds like you have job security.

Yeah, and yeah, this is going to be like brims application, we we'll have a wish list and we will make it better and better and better every month, OK.

Correct.

So let's get.

Keep going.

I I love this discussion.

What?

What are some other topics we think?

First, we think you know just understanding what the difference is and the and the various services for post acute care.

Umm, I know one thing we've been focusing on are trying to focus on better is caregivers support and resources is there.

Was there a section for caregivers specifically, we are going to put a a tile on the home page.

You're givers, but as of right now we have it to where you can navigate to it, OK through the resources.

But that is how much?

OK, good.

I mean, what resources do you have listed for them?

Can we see that?

I'm sure wrong.

We're asking about the caregiver resources that are already currently on the website so that we can determine if if we suggest some other things, Amanda come up to the post.

They have better on how to navigate them.

That either attack all of them, either brilliant or airspun in the spot that's gonna spine.

Let's go around.

Should be caregivers.

Uh, go back up.

Financial or go down.

Sorry, wrong.

Gotta help them, Wellness.

There were others caregivers.

Yeah.

So we have so far we still have 50 items that we are adding to the list.

So we're slowly adding these are from our old site pic, not specific, but they're not.

We have a we did it in stages, so we have 15 more items.

We're slowly gonna start adding into this.

Yeah, and tagging and and then we're gonna get new ones.

Yeah, after we get all the other ones put back in and we're gonna start getting new ones and adding a lot more resources.

Yeah, I think pulling it to the front will definitely be great.

Just so they don't have to, like, go through the steps to find it right and having a separate one on the whole page would be a, you know, we're going to have a veterans caregivers and one other one on the front.

OK, around the two main tiles.

First, fine and brain.

And then we're gonna have some quick navigation.

So they don't have to go through all the filtering.

And eventually a search bar OK.

So, Carrie, what were you envisioning from a information, I mean these these are a lot of links specific to I think there's an opportunity to create educational PDF like infographics.

I don't know who, if that's a console like we as a Council, create those infographics or someone on the staff creates them.

But or use them.

There's so many out there already, right?

But just having things that they can click and print, like behavior management or, you know, like bowel management, just something quick that they can pull up that's like one page of information, uh.

And we do have some, we have called fat sheets.

Yeah.

OK, keep going down.

So let's say that.

There may not be any on this one fact sheets record.

Do you know where we would find specific?



Robinson, Rebecca 2:09:35

We do.

We do have fact sheets, we have guides and you know one page PDF type of things.



Casavant, Robert 2:09:43

Great.

Those are those are ones that were developed by basket for I guess the quickest way would just be to to look at one and see can.



Robinson, Rebecca 2:09:55

I go to.

I'm not sure, but go to bladder management maybe.



Casavant, Robert 2:09:59

There you go.

This is like uh, model systems.

That's why I go from my spinal cord stuff, yeah.
I know like as yeah.



Robinson, Rebecca 2:10:09

OK.

Like if you click on one of those rob.

And go and that might take you right to the the website though, but there are PDF's out there or like I said, guides on things.



Casavant, Robert 2:10:29

I think maybe pulling does.



Robinson, Rebecca 2:10:29

And they're like, just a one page.



Casavant, Robert 2:10:33

Easier accessible.

Umm.

Especially, you know, like for someone who has a brain injury who's going through like, the family is overwhelmed and there's things that they need to know, you know, quickly for them to go and learn about, you know, deescalation or like, something like that quickly would be good.



Robinson, Rebecca 2:10:43

Exactly.



Casavant, Robert 2:10:51

So if it's all together instead of separate, I don't know if you can have like a tab for like fact sheets and then click it and there's all the fact sheets that you could ever want there, or the search bar will be, but they may have to call it the escalation right behavior management or something.

Yes.

Yeah, it's definitely doable.

Add it to the list.

It's that's already have those.

That's wonderful.

We do, but this is how we came up with the navigation from the beginning.

But we did talk about having a quick searches, easier to navigate on the home page drop downs, but these are things that we're gonna have to implement.

But to in order to get this live and up, should we have?

Absolutely it looks.

And we also want to, even though it's on the home page, we also want it through the navigation as well.

So there's multiple places they can find it.

Yeah, I think that's always great too.

I think it looks wonderful.

I think, Joanna, I thought maybe was creating some of those fact sheets, but if those are already there, right, well some, yeah, I mean, there's always room for more share.

But the ones that you guys do have with us in some way like not today, but like a list or if we can get like you know attachment?



Robinson, Rebecca 2:12:07

Yeah.

We'll try to find some of them.



Casavant, Robert 2:12:09

Fix I can just, I can pull them.

On our admin side, OK, I can pull them.

Yeah.

Filter which ones are the fact sheet.

That'd be great because I think all of the Council could look if there might be topics that haven't been thought of yet and then we could work on helping create those with you guys for sure.

Absolutely.

Work with our communications team.

It's a new ones.

And then what?

What?

Their chip away at the social media, and we're gonna post actions on there and my dream world.

I got nothing on that.

She's like you don't wanna do the things you're spinning around.

Take me to.

Yeah.

So I've heard a couple things.

Umm.

So if we get a just, even a couple more topics, then at least that can inform our next meeting.

And after we get the list to review, if there's something that's already created for them.

But I heard what clarification and what post acute services are just from a definition and understanding standpoint behavior management D escalation for caregivers.

What are a couple other things that we want to maybe take a stab at and that we think are important and that we've heard, you know, all of us are in different areas and we probably hear from patients and families about.

What they hope to know or understand or get information on.

I I have noticed that on like the old website you guys post on social opportunities or recreational opportunities, I think seeking more of that out even if it's like posting in within the events those some of those support groups that we know are active.

I think people after injury are there.

Umm, it's they're subject to isolating and depression and so like encouraging them and having that information to get them out in the community and interact with one another would be great.

Umm.

So maybe an event if we can kind of bulk that up so that they can feel like they have more opportunities.

Yeah, to do things might be good.

But it also might be good.

There's eventually there's so many that doing another math too.

Because I'm in Pensacola and I'm not a Florida girl.

So if you tell me somethings in there's some weird names in Florida, but I would have no clue where how far away they were for me.

So I'm not for events, might be good in the future.

Yeah.

And any kind of events having to do with any of it, it's gonna be on the events page.

OK.

And then even if they navigate through it, we still have that category in the list of events there too.

So we have multiple places for that or I mean we do have the old events page, so isn't oh sorry, OK.

I was just gonna ask, is there a place for people to submit if they're having an event in their area, that's great.

Contact us.

They could always send us an email.

We could maybe put a little more verbiage there.

Yeah.

If you know of a event happening, let us know or yeah, about like a click and share. Just gonna ask the regional managers that are here.

What are you hearing from clients and family or caregivers?

Like, what are their main questions that you seem to explain regularly that maybe that's a piece of information that we could provide?

I have managers online too that John and Eve.

You might be able to answer some of those questions as well Raz and and Jose, you might have to come up to the podium for people to hear you.

Don't be shy, yeah.

My managers that are online, are you able to answer that question?

 **Wanecski, John M** 2:16:06

Hi, this is John from Regent.

I'm sorry, I've go ahead.

 **Brewer, Evelyn T** 2:16:09

No, I was just going to say I'm thinking on it.

So that's I'm stumped on that one.

 **Wanecski, John M** 2:16:12

Yeah.

 **Brewer, Evelyn T** 2:16:16

Yeah, get it.



Casavant, Robert 2:16:20

Basically what they ask about the rehab, like what type of rehab it's like there's about when I was talking about and some of them are not a specialized like for example, Jackson is specialized in spinal cord injury with Baptist does more of the TBI. So those are mainly the questions they have questions about. Umm, what are the process?



Wanecski, John M 2:16:40

True.



Casavant, Robert 2:16:41

What type of assistance is out there to help them?

And I was gonna ask about the technology cause, Kimberly, I was gonna mention one of the stories about that.

Maybe you can add that there's different things that are out there in the community like we learn about this equipment, just likely having a client that has a severe impeach impairment.

Does an ergo talker.

It's a very expensive equipment and we have one of the vendors assessing the client right now, so those are the things that might also be added to like the technologies that is coming out out there.

There's another event that's gonna take place now in Miami Beach and the Convention Center that I'm gonna participate, and they're gonna have a lot of equipment that is and pharma that's innovative.

And those are things are coming.

We might have in the in the Resource Center as well, but that's mainly the questions that they have at the beginning, the table rehab, the assistance, it's out there that give you this.



Wanecski, John M 2:17:39

Mm-hmm.

No.



Casavant, Robert 2:17:42

You mean just mostly financial assistance?

Like uh, food stamp?

Yeah.

And then you had the guy name.

 **Wanecski, John M** 2:17:49

Right.

 **Casavant, Robert** 2:17:50

What they have to do with Social Security, it's for me.

You know, so good.

This is reality and DCF, if it puts them in Medicaid, OK, because then it might not be.

Do you guys spend a lot of time helping them complete those applications or is that something that you're just like this is where to go?

We have now well in my area, CIL is very involved in that and in that and right now we have a connection with the Social Security disability and we're trying to integrate and they're expediting.

 **Wanecski, John M** 2:18:13

Yep.

 **Casavant, Robert** 2:18:20

We just got a case that it went really fast.

Yeah.

So that's the things we're working.

Yeah.

UM, while we're talking about the website I I think maybe the biggest challenge is going to be you know, where to draw the line with commercial interests and more controversial things.

You know, one day I do hope that it so to bring up like one example one day I do hope that stem cells are effective treatment for spinal cord injury.

But right now it's currently a matter of research and not really clinic available.

I think there's some federal laws about that, but, but that sort of thing where it's like kind of not yet proven or controversial.

It's like, are we gonna make this space available because those sorts of things?

And if not of how we decide what is in that category or not and what we decide to exclude from this program, have you given thought to to that like how we're gonna draw the line on on that sort of thing?

Well, I I think when we get to the controversial.

Yeah, that's gonna have to go through the DoH communications if they're going to allow us to put that kind of content on or not because they have specific policies and guidelines in which we have to stay in.

Yeah.

And so I don't know where that will draw the line with them, but that's something that I would definitely research and ask about.

Yeah.

And I think it's good to have a tendency just to if it is controversial, but do not put it on.

But like, how do we decide what's controversial in the in the 1st place?

This I decided it will tell me.

I just I I decided to come in obvious example but but how much above that?



Wanecski, John M 2:20:02

Umm.



Casavant, Robert 2:20:06

But who in the state is making that decision?

Because they may not be content experts, that's a that's a very valid question.

And yeah, that's a good one to ask and I don't, I don't have an answer to that today.

I can tell you that I would have to start with communications and yeah, they would have to take the lead on where I go because something on the face may look rather benign.

Obviously stem cells is fairly invasive, but other stuff may look pretty benign but actually be quite controversial or have some unknown.

Well, so the Miami cure for paralysis, which the program supports?

Umm, that may be like a link that we could put on our website if people wanted to know more about what that project is now.

I can't post the the information that I received from them.

I can't post that, but I could perhaps have the link where they could go to the Miami cure for paralysis and see for themselves what is out there.

Are they considered a stakeholder?

Umm, like listing the stakeholders and links to their information might be something that's possible.

Yeah, maybe.

Yeah, maybe that's a good idea.

I think just list the name by location and divided by acute skill auctions and the rest like having the link of the facility and the rest is like, yeah, I mean, so I mean obviously the, the, the main project is is is a very legit and organize things.

I'm trying to kind of put something to be more controversial, so one area would be like activity based therapy for patients with spinal cord injury.

Sometimes it's appropriate, sometimes it's very useful, but I haven't seen instances, not necessarily in the Florida, but I've seen instances where it's sort of an end to itself, and it's kind of people get have blood, Australian in spend extraordinary amounts of money without getting kind of the results that they are expecting.

So some are more, some location are better than others.

But how do we decide which activity based centers are listed or not?

And you know who makes that call?

Ultimately, it will be communications that will tell you whether I can or can't.

So yeah, I that when I talked about the approval process earlier and that there's things that go to our Bureau level no problem.

But once it gets to Lindsey at the Bureau level, if she says no, this has to go up to Coms.

Then it goes to the highest level.

Yeah.

If it has to go that high, like if it's, that can controversial, just like let's not like who?

Like.

Yeah.

Yeah.

Where does that start?

That's where it starts.

Yeah.

When it gets to Lindsey, looks like the fact sheets and stuff you're saying we need to be mindful of, like, not putting certain things only I get what you mean.

Umm, we have to be impartial.

We can't say, well, you should go to ABC for your right bladder supplies.

You can't do that.

Yeah.

So I think with like information too and like the therapy options, we should be in partial too, yeah.

So, umm John, I think they were going to reply to the question what are what are you hearing from your clients and caregivers the the some of the main questions that they're information they're seeking.



Wanecski, John M 2:23:43

Hi.

Thank you for the question.

It more of the process what the process is going to be.

I agree with Jose on that.

I would say is the top one.

Umm, you know?



Casavant, Robert 2:23:56

Do we have an online on on the website of what the process looks like once you've submitted your application?

Is there a link to central registry on there?

Because central registry kind of goes over that.

Is there a link there specifically for central registry?

Yeah.

So the the flyer that we have, like the overview of the program, does it list like what to expect like once you have submitted your application to be skipped, you can expect to get a call and X amount of time here.

I don't believe it does on the, so maybe a flyer for that.

Is that what you were thinking, Jill?

So like a flyer of the steps of the basket program.

So like you apply how the approval process works?

How how much time it takes before your contacted by someone within the program?

What to expect?

Yeah, those are all things that we actually go over when they do of study visits and do in services.



Wanecski, John M 2:24:54

Mm-hmm.



Casavant, Robert 2:24:57

That's everybody.

We we go over all those specifics with them.

I think having the paper would be like the visual would be important and then putting it on the website too for people that might be hadn't gotten that information, someone knew at a facility that just got hired that hadn't heard about it yet.

They can go and look too, or caregivers who weren't present during that initial conversation.

And so, you know, it's the telephone game.

And so we wrapping gaps the more ways to get the information right.

So if there's three different routes that end at the same spot, that's OK cuz it's more visible.

What?

So Amanda had us navigate to the about us and we're looking to see what Flyers are attached here.

That's the guides.

Yeah.

These are the guides are great.

I think maybe even pulling information from the guides and separating it could be an option cause a lot of the stuff might be listed here.

But you know, I I have guides like in paper with my patients.

And when I handed them to him, their eyes widened because they're overwhelmed.

And then they get a 32 page book and I tell them this has great information and they're like, when am I gonna have time to read this book?

You know, but if we're having a conversation, I give them a one page flyer.

Yeah, that feels manageable.

Better manageable, right?

So that might be an option just to looking through because it has eligibility and referral process just pulling some of that information out and making it a one page.

Hand out.

Or or like you were saying before, a direct link that'll take him straight to that page, right?

And that, you know, within the workbook.

Umm so when I get when Beth, Beth and I get these emails to our dipex box and people wanting to know more information about the program, it's kind of a standard reply that we send back.

So we send back what to expect once we receive a referral to the from the caregiver or you know, the if it's a self referral, whatever and we attach the central registry form and the instructions and a flyer about the program and the links to the DoH where our site is on DoH and so forth.

But we we get them just kind of like a brief on what to expect that would be great. It's just a brief.

Yeah, that's OK.

And so we are doing that, but it's not on our website, right, but we we are doing that. But I think we can take some of that content.

Absolutely.

And put it together and and simplify.

Yeah.

One question that you just made me think of this when you have someone who has a caregiver who is applying and something happens with the application and the kid, get it to go through.

Is there someone that they contact to get help to then apply for beef skit?

So if it's a self referral, whether it's coming from the client or a caregiver if they're having problems filling out the referral form or central registry will do that over the phone with them.

OK, so they still get contact? Absolutely.

OK, so if in the instance like we were talking about earlier where it gets denied if the application is denied, you still get that contact information or like how they were saying it wouldn't let it go through, does that still the name still make it to you so you can contact them if we don't get the referral form.

OK, so it's the referral form of yeah, we need the referral form.

So I'm gonna put those on the spot here for a moment.

Yeah, because in some of our responses, when people are asking on how to apply and so forth, and they need a translator, he is our translator.

We use him quite a bit.

He is a certified translator and for Spanish, and so we will include his information in the email as well so that they know there's another another point of contact that they can reach out to it if they need it is there on the website somewhere like call.

Is it just the contact US portion?

If if they wanna sell free fired like over the phone.

Like I wanna like if I had to call and be like I want to be in the program is there.

Is that just contact information that they would call that number there?



Robinson, Rebecca 2:30:02

Yeah, that contacts me directly.



Casavant, Robert 2:30:05

OK. OK.

Awesome.

So translation services and that's a great.

Piece of discussion.

I think the hospitals and the rehabs, we have to have translation services available, so I mean potentially if you go to a facility and it's not a language that anybody speaks, yeah, you know, it could be accomplished while they're physically there and somebody from the facility can help.

It's the after words.

How does the state have access to any formal translation services to be able to utilize?

So I'm really glad you brought that up because that is a something that Caitlin is currently working on with our provider enrollment department where we're actually reaching out to vendors because I would like to on board vendors that we can actually pay for these services for our clients out of our purchase client.

And then the client will have somebody that they can reach to.

We can do conference calls, we can do translating in like and letters with them and stuff.

Maybe.

Maybe just did.

What did question Russia and we just had the translator and the actually the testing for psychology with the translator.

That's fantastic.

Like that?

So Jose was saying that they actually just had an example of that for somebody who needed a who spoke Russian.

And so they were able to find a translator.

So hopefully we can streamline, you know, as you look for vendors that will make the process even easier and whether it's virtual via an iPad or a phone for translation during their appointments or with the individual case managers.

Good.

Because it's only gonna be this is only translated in English on the website too, right?

So, right, right now it is.

We talked about other versions.

But that.

No.

Change in Spanish?

I like that it's on the list, though that's good.

Fantastic.

We have an extensive wish list.

That's alright.

We're good.

Just gonna keep adding to it and I really like the ideas that the Council is bringing.

I I really like your ideas and your suggestions.

I think they're fantastic because you've always heard me say that my goal was to make me skip a household word.

I I've never backed down from that, so I'll get there.

Awesome.

Well, I think it's 11:30.

So I wanna be mindful of our time.

I think we have several ideas that we proposed for someone page sheets, three or four of them.

So we'll kind of summarize that and we'll wait for the list of other information to come out.

And the last piece that I had was really do we have any suggested changes to our goals for next year?

And then that will be part of our afternoon.

If we're gonna talk about the charter, OK, because we every year the Council has to

approve the Charter, so I forget these goals are.

Yeah, that's OK.

So every year the Council has to approve the Charter, it the the one that's currently in place, I believe expires July.

So even if it this afternoon's Council meeting, we're not in agreement on any changes or whatever, we have a little time, we can have another special session, whatever, whatever you all want to do with that betterment.

Yeah, sorry.

Before we finish, just regarding that kind of the vetting process just for for the next quality improvement Committee meeting, could we get some more information about the the vetting process for the website like we're talking about with the with this stuff that's maybe borderline content, no.

Yes. Yeah.

And so the social media too.

Yeah, you're killing me.

Like I wouldn't go for you if I could come, I promise.

Uh, that's alright. Awesome.

All right.

Does anybody have anything else before we request a motion to adjourn?

Do you have a motion to adjourn motion?

Second, second, alright. Fantastic.

We are adjourned.

We will be back at 1:00 o'clock for our afternoon.

Session.

Yeah.

Alright, thank you all.

Yeah.

Sense. But that's right.

The next order of business where we gonna eat?

Yeah, exactly.

Well, the only closest.