BSCIP Advisory Council Public Awareness Committee Meeting (Tentative Dates)-20241107_125946-Meeting Recording

November 7, 2024, 5:59PM

3h 2m 2s

Robinson, Kimberly S 0:07

Yeah. You more people rolling in.

It's it's 1:00. So we're gonna go ahead and get started with our meeting this afternoon.

We we have a busy schedule again.

This morning was a really good session.

We got a lot accomplished with our designated facilities.

For any Council members that were not on this morning that are on this afternoon, so voting for the ballots was approved.

And our chair for the next year is Doctor Higdon and our Co chair is going to be Jill Olnick.

And we had already approved the Minutes this morning, so we don't have to do that this afternoon. So with that, you know, welcome.

Thank you for coming back and I will let Doctor Higden take over.

HB

Higdon, Brian 1:18

Alright, I got myself.

Unmuted so the next order of business will be program updates from from Kimberly and then we'll be discussing the the vacancies.

Robinson, Kimberly S 1:36

So the Council vacancies, I have them listed on the agenda.

There's actually six that are listed here, and two of those are our new positions for veterans.

We're still trying to recruit for all of these positions, mostly word of mouth recommendations for the veterans we send out.

To Claire's, Jose actually went to.

A.

An event down in Miami.
That was specific for veterans down there, and maybe he can talk about that a little bit later.
I do want to notify the Council that I have received 22 resignations.
Unfortunately, Madonna is going to be leaving our Council effective December 31st of this year.
Oh, hisss.
Oh, Hiss and Jennifer Landon. She is resigning.
She has.
Been need a deadline or what? Her date of resignation.
Yes, just yet.
So again, you know, I'm sorry to lose these members, but they've been really important to our Council. So always if you know of anybody that would fit any of the positions we have vacancies for, they can apply out on our website, the SharePoint, the DoH SharePoint website if.
They have any difficulties with that they can reach out to me and I can help them with the application process.
We do have one person.
That we have an application.
Or I have to figure out where Caitlin left off with that 'cause. As you all know, Caitlin is no longer with B Skip. She moved over to DMS, which is the Department of Management Services.
So I'm filling her spot in my spot.
Just juggling it all.
I just have to find out where she was with that last application that she submitted and that's the vacancies for our Council feeding our regional updates.
Beth is gonna give an update on the current statistics and then if you have any specific questions for our regional managers, they're on with this meeting that you can ask.

Collins, Valerie B 3:50
OK. Do you want me to do roll call?

Robinson, Kimberly S 3:53
Emails and accounts.

Collins, Valerie B 3:55

Oh, sorry.

Robinson, Kimberly S 3:56

Oh yeah, I guess we need to do roll call.

HB

Higdon, Brian 3:58

I was gonna ask about roll call.

Robinson, Kimberly S 3:58

I completely skipped over that one.

HB

Higdon, Brian 3:59

Yeah, I guess we're supposed to since we're reconvening this.

Robinson, Kimberly S 4:01

I'm sorry.

Yeah, that's.

I'm sorry I completely moved right on past it, so I'm sorry. Go ahead.

Collins, Valerie B 4:10

I don't know, OK.

HB

Higdon, Brian 4:11

Yeah.

Collins, Valerie B 4:12

I'm just gonna do that and then I'll do.

We'll go into regional updates.

Donchester.

CD

Chester, Don 4:19

Here.

Collins, Valerie B 4:21

Evan Mullen.

KM

Kevin Mullin 4:23

Here.

Collins, Valerie B 4:25

Patty Lance.

PL

PATTY LANCE 4:29

Here.

Collins, Valerie B 4:32

OK.

Thank you. Jennifer lannon.

Daniel Nicholson.

Michael fada.

Madonna stoughtsenberg.

SM

Stotsenburg, Madonna 4:53

Present.

Collins, Valerie B 4:55

Thank you so.

JO

Jill Olinick 4:58

I'm here.

Collins, Valerie B 4:59

Thank you, Doctor Balbuena.

V

Valbuena Valecillos, Adriana D 5:03

Present.

Collins, Valerie B 5:05
Yeah. Doctor Higdon.

Higdon, Brian 5:09
Was it?

Collins, Valerie B 5:12
Doctor hurdas.
Harry rayburn.

Carrie Rayburn 5:20
Present.

Collins, Valerie B 5:22
Thank you. And Ruth Ann Tattersall.
OK.
So if we need a quorum later, we do have a quorum. If we need it for voting for any reasons later in the call.

Robinson, Kimberly S 5:39
OK.

Collins, Valerie B 5:51
OK.
So for regional updates, I'm gonna. Oh, I'm sorry, Ken. Were you saying something?

Robinson, Kimberly S 5:58
Yes. So before you start before we get roll call, what I was trying to express was in the attachments for this meeting, you'll find a referral report.
The current statistics that Bess is going to go over and we can pull, we can pull any of these reports up for you. The the regional reports and the base map that we always provide for the Council to give you an idea.
On the regions and where they are.

Collins, Valerie B 6:34

OK.

Is there the the weekly statistics are for?

This past week, ending 11 four November 4th.

The number of referrals received.

Were 51 number of eligible applicants enrolled.

Eight number of closures from applicant status 25 and from in service status 6 for a total of 31.

About caseload statistics, as of the fourth sorry, total number of eligible clients currently being served are 456 and that is that would be 583 to date.

So as Kim said, we have all of our regional managers for the five regions as well as Becky Robinson from the Resource Center are all on the call. If you all have questions, we are opening.

That up at this time for any questions.

HB

Higdon, Brian 7:51

I just had a question regarding those overall numbers.

Which wait, how?

How are those trending?

How do you summarize those?

Collins, Valerie B 8:03

You mean like number of referrals?

But what is your?

HB

Higdon, Brian 8:07

Yeah, I just don't have that till the time I had.

Are those training up or down or staying stable?

Robinson, Kimberly S 8:15

Referral. I think they're pretty much staying stable.

Some some facilities have increased.

Collins, Valerie B 8:24

We have seen an increase definitely in in a couple of facilities, but their study we definitely haven't seen any drop off in referrals.

Robinson, Kimberly S 8:33
Yeah.

HB **Higdon, Brian** 8:34
Right, good.

Collins, Valerie B 8:46
For the for any of the regions, or if you have for a area, I can I can direct the right person to ask questions. If you guys have any.

CR **Carrie Rayburn** 8:57
But I'm not able to pull up right now but.

Robinson, Kimberly S 8:59
Or the restore or the Resource Center.

CR **Carrie Rayburn** 9:02
Could you share if what?
Like how many is spinal cord and how many is brain injury on those referrals.
Do we have that?
Do we break it out that way?

Robinson, Kimberly S 9:14
It it said, yeah, I think it's in the referral report.
Let me go pull it up.
I wrote it down.

CR **Carrie Rayburn** 9:19
I I'll.

JO **Jill Olinick** 9:22
My other question was how many people actually decline?

Robinson, Kimberly S 9:22
Me. Go grab it.

Jill Olinick 9:27
The assistance.

Robinson, Kimberly S 9:31
That's a big question that that isn't something that we pulled on our reports for this meeting, but that I can pull that for future.

Jill Olinick 9:45
Yeah, I don't.
I I wonder if any of the regional leaders have any insider have any just feedback on maybe if they've encountered people declining, why are they declining assistance?

Collins, Valerie B 10:00
I mean, I can speak across the board and then if any of the managers wanna elaborate more in detail, but we we do have families that decline.
Umm.
Generally, just you know, if they have great coverage for the services, you know that we offer and maybe just you know really aren't in a in a position the injury doesn't, you know, dictate that they're gonna need any of our services in the future.
And especially you know when they're still in referral status if they decline, it doesn't.
Sometimes people are just overwhelmed. At the beginning. It doesn't necessarily mean.
That if they get home, you know that they get discharged their home in a month later, they realize, you know, well, maybe we, you know, let me call call this case manager back and ask some questions.

Robinson, Kimberly S 10:47
Replay.

Collins, Valerie B 10:56
They can absolutely do that.

They can be re evaluated but we we do have.
Families that decline sometimes.

Jill Olinick 11:09
Thank you.

Higdon, Brian 11:12
One question I had was just we've had a couple hurricanes come through our state in the past couple months. If there's been any difficulty with vendors or?
Circumstances that some of the clients face related to the Hurricanes.

Robinson, Kimberly S 11:30
So we've had no difficulties with vendors that have been reported to me during the first hurricane we had one.
My dad to his and had just and that is the only client that we know of.
That was temporarily displaced.
Other than that.
No report.

Collins, Valerie B 11:56
Cutting in and out can.

Robinson, Kimberly S 12:00
Oh, I'm sorry.
Can you hear me now?

Collins, Valerie B 12:05
Yeah, we can hear you.

Higdon, Brian 12:06
Yeah, just try again.

Robinson, Kimberly S 12:06
Can you hear me OK?

Collins, Valerie B 12:06

It's just choppy, yeah.

Robinson, Kimberly S 12:09

Yeah, it's the Internet connection here.

We only had one client from the first hurricane who reported damages and was displaced for a short time his house.

I believe the repairs and the home modification that we had started has been completed and I believe he's back in his home.

Other than that, there were no other issues for our clients that was reported as far as displacement or.

No injuries any, any other issues that were that came up during the Hurricanes.

We were all pretty fortunate, so we prepared way in advance for these hurricanes and get our clients into shelters or make sure that they have, you know, appropriate safety, health and safety.

Their health and safety needs are met and if they need help transporting somewhere, we can help provide getting them transportation to a shelter or to an ER or wherever they need to go.

CR

Carrie Rayburn 13:16

That's great.

Does Bskip offer like assistance with the home repay like repairs that are needed in the home?

Robinson, Kimberly S 13:23

Not for hurricane damages, no.

CR

Carrie Rayburn 13:26

I didn't think so. I just want.

Robinson, Kimberly S 13:27

We do our no.

So this particular client.

Carrie Rayburn 13:29
OK.


Robinson, Kimberly S 13:33
He he was already approved for a a home modification, which I believe had just been started or was about to be started.
And then the hurricane came and really did a lot of damage.
So his homeowners paid for the damages for the hurricane.
And we still continued our services for the home modification.

Carrie Rayburn 13:52
OK.


Robinson, Kimberly S 13:56
I think Rob had the referral report up.
That you were asking about Carrie?

Carrie Rayburn 14:04
Thank you. I was.
I found the attachment too.
I was able to pull it up on my phone.
I just really like seeing like the numbers, so I appreciate that.


Robinson, Kimberly S 14:14
Do you need us to Scroll down?
Anybody want anything specific on this report to look at?
This is the report I was using earlier to try to give you an idea on referrals.

Valbuena Valecillos, Adriana D 14:32
Please close down a bit.


Robinson, Kimberly S 14:37
Sorry, say that again.

Valbuena Valecillos, Adriana D 14:40
No, I just wanted to Scroll down to see more of the report. Thank you.

Jill Olinick 14:52
For future, I'm wondering if we could see a A trended data so that we we can you know see if it's stable or increased or decreasing from a referral standpoint.

Valbuena Valecillos, Adriana D 15:05
So.

Robinson, Kimberly S 15:11
I can make that happen.

Jill Olinick 15:13
Awesome. Thanks.

Robinson, Kimberly S 15:18
How far back would you like to see the trends?

Jill Olinick 15:25
I mean, I think over the course of two to three years is usually, you know, just depending on the number of data points since this is this is a fiscal year and some of the other reports are quarterly, right.
So.

Robinson, Kimberly S 15:43
OK.

Collins, Valerie B 15:47
Evan has his hand up.
He has a question.

Kevin Mullin 15:53
On that report, just looking over really, really quick and getting the bird's eye view, I

saw delay. Medical Center has, I think 26 or 29 referrals, which is excellent and please correct me if I'm wrong. I think that's John Waneski's neck of the wood.

Wanecski, John M 16:09
It is.

Kevin Mullin 16:09
He yeah, John.
It's best I remember, John.
What's the secret sauce?
I guess is the question.

Wanecski, John M 16:17
We actually had done some in services there with their staff kind of connected brain and spinal cord with them and and I think that had a lot to do with it.

Kevin Mullin 16:28
OK.
I mean, just by looking at those numbers alone and again, it was just a 32nd view.
That might be something that we might want to take John's lead on and really start to follow for promotion purposes.

Higdon, Brian 16:49
Of.

Robinson, Kimberly S 16:49
And so all of our managers do that, Kevin.
They do make their rounds and go out to the facility. Some are doing in person in services and some are doing virtual.
All of the regions are very proactive with the facilities.

Kevin Mullin 17:08
Alright, we gotta find out John's got some secret sales pitch or something. 'cause.
That's impressive.

Wanecski, John M 17:12
I don't know if it's a secret sauce, but but we have a good relationship and that certainly seems to help.

Kevin Mullin 17:19
Yeah, absolutely.
That's incredible. Kudos.

Higdon, Brian 17:23
Yeah, I feel like I'm a broken record on this, but I won't let it go.
Still, just seems like there's there's a large number of of referrals originating from rehab hospitals.
But to be clear, if they're reported from from the trauma hospital, then they're then tabulated with that hospital and not with the rehabilitation facility, right?

Collins, Valerie B 17:48
It would be.

Robinson, Kimberly S 17:49
Say that one more time.
We're go ahead.

Higdon, Brian 17:52
So the referral comes from the trauma hospital. Then it's report. It's tabulated for the trauma hospital and not the rehab hospital, correct.

Robinson, Kimberly S 18:00
Yes.

Higdon, Brian 18:00
OK.

Robinson, Kimberly S 18:02
So when the referral comes in, it has to put on there who the reporting facility is and

that's who.
This report is indicating who the reporting facility was for that client, where they were, where did it come from, whether it was hospital, the rehab center?
Of self referral and so forth.

Higdon, Brian 18:24
I'm looking closer.
I think I misread the numbers. I I saw 15 from my facility.
I think that's down from before. I'd have to pull up previous years.
But that would reflect that.
That more coming from the trauma centers.
Have to go back and look.
Yeah.

Stotsenburg, Madonna 18:52
We have done a heavy focus on educating through our AFTC meetings, which is your trauma program, directors and managers. So hopefully we see those numbers. Continuing to kind of increase at least from the trauma center perspective.

Higdon, Brian 19:12
Yeah, my impression is that those numbers are better.


Robinson, Kimberly S 19:12
So thank you.

Higdon, Brian 19:14
So good work.
It I think we're changing things a little bit where we're not each each regional manager isn't isn't doing their own presentation, but were there any kind of key points that that they wanted to make?
I think Kimberly was about to say something too.


Robinson, Kimberly S 19:43
Yes, that's what I was gonna say is, you know, we changed it up a little bit for this meeting because I had to fit all of our speakers in and try to get all of our agenda

items on here.
So I did change it up a little bit and that's why I wanted to point out that the reports are out there. All the managers are on this call and if you had specific questions for any region or manager or if you wanted to hear or the res.
Center Becky's on the call for the Resource Center.
If there's anything specific for a region or.
That you want to ask? Please ask.
Jose, he could talk a little bit about that veterans event. He went to. That was, that was a pretty good event. Seeing is how we're trying to promote veterans to our Council.
I thought that was key for his his his team to attend down there in Miami.

Carrie Rayburn 20:36
That's really great news.

Dubrocq, Jose A 20:37
Yeah.

Carrie Rayburn 20:38
There is a facility on Hurlburt Air Force Base up in the Panhandle, and they have an intrepid brain center. You guys might wanna try and get in contact with them.
They might have someone who is a veteran that was affected by brain injury.
That might be interested in the Council as well.

Robinson, Kimberly S 21:01
What's the name of that facility, Karen?

Carrie Rayburn 21:03
It's called the Intrepid Spirit Center on it's on Eglin.

Robinson, Kimberly S 21:07
OK.

Carrie Rayburn 21:08

Sorry, I, said Hurlburt.
But it's Eglin Air Force Base.

Robinson, Kimberly S 21:13
OK.
Thank you.

CR

Carrie Rayburn 21:24
And I know Becky was sharing the website with us the last time we were all in person together.
Becky, is that going well?

Robinson, Rebecca 21:34
Actually, it's going very well.
We're very pleased with the way it's moving along, continuing to add resources and meeting once a month to try to figure out what's going to be the next thing that we try to improve on.
So I'm very pleased with the way it's going.

CR

Carrie Rayburn 21:50
Right, that looks great.

Robinson, Kimberly S 21:57
Because they on the call, I don't see him.
Jose, are you on the call?

DA

Dubrocq, Jose A 22:02
I'm here. Yeah. Oh, you want me.

Robinson, Kimberly S 22:03
OK, you want you wanna. You wanna share about the veterans event that you attended?

JO

Jill Olinick 22:09
That's awesome.

Dubrocq, Jose A 22:09

Yes, for sure.
Yes, that was last Friday.
It was called the stand down.
It was like Kimberly said, geared for the veterans. There was about 100.
Like different agencies and and vendors that attend it, it was the tonal Tower Foundation was there.
So security Virginia, of course.
VR.
There was many rehab centers that attended the alliance with the agent was right across from us.
We had a lot of, we had a congressman.
Mario de Espalar was there also the senator Marco Rubio was there and we just had a lot of veterans that came by the table. They just got the information.
They just, you know, we related with the program was all about the services that were you know, they were happy to see that we were there.
We had a presence there and we had the alliance.
We just connected with a lot of vendors like such as the Lions for agents the long term.
So we're gonna have.
Probably a meeting with them, not probably this year, but next year.
I mean, but we're trying to connect with them because a lot of our clients, you know, they do transfer for the long term programs, so.
That will be a great contact.
Basically, it was a great event.
We just had a lot of contact with all the like I said, providing information to the Community, especially for the variance and that's about it unless unless you have any questions about the event. We attended actually two previous to that the ADA Disability Fair and the Jackson MEM.

Higdon, Brian 23:45

You can.

Dubrocq, Jose A 23:48

Awareness for the spinal cord that they had every have every year that event.
So.
If you have any questions let me know.

Robinson, Kimberly S 24:03
Roslyn also has attended.
He attended the fast.
Expo.

Clark, Rosalind M 24:11
It did.
It was an open house.
Yeah. They demonstrated some of the assisted technology there. We got to the staff and I got to network a little bit and meet some of the people in the community.
So yeah, it was.
It went really well.

Robinson, Kimberly S 24:29
It's on.
Any of the other managers have anything you want to share.
About what's going on in your area.
Anybody have a success story they'd like to share with Council?

Wanecski, John M 24:54
I do.
I have a couple.
Yes, I have a couple actually. I'd love to brag about our folks and what we do, but we had we had a quad that we came into the program and the House wasn't set up for him to properly take a shower.
So he was actually doing that in the garage for a little while, but we were able to step in and be specific about his needs and we got his bathroom redone and they just app just changed his entire life.
He he just so happy with that.
It's just things like that that.
But we do very, very well, you know, to help with independence. And then we had a

brain injured ranch 04.
That came in and he had pretty good insurance. So most of his therapies in that, but we kind of helped him establish what he wanted to do going forward and he wanted to go back to school and he wanted to work.
And so the case manager worked really, really, really hard and he is going to do both. He is.
He enrolled himself in Broward College and he has been referred to VR now.
And they're gonna help him gain his employment.
So for that, that individual life has improved 100,000,000% and so, but those were just two.
We do that all the time, but those are two that kind of stood out here recently.
So thank you for allowing me to share.

CR **Carrie Rayburn** 26:18
Yeah. Thank you for sharing, John.
That's awesome.


Robinson, Kimberly S 26:25
We have just a couple more minutes before Doctor Anders has his presentation.
Anybody else have a success story you wanna share?

DA **Dubrocq, Jose A** 26:36
Well, I don't.
I don't have a like one in particular, but I just wanna say that in the in the event that I went for the Jackson, I met a couple of, you know, for our clients and one of them especially you know it's a young person.
He opened a group for spinal cord and he was just advertising that he's he has an event coming up and he invited us to the event. So I was glad to see that somebody, you know, it's doing that type of work and you know, with the community after.
Have done you know the whole program through us and everything, so.
Hold on.
That's something that made me happy to see.

CR **Carrie Rayburn** 27:10
Absolutely.

That reminded me really quick to ask Becky about the peer support.
How that's going?
Do you have an update on that, Becky?

Robinson, Rebecca 27:24
Not really.
We don't have anybody else that signed up for it and I don't have anybody that's been requesting a peer mentor.

CR

Carrie Rayburn 27:28
OK.

Robinson, Rebecca 27:32
Of course, we only have spinal cord injured mentors.
We don't have any for brain injury so.
It's not really going as well as I had expected and had hoped.
Do you want to add to that Kim?

Robinson, Kimberly S 27:48
Now there is really not too much to add.
We just.
We don't have the the mentors.

CR

Carrie Rayburn 27:57
What's the process of kind of like getting the word out that we're looking for some?
Is it just like?

Robinson, Kimberly S 28:06
Is it still out on our our website Becky?
Is it still on our website?

Robinson, Rebecca 28:09
It is.
It's on the website and the case managers are are reaching out to supposed to be telling them at time of closure that if they would like to be paired up with a peer

mentor to let them know.
And they would send me a referral and then I would contact them.

Carrie Rayburn 28:23
OK.
OK.

Robinson, Rebecca 28:25
And I haven't gotten anything from the case managers as well, so.
They just may not have anybody that is wanting to be, you know, mentored.

Carrie Rayburn 28:36
Right. Is it for mentors?
Do they have to have gone through the BESKIT program?

Robinson, Rebecca 28:43
They have to go through, fill up several application packets.
It's it's it's quite extensive what they have to go through, but then they have to go through a training that Robin and I do with them and it's about a three or four hour training and then.

Carrie Rayburn 29:00
OK.

Robinson, Rebecca 29:02
You know, they're, they're trained and ready to go.
So the five that I do have have completely gone through the process and been trained.

Carrie Rayburn 29:10
OK, do the the people that apply and become trained. Did they have to have been a former client of B Skip?

Robinson, Rebecca 29:21
Yeah.

Carrie Rayburn 29:22
OK.
Just so like, you know, people could mention it like at support groups and stuff. If there's others that are interested.
That might be a suggestion to tell others as well.
It's great.
Thank you.

Robinson, Kimberly S 29:40
Kevin.

Robinson, Rebecca 29:41
Welcome.

Kevin Mullin 29:42
Just and I should probably already know this, but through our website are we capturing or collecting any emails or data for newsletters or aspects or evolution of our program or anything along those lines?

Robinson, Kimberly S 29:59
Doing Google Analytics right now, we just were able to promote that so we can actually see, you know, how many hits are coming to the website. But as far as collecting.
I'm not sure when we do the Google Analytics what exactly Amanda is collecting on that.
And I'm not sure if she's on this call and she can answer that question.

Kevin Mullin 30:24
OK.

Strickland, Amanda L 30:24
I am on.

Kevin Mullin 30:25
Well. Oh great.

Strickland, Amanda L 30:26
Hi I am on the call.
We actually just implemented that and so it's only been going for a little over a week.
So we are, it is implemented in the site, we are still getting our access that we have the access we're waiting to get our login information for it.
It is counting how many visits we get to the site and.
Broken links security, all that kind of stuff.
But we're waiting to get all the information back so that we can actually log into our Google Analytics and look at all the data it's pulling.

Kevin Mullin 31:06
All right.
And I have a little bit of background on this, but Google Analytics, which is an excellent platform, it's gonna geographically show you not only just broken links, but where how many hits you get per month, where they're coming from, all those good aspects, which are excellent, but the.
Other thing that we might wanna do, which is a very basic format, it's a little bit of a pop up window that comes up on the bscap website.
Someone that a visitor does come, we can put something and I'm sure almost every one of us have seen it.
I know I've been on four different websites alone that have done this.
They say for any upcoming news or events that might be taking place or evolution of the Beasts Game program, please enter your information here and we'll follow with a quarterly newsletter or what a major thing is underway. And the reason that we do that is because when we.
Wanna do self promotions like this when it's either either receiving mentees or mentor program, we can start to self facilitate.
And I know we've got legal ramifications. We've legal team, but we should be able to at least incorporate e-mail addresses because we're never breaking any type of complianency issues just so we can keep people that are busy in our site.
We can either reoccur them, make them come back, but also incorporate and have

them become part of this process.
So we can really get some of these programs off the ground. It's just one little aspect that I think we can touch upon.

Strickland, Amanda L 32:19
We have talked about that.
That is something that we could possibly do in the future, but one thing that we are working on right now is we are going to have a banner at the top of the site that is going to give information like.
In March, we have.
Brain and spinal brain Injury Awareness Month.

Robinson, Rebecca 32:41
Injury awareness.

Strickland, Amanda L 32:44
So that kind of stuff kind of a banner that's going to show up coming.
Events the monthly awareness month, all those kind of announcements and events that are happening.
So that is getting getting implemented the Sprint and.
So yeah, when the emails and stuff, that's something we can look into.
I know we did mention it, but we never received a ticket on it so.
I guess.
We'll add that in and discuss it and see the security on all of that and what all it takes to get that done.

Kevin Mullin 33:18
Yeah. And I'll tell you just some of you might know, but I'm I'm also affiliated lightly with United Spinal cord. Like to keep up on it just being a 20 year spinal cord injury myself, I did it maybe 12 years ago and I put my e-mail in I.
Feel like I could run the company 'cause they keep me updated so much. Sometimes it comes overly redundant.
But to be honest with you, it's incredible.
Because I know every single resource or aspect when they make.
A good healthy perspective or a new change or a new ones.

I mean, it's brought to everyone's attention right away and I think we can do tremendous factors with that. And I I know that we have to watch promotions and marketing from a state agency, but I don't think we'd be breaking any types of compliances. Again, Amanda this.
Would be not my wheelhouse from a compliance standpoint, but I think it would definitely be beneficial. We could really work on that.

Strickland, Amanda L 34:08
Right now that we have the site up and we have everything that was necessary for us to get on there, now we're making improvements and adding extra things like that. So yeah, anything.

KM

Kevin Mullin 34:22
Yeah, let me hitchh.

Strickland, Amanda L 34:22
Any ideas? You'll have send them in on e-mail and we can add it to the ticketing system and every Sprint we discuss the tickets and what we want to implement.

KM

Kevin Mullin 34:36
That's great.
Thank you.

Strickland, Amanda L 34:37
Yes, you're welcome.

Robinson, Kimberly S 34:41
Right dialing.

JO

Jill Olinick 34:41
The only other question I oops, sorry.

Robinson, Kimberly S 34:44
Oh, I'm sorry.
Go ahead. Go ahead, Jill.

Jill Olinick 34:45
No, no. Alan's got her hand up.


Moore, Fallon 34:55
I was gonna give a success story, but you guys, it's like, way too late now, so we can skip it if you like.
To move forward.


Robinson, Kimberly S 35:07
So we're we're running if you can table that. Maybe if you can table that maybe to the to the end that would be great because we have our speaker that I see is online here. So I don't wanna hold him up too long either.

Higdon, Brian 35:08
Yeah, we're a couple minutes after.


Moore, Fallon 35:11
Yeah, we can go ahead and.
No, we can go ahead and skip it because it was like a video and everything.
So we can.


Robinson, Kimberly S 35:25
Oh, OK.


Moore, Fallon 35:26
Yeah, we can totally push forward.


Robinson, Kimberly S 35:30
OK. Joe, did you wanna ask your question before we move on to our doctor, Onders?

Jill Olinick 35:37
No, I can ask it later.
It was.

It was just around the survey.
Information.

Robinson, Kimberly S 35:44
OK.
So Doctor Higgin, you want to introduce Doctor Anders?

HB

Higdon, Brian 35:52
Sure, I didn't prepare any notes, but this is Doctor Ray Onders.
He is from Cleveland. OH.
He's affiliated with a company which technology he helped to to put forward.
That technology is diaphragm pacing.
It's the only company really in this space, but he's able to create movement of the diaphragm to help with pulmonary breath support.
But it's my pleasure to introduce Doctor Ray Onders.

OR

Onders, Raymond 36:20
Thanks. And it's a pleasure to be here. When I look back, I was last at be skip like in 2019.
Can you hear me OK?
Can I?
Can I start right if I share my screen?
If it'll work with PowerPoint live.
Thanks a lot for having me here.
Hopefully you can see my slides OK a thumbs up.
OK.
It's very nice to be here and talk to you guys about diaphragm pacing, ***** or injury.
I'm still full time practicing general surgeon at University Hospitals Cleveland and my case Western Reserve School of Medicine and in Full disclosure, what I talked about today is when my research for 27 years, way before there was ever a company, this was developed at my university.
Been sponsored for many years.
Case Western Reserve has been a lot of work and function electoral stimulation from the free hand system in the late 1990s to truncal stability.
Some cough systems that we now have, and it's very interesting.

I'm just going to talk very briefly and hopefully for any discussion I'll talk about when I first presented this to be skip in the past and how Florida actually spent the forefront of helping patients with spinal cord injury.
I'll outline the problems with mechanical ventilation.
I'll just show you the updated.
What the surgery is, if you've never seen that.
I'll kind of talk a little bit what the results are now, so many years later now going back in 2008 is when Florida began this.
So we got FDA approval under Humane device exemption in 2008 and I initially presented this data with some of my trauma surgical friends in October 23rd of 2008.
That committee of trauma.
Wrote to support in the brain and spinal rehabilitation office that this should be a program for all Florida that in 2009.
Just several months later, the first implant was done before that. In January of 2009, I presented to the Governor's Commission on Disabilities the benefit of diaphragm pacing again.
This is shortly after this was approved and actually March 9th. The 1st operation was done at University of Florida in Gainesville.
That's Larry Lattenberg at trauma surgery surgeon that did the first implant and I did present way back in May of 2009.
I don't know if any of you are still with the same group back then. It's the first time I presented there.
To the same organization.
So it's full circle. I'm surprised I keep all these notes for many years ago.
And I first presented to you, and this was a live presentation back in Tampa, FL last time in May of 2009.
And so kind of looking at everything here and you all know this is that many people need to be intubated when they get a spinal cord injury. The first trauma occurs.
We know that 20% of all cervical injuries require trachea changes.
Everything about the rehabilitation, we know that the leading cause of death is pneumonia.
We know that the leading cause of cost is actually being on a ventilator.
We all know with hurricanes that unfortunately comes through the lack of electricity effects, everybody.
That's one aspect. If you're making a whole lot of ventilator, you need a backup

generator, and it's all electrical powered. And so one aspect that we'll talk about a little bit later is that diapers pacing is just a battery operated device. And and we realize how bad mechan.
Ventilation is 'cause. I did a lot of work with the FDA at the beginning of pandemic about the problem of the increased ventilatory resources we know in our hospitals now. We still don't have enough people to help on mechanical.
Ventilators, we're short staffed and respiratory therapists.
It's short staffed in our ICU still to this day, we know that overall there's about 100,000 trachias done for fair every week and high quadriplegics that's only about 1000 patients that survive their initial injury that we can't wean. But we also have learned a lot.
About how diaphragm can help get anybody off the ventilator faster, but preventing the immediate atrophy that occurs when you're on a ventilator. Even if your ***** or injured patient.
They may not need the ventilator long term. Getting off that ventilator early changes things and I'll kind of show you a lot of this recent data and why it's so important that we need to address spike protein. You patients early after their injury and this is some art.
When I was working a lot at the beginning of pandemic, as many of us were, there's a true fear among spout court injured patients.
There's three very rapid publications that if you're on a ventilator, people thought because you're sponsored, injured patient that you.
Were going to be denied a ventilator when some other able.
Might have it so it's a true fear that people have of being on a ventilator as a ***** or injured patient.
We knew beginning in the COVID-19 pandemic that there was a lack of rehab beds for people on ventilators and spinal cord injury.
This started some research that I started really at the beginning of that pandemic and how quickly can we get a spinal cord injured patient off the ventilator without a tracheostomy to begin with.
Now share that data at the very end, because I just published that last year about.
Our goal really early management sponsored injured patients.
This is so important because we all know that if you're on a ventilator, you know, spontaneously patient. You're probably gonna get a pneumonia.
This is some group out of Australia and Europe that presented it recently about how

rapidly this occurs, that you can get a pneumonia within six days of your injury. If you're on a ventilator and if you're a high quadriplegic, it's the highest risk. We know that if you.
Elderly, you're going to get a pneumonia.
If you have a spinal cord injury and that actually changes everything, if you happen to get a pneumonia.
As a sponker in your patient, it actually changes your survival.
That first ammonia and it changes your recovery.
There's very good information information now that that first pneumonia caused an inflammatory response which affects your recovery from your spinal cord injury.
So we know that if you get that pneumonia, your chance for the recovery is less.
We know if you get a pneumonia, not only is your early survival less, but your long term survival is less.
So that initial pulmonary problem leads to all these other.
Injury which?
Kind of leads to why we're trying to change the concept, but what we should do with these high spinal cord injured patients.
And probably this is one of the slides that I tend to show and I I talk to people about, I don't know of any other disease in the United States where a 20 year old on a ventilator had a better survival in 2010 than in 2020.
Two. So again, if you're a high quadriplegic on a ventilator, unfortunately your average lifespan in 2010 was going to be 18 years.
It's a catastrophic injury.
Began the ventilators worse.
And that this is the national spinal cord injured statistical center.
That survival dropped to 10 years, and we probably know why.
We know that in certain parts of the United States, we don't have enough rehabilitation facilities for people on ventilators.
We know.
We'll show you the data and why this occurring.
We know that if you get a pneumonia, then you get your first pressure ulcer, then you can't have rehabilitation. Your entire survival goes down.
So a lot of this has to do with the initial problem of your spinal cord injury, but I don't know of any other disease where our.
From survival is worse now.

It's mostly because we just don't have enough long term facilities for ventilators, which means we have to get people off the ventilator early.
And so I'll just talk about that from page. We don't have to put a picture of Superman in here because he's my second patient ever implanted.
And there's that Superman Christopher Reeve movies out.
There's one clip I did see the movie where he's using our device off the ventilator.
He's talking without it.
It's a standard laparoscopic procedure and as Christopher Reeve said, when he's my first patient that I was successful on my first try.
Yeah. What do I have to lose?
I'm a quadriplegic kind of ventilator.
Now we know that you know he was like, eight or nine years post injury and he's already had all the catastrophic effects of being a high quad for that long.
That lets many of his other problems, and this is kind of this probably after lunch time, we'll show a little surgical clip. Now on how we do this operation in a second.
But the first important thing everybody says, what do you need to know before you go to?
Surgery to consider diaphragm pacing it off the ventilator.
And then actually, there's no test that can tell.
We used to use.
Studies. So I published this article three years ago, showing that we really have nothing else besides going to surgery.
That's the only way we'll know for sure if we can stimulate the diaphragm. I'm sure in Florida is in our trauma hospital. Up in Cleveland, one of our most common problems for high quadriplegics is a gunshot wound.
The gunshot wound to your neck actually has a much less success rate because of the blast injury to the spinal motor neurons.
But we really don't know that until we go to surgery. So kind of in this video here, you'll see.
Me. This I'm on the right diaphragm.
I'm using an insulin to stimulate that diaphragm.
This a quadriplegic patient and you'll all of a sudden when I do this train, you'll see that diaphragm move.
Very good movement. Then we know we can implant the electrodes.
That's a fairly good looking diaphragm.

Now this patient here is a patient who's been on ventilator for five years.
But you can see we can move the diaphragm. Then when we kind of put in the electrodes.
You see the diaphragm contract, the die from contracts.
You breathe.
It's pretty straightforward.
Thing. So that's very important as we look forward to what we can do, if we can move the diaphragm, a patients gonna breathe, like all of us probably here on this call. Now, we also know that you'll see here in a second as I'm showing on this video. Here that this is unfortunately, a gunshot wound.
And you'll see there's no movement.
So in a gunshot wound, you're going to injure your motor neurons and your phrenic nerve.
And if you have a de nervative diaphragm, there's nothing you can do.
Now, why is this important to know early?
I'll show you some of our data and why it's important.
Now that this patient can't be weaned off the ventilator, which means we can work and letting them talk on the ventilator by change, the ventilator management, knowing this early allows us to change that management for that patient that allow them to interact more quickly with everybody else in.
Their environment and so this this is again just a simple laparoscopic way. We assess that diaphragm that can help patients get off the ventilator or help them.
Plan their course for rehabilitation and this is one of our first multi center trials that kind of brought this up here because.
These are probably many of the surgeons you may know. Doctor Curran used to be in Jacksonville.
Doctor Lautenberg, when he was in Gainesville.
Doctor Cheatham, when he was in Orlando.
Doctor Byers in Miami again, this one of our first ones where we tried to start doing this early. This was published in 2014.
We were able to wean many patients, but probably one of the aspects that you'll see in this diagram is going to surgery early and this early was like within like 90 days.
Now you'll hear me talk.
My latest study we tried to go early like.
Face post injury yourself and again about 24% of patients.

No, we can't stimulate them.
The injury was too severe, but that allows a change in the management of those patients that allows us to put them on high tidal vibr allows them to talk, ability to talk on a ventilator really allows the spinal cord, injured patient to interact.
But we were 80% successfully weaned full time.
Occasionally you know this isn't for everybody. Some patients may decide with their injury that they, you know, things may occur.
But what we found.
We were able to remove the electrodes. 36% of people recovered as any rehabilitation Dr. that I know is listing in here knows is that early rehab helps in recovery die from pacing is 24 hour rehabilitation functional elective stimulation every minute of every day.
And so why is that important?
We know functional electral stimulation helps in recovery. This neuroplasticity and so whenever we start thinking about not only getting somebody off that ventilator but helping them recover from their spinal cord injury. So this.
Is why die from patients kind of considered early functional electrical rehabilitation?
But it's a device you can use 24 hours a day to help the patient not only get off the ventilator, but to help them recover some aspect for spinal cord injury.
And we can identify that we found our research that I can read them plant electrodes.
So this is kind of reading the EKG and this is burst activity.
This is patient.
Who recovered their breathing completely. So in some of the patients we implant, not only do we get them off the ventilator, we get them off the diaphragm pacing.
That Brian had published a paper about that in his rehab hospital showing this recovery of normal respiration. Again.
Now this is one of my long term studies cuz we've implanted patients up to 25 years post injury.
We know you can use it for up to now. My longest patient is 22 years of using this of every minute of every day and this a 2018 publication. Just gonna highlight some of these recent publications. So you realize the amount of data that's now come.
Out about this for.
Trauma centres, and this is a very important this again is a Florida publication.
I'm trying to highlight how Florida's been very active in this in the past.

And one of the key aspects, right, when you've heard me talk about that mortality rate that we had, doctor Kerwin in the Jacksonville hospital showed earlier die from pacing, decreased mortality rate from 15% to 3%.
Because what we know if you get that first pneumonia, your first pressure ulcer, your first bout of C diff, colitis and that leads to the higher mortality rate. He also showed a significant lower stay in the hospital, which actually may as we all know, the longer you're in.
The hospital the greater chance something bad's going to happen.
And and so if you get out of the hospital early, you're probably gonna survive better too.
So that's that's a key aspect that you published in 2018. And he actually also showed in these that another article in 2020, the group there showed how just getting off the ventilator 20 days earlier. If you're a spinal cord injured patient, you know the whole real.
Tation really starts when you're off the ventilator, and so he showed by using this technology.
Now 20 less days on the ventilator, which then allows earlier rehabilitation and all other aspects of their care.
And he also published a cost effectiveness.
So he showed again by using early diaphragm pacing, you save each hospital $150,000. That initial hospital bill, most commonly because it's probably decreasing the days in the hospital and decreasing your pneumonia rate every time you get a pneumonia and a ventilator, that's about.
$1000 cost for those patients.
And again, this is kind of the article that you heard me talk a little bit, the COVID-19 pandemic where I started working more on and trying to get people off the ventilator is that we actually decided to do this like early and we all were worried about.
Tracheostomies because there was that aerosol generating procedure that we're worried about.
We knew it's harder to go anywhere with a trach or everything. So we said, let's see how many patients we could actually do. Diaphragm pacing.
Again, these are high quadriplegics without ever doing a tracheostomy.
And then we removed their trachea.
Early 2, so only 22% of the patients I started doing this very early required a long

term tracheostomy, which really changes everything about not only the spots go to rehabilitation, what people look at you for and it's it's kind of the concept of getting patients a.
Little bit back to normal earlier after their injury.
And why is this so important?
So I always like to say if you're a patriplegic and a ventilator, you know you get suctioned several times a day in the morning.
And I'm pretty sure I I I can't see everybody on this top, but I don't think anybody's on inventory.
How many of you get suctioned when you wake up in the morning?
You don't because you're using your diet from to breathe with. So when we breathe with dye from pacing, we don't get that adelectosis and collapse.
You can see a pace with the incomplete injury.
Bad atelectasis I'm not sure.
And that far left hand screen there and then we pace it gets recovered. Then we have that there's been a long term article.
In Europe that looked at if you're on a ventilator, you averaged 2 pulmonary infections a year.
Every year that you're on that ventilator with diaphragm for phrenic pacing, it goes to 0 because you don't have that secretions. You're breathing a little bit more like everybody else.
So it's not only that early aspect that we know that now we have very good evidence that first pneumonia effects not only your ability to get out of the hospital, it affects your recovery of your spinal cord injury and not only that is that decreasing pneumonia every year.
That you go onward is significant for helping patients long term.
And you know, this is kind of one of our my patients a a young gentleman who broke his neck in a wrestling aspect for 21 days.
He was an outside hospital just trying to wean.
You know nothing else was occurring.
Just lying in bed. You know, a world class athlete. And then we implanted him and we excavated him and I used.
I lost the video where he says.
Look at my beautiful neck.
No scars.

Remember we we say trash are necessary, but for the rest of their life, everybody will know you had a tracheostomy.
Because it's very visible and so, and he also recovered complete breathing, right.
These electrodes for a high C3 quadriplegic, and so this is kind of what we think is the future. Now Florida's been involved since really this was first approved and I was working with my trauma colleagues down there in 2008 and you were actually the.
First state that kind of began the program, but we're now looking a little bit more on what the future should hold and why is this important?
This is one of my early paces. I'm planning in 2007.
And he's been using this now for 15 years.
He's gotten to law school.
He's injured as a result. As a freshman in college.
No, tracheostomy doesn't need any backup, but as you can read here, you know, 15 years of being paralyzed. Exactly 14 years of being paced, 13 years of pasting full time.
He doesn't have a back up plan in case it fails, it fails, which fortunately doesn't really fail.
But it's remarkable he can live such a more normal life just not being dependent on a ventilator.
It really changes them.
Unfortunate doing this for 27 years.
And and looking at all these patients over the years and things have changed.
Another reason to kind of present this the American College of Surgeons says, you know, kind of looks at all level one level 2, Level 3 trauma hospitals, the American College of Surgeons.
American Congress of Rehabilitation Medicine change their guidelines for best practice guidelines in March of 2022, and they actually recommended pacing everybody early from all the state that's come out.
This was done for.
Quality programs. It's now in their guidelines to consider this for every patient because it improves respiratory mechanics.
Hostile length of stayed.
Now we have data coming out that trying to prevent that initial pneumonia that will allow you to hopefully get a better recovery from your spinal cord injury.
And probably and I've worked in this field for so many years, our old system required

an IRB. It was an ancient 1988 humanitarian device exemption that I showed in that earlier slides that was approved in 2008, but that required an IRB which made it. Very difficult for non academic centers made it very difficult for hospitals that took that patient in.
So working with FDA, we actually converted to what's called apma.
This is just like any other FDA approved device.
You don't need an IRB.
We use real world data because it's been utilized really throughout everywhere and so in 2023, just a year ago, you no longer need that IRB.
So now kinda as I talked to patients around the country, we try to figure out, you know, it's very hard and I'm sure if any of you guys work in the hospitals, you know I do every day is that we never have ICU beds for transfers. So it.
Very hard.
That say you have to be transferred to the center. That does this routinely. The operations been simplified.
That really any trauma general surgeon, thoracic surgeon can implant this and as we realize that benefits of early implantation means that doing this at the hospital where you're initially injured should be in the guidelines, the start that recovery and prevent the initial complications from this problem of SP.
Cord injury.
And really, that kind of leads to know where we at now.
And again, thanks for letting me just talk here.
Few minutes about this, as some of you may know, I could probably talk 12 straight hours about the diaphragm since it's been my research for 27 years.
Right now I do a lot of research in lung transplants, open heart surgery.
Nice. Still implant to spinal cord injured patients, but it kind of goes with what?
The American Lung Association got you know when you can't breathe, nothing else matters.
The initial your spinal cord injury and you're on the ventilator.
That's the first step to the rest of your life. Just trying to get off that ventilator, if you can.
Sometimes we can, as you heard me say.
But we've now shown that we can expect many patients without tracheostomy.
We can get a high percentage of all patients coming in off that ventilator and we we've shown that if you're off the ventilator, there's more rehabilitation spots open

for you.
Rehabilitation post injury is so important to try to get back to normal life and we also know as every you know, my hospital. I mean we're short of ICU beds every day. If we can get our spinal cord injured, paste off the ventilator, it's going to help other. Patients that need those ICU beds.
And now we have a lot more data about early.
Yeah, decrease in pneumonias can improve not only early recovery, long term recovery and survival.
And that's something that's very important as we look at these critically injured patients.
But I know in the state of Florida, looking at the the Department of Health, you now have 33 level one and level 2 adult trauma centers as of July.
You know, I know there's only seven of all of your centers that actually offer diaphragm pacing as of this date.
That that I know of now.
So it's kind of interesting if you look at trying to figure out, you know, as I do, you know everyday my state of Ohio trying to make sure all patients can be offered this and.
It's it's very exciting. 'cause Florida was the first state back in 2000, 2008 and 2009. That began a problematic area.
We now have evidence about trying to do this as early as your injury, wherever you happen to go to, we know every span could injure patient should be at one of your level, one level 2 adult trauma Centers for adults. And again, I think this is a very. Simple concept of, you know, put the electrodes in you move the diaphragm. You know you can breathe.
It's it's fairly straightforward aspect for this.
And again, as as a research work on this forever.
I was like, you know, my patients let me take their pictures.
You know, I always ask cause all my patients you know are involved in one of my research projects.
They've published all my data is that nobody wants to go back to the ventilator, the ventilators, that first step in your, you know, high SP # cert injury.
So again, thanks for allowing me to talk here.
I know I talked very fast and I wanted to keep this short, so in case you had any questions.

You can ask that and then we can all hear about that success story. I I briefly had about because that's always fun to hear about too.
Center success rate.
So with that, I'll I'll kinda stop sharing my screen unless anybody wants to see any other videos again or anything.

Higdon, Brian 59:25
Thanks a lot, doctor Anders.
I'll just share a success story regarding this, this pacer. I just saw a patient on Monday who was.
You know who got their diaphragm in acute care?
Who? Who is at my institution?
A while back and then was discharged with the PACER in place functioning.
But he's, you know, slowly made progress.
Over over time, and is now.
Even headed towards being off of that eventually.
So it's a it's remarkable technology that even even outside the the the hospital setting, they can continue to improve.
You have a nice thing.
I saw your hand up.

Kevin Mullin 1:00:19
Here we go.
I had to take myself off mute Doc.
What you speaking from a person that was on a ventilator 20 years ago? I got hurt in 2003 and was on one for six months.
In a rehabilitation center and weaned off it, some say was by hard work and dedication, I think was more divine intervention. But nonetheless what you built is absolutely jaw-dropping.
I mean, I was being suctioned.
I was a spinal injury and a water related accident in the ocean off of Boca Raton, FL.
So when I drowned on top of it, I ingested a lot of sea water, which came with tremendous metabolic.
Mercer, the whole nut gambit and I spent close to, I think was 11 months in the hospital systems and six months of that of course was on.

A ventilator system with absolute no movement except for a bed that was trying to. Keep me mobilized to move me for circulation purposes.
So what you've built is absolutely incredible.
It's more miraculous than I think it is surgical intervention.
Nonetheless, one question I did have is how are you embedding those electrodes into the diaphragm from blood? Let's just say long term purposes of a patient, isn't it be able to wean off over time from even the pacer?
How are they on there or being attached into that soft tissue area, so to speak?

OR **Onders, Raymond** 1:01:40
That's a great question. One of our concerns converting our animal data to humans. This is a percutaneous system. So it comes out through the skin. We put two electrodes in each diaphragm. The electrodes were designed at school, Med school. And so surprisingly, they've lasted for 20 years. I.
Was worried they wouldn't, but they've lasted.
They have good tissue and growth to diaphragm. Part of the benefit about intramuscular is positive. Direct nerve stimulation is that can't injure the nerve, which means it can be removable if need be. But it's a percutane.
External system kind of powered by alkaline battery.
You know it's it's, I think this electricity, as we all know is becoming more of a problem.
So lack is the ability not to require continuous electricity for a ventilator.
It really simplifies the care for them.
And so unfortunately, as always, one of my concerns I now have patients 20 years every minute of every day using it with an external it's external pack.
So it's it's fortunate it's worked quite well, putting them in laparoscopically.

KM **Kevin Mullin** 1:02:40
That's incredible.
And then Dr. have you seen anything through your animal or human studies of rejection at all?

OR **Onders, Raymond** 1:02:46
It's that. Fortunately we've not, so we've had long term animals and human models, so the electrodes are very permanent.

Kevin Mullin 1:02:51
Incredible.

Onders, Raymond 1:02:52
They're Teflon coated stainless steel wires.
It's fun facts.
It's actually not a patented electrode. Our graduate students published in the 1990s with no patents.
So this electrical free use it's a. It's a great electric for any and for any human studies.
It's interesting concept that we've utilized the same electric for many things at Case Western reserve electrical stimulation.

Kevin Mullin 1:03:15
Thank you very much, very appreciative.

Higdon, Brian 1:03:26
I have a question, but hopefully soon after me has a question.
So it's not just me and doctor. Anna's going back and forth.
So you mentioned that there's seven centers in Florida currently doing that, but you mentioned Doctor Kernan I think was the one you have Jacksonville.
He's oh. Sorry, kerwin.
I looked him up because I'm not familiar with him and he's in Tennessee now and as you know, Doctor Urquidis, I think I mentioned to you that that he's in town.
So I'm not actually sure.
There's some in Jacksonville that's gonna be doing that anymore.
And I didn't recognize any of the the other names.
But who?
You know what are the seven centers?
Do you know who they are?

Onders, Raymond 1:04:05
I did. I think there's HCA has two of their centers are doing it kind of the goal really working with organizations is you know is letting patients know and family members know if you're on a ventilator, there's therapy that should be done based on

American culture surgeons and.
You know, every state has their own thing should offer that to patients.
One of the things that we're we're worried about, and this is something that we're looking at and I'm sure you're also looking at now, is that we know many patients are are shipped out of hospitals very rapidly, just a long term acute care hospitals.
I think I kinda didn't mention on that one slide is that our long term acute care hospitals do not do well 'cause. They're not made for smile or injured patients. And if you can't be weaned, you're gonna have problems.
So really our goal that we think is working with organizations like yourself is just making sure patients and the trauma centers know that they should offer that. Again, things go slowly.
It's it's only two years ago at the American College of Surgeons put it in their guidelines.
As we all know, is guidelines usually take like a decade of care or so.
But part of that is letting people know. As you know, I presented last a month or two ago in the International Space cord meeting.
Is that that, that long term complications we see from not getting sparked rehab such as bad pressure ulcers that lead to diverting colostomies and I think part of this is that trying to get somebody off the ventilator early and making sure every centre's aware that this should.
Be offered to patients really helps.
In the long term I you know, you have one of the better rehabilitation centers.
I know you take ventilators, but I do know that many patients.
In Florida, can't go to.
Rehabilitation centers, unless they're off the ventilator and I think that's something that if we can get a patient off the ventilator, getting to a rehab center is so important, which is better than going to a long term acute care hospital, which is just managing your ICU care alone.
Not your full spinal cord injury care.

JO **Jill Olinick** 1:06:03
Just a quick question.
You had mentioned that to HDA facilities.
I was just wondering where we can find the list of the facilities in Florida that do this procedure.

Onders, Raymond 1:06:12

Well, officially, I mean, I think this is the Gulf. I think every level one level 2 trauma center, that's all kind of combined in the Department of Health.

There's that committee of trauma that you guys. Actually, I know there's a trauma thing. Every center should offer that cause, you know, based on the data that we now have, if you're a high quadriplegic and a ventilator and you're in one, and you should be in one of.

Your level one or level 2 trauma centers that center should offer it 'cause you know. Over the years we've simplified this operation so much that they can offer it and the benefits for early implantation.

Starts the process for recovery and so to try to transfer patient to that. I think there's many patients chronically on a ventilator that I know the Gainesville Center, HCA, Florida.

They got the list here of what I know.

The Kendall Hospital's done a series of them.

A Scala hospital's done it, but I think really the goal is that any high span could injured patient in any stage, especially Florida. That's been at the forefront of providing systems and I go to many States and your your PSC is a tremendous benefit for your state.

Relation I can tell you there's nothing like this in California or Texas or any other big states.

Ohio it's just me helping manage every patient.

But it's a tremendous program.

You have the fact that looking back I I forgot I gave a talk to you guys in 2009, but now back then you required that IRB.

Now you don't.

So now any center can offer it, and it's almost, you know, it's in the quality programs for America surgeons.

It's in their guidelines now.

Just two years, you know, 18 months roughly.

I go so it's not that long ago that was identified.

So I think these are things that we're really looking forward to that trying to provide a care. I I mean, I know in my own hospital, it's like doing this early and preventing that. First trachea is a huge benefit to patients.

I'm probably a little bit more aggressive. Most other patients will do the tracheostomy, but it's really to start. And so I I do have probably a list of patients I can reach out to, but I I think.
Every site should offer it.

Kevin Mullin 1:08:20
Have an additional question to that DOC when you say that every site should offer, does the and again, I'm more of a layman, not from the medical background, but does a surgeon have to go through any required training or hands on treatment or is it something that's so?

Onders, Raymond 1:08:35
No.

Kevin Mullin 1:08:35
Simplistic the way that it is now.

Onders, Raymond 1:08:38
Actually, the company provides hand.
There's always something for the company for every implant, but it's kinda like when we went to like early spinal cord fixation which we used to wait a while ago.
Now it's, you know, you're supposed to do that spontaneous fixation within 24 to 48 hours.
That's kind of a quality metric, right?
If you're, if you're going to be a level one, level two, you better fixate that spine early because we used to wait many, you know, days before you fixate it.
And this is becoming the same thing as ventilator management early, I mean.
You know, I'm doing a lot of other research that, you know, you know, in lung transplants and high risk open hearts, where at the time of surgery.
Put the electrodes in at the same time to help people get off the ventilator faster, cause the benefits of getting off the ventilator.
So I think eventually that's what's gonna come down to. But one is just making sure patients know and as they come into your systems trying to figure out how to get them off the ventilator to really start the more aggressive rehabilitation, I know.
Doctor Higdon probably talked more.

It's easier to do rehab when you're off the ventilator than on the ventilator, and so that's no doubt about that.
So it's it's trying to get it set so.

Higdon, Brian 1:09:37
Yeah, yeah, a corresponding question.

Kevin Mullin 1:09:40
Absolutely.

Higdon, Brian 1:09:41
So Kevin was asking about, you know, how to surge and to get onboard with this.
But as far as once they get it in.
You know, I want people to come to my institution because they want to, not because they have to.
So if they end up staying locally to to where they live, say in Pensacola or or or South Florida.
And a facility and a rehab facility isn't.
You know what is this thing's taken out of the patient's stomach. We see this, and we're just going to ride them off and say we can't admit them.
How do they turn the page on that and say, OK, who do we reach out to?
How do we develop a plan to admit them to our local hospital?

Onders, Raymond 1:10:20
It's a great point. I think part of that is, you know, as we increase patient knowledge about this earlier benefit and I I think part of that is that you're gonna see a lot more work because of this. These same electors are being used in open heart sur.
Now and lung transplants and so many other rehab facilities are seeing other patients.
So part of my, you know, my own personal goal to help more injured patients that more other people aware of this type of technology.
And I think that's what you're probably gonna notice soon is that if somebody that had a lung transplant in one of your four lung transplants centers goes to rehab with these electrodes, why don't we accept?
That you know the spark for an injured pace is probably even needed more than the

lung transplant patients.
So hopefully that's it is a long process, but.

Higdon, Brian 1:11:00
Mm hmm.
Yeah.

Onders, Raymond 1:11:04
I I think you know now that we have data about survival and everything else. It's something where I work through I mean.

Higdon, Brian 1:11:11
Yeah. Is there like a handbook or resources that is is available for facilities that are considering admitting a patient with this?

Onders, Raymond 1:11:19
There is one is somebody from the same biomedical will send somebody to any facility and train everybody on that.
That's part of the goals.
That's why there's somebody's always sent for other operation from the company.
The one train the nurses in that area. I just think it. It'd be great if we could have one centralized location for implantation, but I think it's so hard to transport a spinal cord injured patient on a ventilator that I I my own practice. I think that's very.

Higdon, Brian 1:11:30
OK.

Onders, Raymond 1:11:42
Difficult to do. I mean I sometimes.
Transporting somebody out of vendors more expensive than the surgery itself and everything so.
I always find that interesting.
So I think it's something hopefully with organizations like yourself that we, you know, it can work through because the the benefit is significant not only for you know the patients survival but the the long term health expenses goes down drastically.

So when you start looking at the cost for care for these patients and you look at the lack of electricity and unfortunately as we all know, I mean up in Ohio, we get snow storms with no electricity. You guys have a little worse down there with other proble. With no electricity.
That's a big problem for patients.
So this just simplifies their care in many ways.

V **Valbuena Valecillos, Adriana D** 1:12:29
I have a question.
Thank you very much for your presentation.
As a consultant, when you're seeing the patient and the acute side, how soon for an admission as a patient is in a ventilator and requiring every three hours suctioning. You should recommend to start thinking about getting this procedure done.

OR **Onders, Raymond** 1:12:48
Thinking a sponge for an injured patient, you know it's it's, you know, because I'm I work at a level 1 trauma center.
So we we see them unfortunately quite commonly is that it allows us to you know we think about that when we start, if we make no weaning progress at 4872 hours on patients stable as we all know you may have multiple injuries as Kevin mention.
You may have aspirated a lot of water.
Your other trauma that leads to other things we have to take care of. But once the patient is stable and again.
Most patients I've already undergone an operation for this foundry fixation because you realize how important that is to fixate the spine early after injury.
The decompress.
So they've already had that first step.
And there you know for us, I try to prevent the tracheostomy.
So you wanna do this within the 1st 14 days, so we maybe won't have a tracheostomy. Tracheastomes have a death rate. Tracheastomies lead the long term tracheal malacia, which is trachea. Just kind of goes away, and it can lead to bleeding.
That's really what we're we're starting to look at as as we're getting more and more data, you know both for the long term survival for these patients and their recovery from their spinal cord injury.
The inflammation from having an infection.

A decrease in your recovery from your traumatic spinal cord injury.
So we think about it early if they're on the ventilator, that's when we start thinking pretty, very early.

HB **Higdon, Brian** 1:14:05
Kevin.

KM **Kevin Mullin** 1:14:06
One more question.
I I I don't mean to be overly question.
I just shocked by this, but from a rehabilitative standpoint and a patient has this successfully implemented.
Would other outside FES stimulations counter effect this?
Let's just say they're using FES for recumbent biking, so to speak, or something along those lines.
Any other FES that would possibly inhibit a patient's rehabilitator?

OR **Onders, Raymond** 1:14:34
That's a great question.
No. You can use your FPS bike.
You use the abdominal stem.
You know you can use any of the stems for your arms and legs. You know, I at case Western reserve we try to put electrodes in every part of your body over the years.
So you can use them all.

KM **Kevin Mullin** 1:14:47
Right.

OR **Onders, Raymond** 1:14:48
We're yeah, I put electrodes in just about every part that we can to try to get recovery.
So we've had no, you can actually have a cardiac pace. The more important thing is many high quads get cardiac pacemakers for bradycardia.
So we published a paper.
Showing that there's no interactions, not even with defibrillators, because we do so

much ICU work now.
So that's probably the more important thing.
It's not gonna interact with your heart in a cardiac pacemakers that many patients get placed for the bradycardia.

KM **Kevin Mullin** 1:15:15
Incredible. Thank you.

HB **Higdon, Brian** 1:15:18
Kerry and Rebecca both.


Robinson, Rebecca 1:15:22
Hey, Kerry.

CR **Carrie Rayburn** 1:15:24
OK.
Thank you.
This is really so cool.
How long?
Like as far as like long term use, how often does these systems have to be replaced or serviced?
And what does that look like to the patients have to go to the doctor that implanted it for that, or what's the process there?

OR **Onders, Raymond** 1:15:42
No, fortunately, you know, I've had patients do that for 20 years.
I I I liked.
I was worried about that.
We put two electrodes in each diaphragm.
You have a ground electrode. Every time it's stimulated.
We designed it where it measures resistance, so it'll alarm if something's going bad.
We we've just not seen that again.
You know, unfortunately these are the highest risk patients that have the lowest lifespan to begin with, right?
So if you're a high quadriplegic kind of ventilator, your lifespan drops drastically.

'Cause this is kind of the worst case scenario of what you can have with your injury.
So we've not had that long term thing.
No. Many patients recover their breathing when we start looking at across the United States, there's roughly only 1100 patients in the entire United States that are high C2 quads that require ventilator that can't be weaned.
Now we're we're using this on other patients to wean faster, but don't recover breathing.
So overall, it's not a huge population of long term patients, which is which is good, right?

CR **Carrie Rayburn** 1:16:37
OK.

OR **Onders, Raymond** 1:16:38
So 'cause the injury many patients can wean off and they can recover breathing.
We've not seen long term internal electrode breaking.
Every patient gets two external devices. So yes, my young patients will the usual 1820 year olds will kind of start doing things where they drop their external device, but they have two and it works better.
Again, we're we're comparing this to a ventilator.
So every year in the United States, people on ventilators get disconnected and die.
And so, and if you look at people popping their drakes off at Chris very commonly.
So I've had patients say they feel so much more.
Well, with this 'cause they tape it on their chest wall that they'll be alone in a house and not worry about be getting disconnected. If you're on a ventilator, we would never be alone.

CR **Carrie Rayburn** 1:17:26
Wow.

OR **Onders, Raymond** 1:17:27
And so now these are just little stories.
It's not that I recommend that because Highquad can't reconnect himself, but it's just, you know, again, if your entire life and you, you know, nobody's leaving it affect your entire family life, your ability to do that when you at least have the confidence

and we know of.
All patients that would be alone on a ventilator and that's taken much greater chance.
Again, it's a very high risk patient population, but again it they they usually have more comfort. The safety of this as opposed to getting disconnected from a trade so.

CR **Carrie Rayburn** 1:17:57
This is amazing. Thanks for sharing.

OR **Onders, Raymond** 1:18:00
Thanks for having me talk again.
Maybe we should meet again in lesson. What's 2008?
So now that 16 years I can't, I can't believe I found my invitation.

HB **Higdon, Brian** 1:18:07
Yeah.

OR **Onders, Raymond** 1:18:09
I I keep way too many documents on my computer so.
To put all those in there.

HB **Higdon, Brian** 1:18:15
Yeah.
Rebecca.

 **Robinson, Rebecca** 1:18:17
I think I was around back then as well.

OR **Onders, Raymond** 1:18:20
No.

 **Robinson, Rebecca** 1:18:20
But anyway, now I'm running the Resource Center, so I'm hoping that you have some information that we can add to our resources for this. If you have links or something that you can send me.

Onders, Raymond 1:18:29
Yes, we can, so I think.
Absolutely. So I think Brian can connect us and get us with that.


Robinson, Rebecca 1:18:39
Again, that would be very helpful.

Higdon, Brian 1:18:45
One question and I and I was gonna. I sent this to you ahead of time.
It's just for you to comment on the the, the, the old trauma standards.
For for the inclusionary exclusion criteria for the diaphragm pacer and kind of, get your your comments on the old ones. We're we're gonna have to have a larger conversation later as a committee, but but I'd really like your insight on these. I I post it in the chat.
You can click on the image and open it up.

Onders, Raymond 1:19:16
Yeah.
Yep. Again, it's it actually. The level of my publication several years ago, we don't have any level if you're really, if you're on a ventilator and this approved for age 18 and over.
As you might know, I do.
A lot of.
Children. But that's not it's not officially FDA approved for that.
I think everything else is fine, but really for us, is anybody on a ventilators who we do this on?
So if you're on a ventilator patient, no matter what level we offer this to our patients, there's no limitation on the level. You can be AC4C5 and you can still do it.
So I think that's the only real thing that I've seen on that list of inclusion criteria.
Again, we have no knowledge of pregnancy like any other medical device.

Higdon, Brian 1:20:06
Yeah. What is there like AC6 or seven quad. But we're having chest dysfunction contributing to to bleeding.

Onders, Raymond 1:20:07

Port.

Yeah.

We know and I I think you've seen is that one aspect of if you have any sponker injured patient you develop some type of central sleep apnea.

So this is also approved for central sleep apnea, like on Dean's curse. And so we do know that if again, you know again this has really changed over the last four to five years as we're now for people that don't know.

We actually just published a randomized prospective trial in the high risk cardiac patients. We can put these same electrodes in somebody that's undergoing a high risk cardiac.

You're already on a ventilator and we just use this to wean off the ventilator.

It's actually approved by the FDA for any weaning indications.

So we use this in our lung transplant patients.

So we're realizing that muscle stimulation on the diaphragm will help many patients in our Icu's.

So you'll see a lot more data coming out from both diaphragm pacing or what we call phrenic pacing about just weaning off of ventilator.

So it's very exciting as we try to decrease the 100,000 patients in United States to get a trachas maybe to weed.

So I think the data I'm using this on other you know, even if they're not A/C 345, but you can't wean them because we have that data for lung transplants, open heart operations, medical intensive care unit patients that you see a lot more data coming out.

On so for spinal and injury, it's actually we even have better data.

I think that's kinda as as you know, so many people around the world are working at trying to decrease the amount of time anybody's on the ventilator to help people.

So we're getting more and more data on this so.

Higdon, Brian 1:21:40

And you said the time frame is I think you mentioned less than 14, but sometimes it'll do the trick even less than 7.

Onders, Raymond 1:21:48

Oh wait. I mean, that's another guidelines. Too early tracheostomy, but as we kind of look now, I I do this once. A patient's stable and our trauma center. You know, day three, day 4.
The earlier the better, you know, interesting.
Most these patients need a feeding tube too, so we do the feeding tube at the same time. The peg tubes feed simultaneously the peg in the feeding tube.
I think that's kind of as we we always we have more and more data coming out of early, getting off the ventilator, so critically important.
Hopefully we'll get more acceptance.
I think a lot of us like to say is that, you know.
And again, each of your 33 trauma centers, you guys probably have the data on how many high quads on a ventilator you have a year.
So each center's probably my guess, only getting two to three a year, so it's not that common, fortunately again, but it it does lead to and something's not that common or an orphan disease. That high amount of ventilator, you know, it's kind of hard to get.
Everybody involved with with doing the care Sup my guest just guessing on your your population. You probably have about 200 high quadrupan a year for the state of Florida, so I mean.
Which is not app per site, right roughly.
You guys probably have that number better than.

HB **Higdon, Brian** 1:22:48
Yeah, but how many?
But how many times in the last year, like 20 like?

OR **Onders, Raymond** 1:22:54
2024 so only about 20% of eligible Floridians are getting this technology.

HB **Higdon, Brian** 1:22:55
Yeah.

OR **Onders, Raymond** 1:22:58
Roughly maybe 30%.

Higdon, Brian 1:22:59
Yeah.

Onders, Raymond 1:23:00
Again, you guys are way better than California.
I can't say that again.
So you can take that to heart to Florida's better than California and Texas combined.

Higdon, Brian 1:23:10
Uh huh.
Yeah, that's that's pretty good. But I think we have a long ways to go.

Onders, Raymond 1:23:15
Yeah. So.

Higdon, Brian 1:23:17
Actually, a little kink in the data.
We may not have all those numbers because if they go to an LTC setting then then they're a lot less likely to be enrolled in the B Skip program and then enrollment may fall through.

Onders, Raymond 1:23:27
Yeah.

Higdon, Brian 1:23:31
So. So we may not have as good data as as as we like.

Onders, Raymond 1:23:36
Well, I think we all see that with the alt tax.

Stotsenburg, Madonna 1:23:36
Trauma center.

Higdon, Brian 1:23:36
Yeah.

Onders, Raymond 1:23:38
I mean, I mean we we know that. Go ahead. Sorry.

Stotsenburg, Madonna 1:23:38
The.
And the trauma centers are required to capture the state of per the Florida trauma standards.
One of the and doctor Onders.
I'm Madonna from St.
Mary's and Doctor Lautenberg implemented the program down here.
But.
One of the problems that we encounter is here in South Florida.
There are some physicians S that.
It kind of challenge this intervention.
And so we've had some challenging conversations with the families.
We're lucky enough to have Doctor Lautenberg here and and he can come in and explain and kind of talk through a lot of that, but that has been some of our challenges. We have seen this implanted. I think we've done, I I think we've done three this year.

Onders, Raymond 1:24:23
Yeah.

Stotsenburg, Madonna 1:24:40
Thus far.
And.
I mean, we see significant impact on our trauma patients that received the diaphragmatic pacer.

Onders, Raymond 1:24:54

I'm very familiar with the Miami project.
I'll say it out loud.

Stotsenburg, Madonna 1:24:57
Yes.

Onders, Raymond 1:24:57
So I mean, they want a cure, but unfortunately technology sometimes better than the cure.
Unfortunately, I've not seen a high quad walk yet unfortunately, and so getting off the ventilator is a first step and so I've had that discussion with them and I can tell you most smile cord rehabilitation centers when you look at some of the highest areas you look at.
Shepherd and Craig, two of the most well known.
Spinal they do diaphragm pacing in everybody, so that's.
And that's not even outside my realm.
But those are two you look at, you know, worldwide, almost every major spinal cord rehab does this early. I mean it's just muscle stimulation.
It's physical therapy. And so to say that you don't believe in physical therapy really makes no sense.
My mind.
Sorry to be blunt, but I've had patients also say that.
But you know, if you're on a ventilator, you're going to get a pneumonia. If you get off the ventilator, you won't get a pneumonia. And it changes what's going to happen so.
For 20 years I've had that conversation and so far.
We've not had the cure for spinal cord. We're all looking for the cure. But you know, we also have to treat the patients with today's technology and be it the frenicner pacer. The Avery system works just as well.
All the book chapters I write talk about both. Ours can just be removed to get off the ventilator and so I'm unsure why they they would say that's a patient.
It's kind of like saying don't get your spine fixated with screws.
Nobody's going to do that.
That's just the way it is.
So I'm sorry to be a little blunt, but I'm kind of tired of, you know, having patients get

in pneumonia so.
And it really effects me.
Obviously I've done this for 20.
My first patient was 24 years ago and so getting somebody off the ventilator is the first step so that they can go to a great rehab centers like you have with Brian down there and stuff.
So I mean, this is good stuff and you have to get off the ventilator, so.
That's the first step.

KM **Kevin Mullin** 1:26:52
Just quickly speaking.

OR **Onders, Raymond** 1:26:52
There's a short note to end on, so it's very good to get somebody off the ventilators.

KM **Kevin Mullin** 1:26:56
Yeah, speaking personally, I would have.
Well, I wouldn't say jumping for joy.
I'm still in a wheelchair, but I would have been a heck of a lot happier if I didn't have to spend 6 months on a ventilator and had that opportunity back in 2003.
So that's incredible.
My one last question for you just really quick Doctor is.
Internationally, there's certain countries that are a little bit more.
Less regulated as we know and maybe a little bit more liberal in medical stance, Switzerland, Israel.
Has this tribe being adopted internationally or has it even been brought over from an advocacy standpoint, this type of technology from an international scope?

OR **Onders, Raymond** 1:27:34
It's.
This is in 34 countries, so the two countries you mentioned already in implant.
So the what's that center in Switzerland?
The beautiful one right by the mountains.
They've been implanting for like 10 years now. Gutman implants in Barcelona.
I forget the one that's that great center and it's the middle of nowhere.

He's it's right by a lake.
It's a beautiful rehab center in Switzerland. They've been planning for over 10 years, so.

Kevin Mullin 1:27:58
I wanna.
I wanna say Luxembourg, but I don't think it is.
I'd have to think about myself, but that's incredible.
So 34 other countries are actually utilizing this type of procedure.

Onders, Raymond 1:28:10
And we just, even in Canada's, been doing it.
We've just set up a national program in Canada.
They're trying to also kinda doing what surprised, you know, you guys have a very good system. When I look back at my data and stuff that actually been working with the state of Florida for many years.
Is that yeah, you implant more percentage wise than most states?
It's a very orphan disease.
It's a very difficult and unfortunate.
You know what we know is that there's not a lot of people like take care of spontaneous patients on the ventilator.
So it's that fear of who's gonna own the patient forever.
And I think a lot of us that work with LTX now, we look at the results with LTAC both for spunkard rehab.
It's pretty poor and management ventilator is pretty poor.
So if we get somebody off the ventilator, that's that's the key. That's been one of my drive. That's why I've been working on this for 27 years, so.

Kevin Mullin 1:28:57
Incredible.

Higdon, Brian 1:29:04
You, you said we got 2 minutes. So small questions. You signed some data about the longevity going from 18 to 10 years in the last two decades.
Is that based on like the the model systems population?

Onders, Raymond 1:29:17
Yeah, that's that's a mouse ****.

Higdon, Brian 1:29:19
All right.

Onders, Raymond 1:29:19
That's a mouse systems database.

Higdon, Brian 1:29:22
And that's patients who are who go to the.

Onders, Raymond 1:29:23
In their system, yeah.
Which as you know only about half a mile. Spongord systems take ventilator patients to begin with, so it's even biased data at that.
So we think this unfortunately has gotten worse, especially as you're elderly. There's just not.

Higdon, Brian 1:29:33
Yeah.

Onders, Raymond 1:29:38
Yeah, I think things have gotten worse since the pandemic.
The lack of ventilators setting so I I think it's nobody really knows that true data. We have one article that Ann Bryron just put out.
Looking at, you know, from our case reserve about still the lack of standards of care for just about any, you know, small quantity of patients still aren't getting this, the best care for all aspects, wheelchair care and bowel, bladder systems and all those things. We're still very behind.
With unified treatment regimens for everybody, I think it's gotten a little worse since the pandemic, so.
I really appreciate you having me here.

I wish I could have come to Tampa 'cause it's 45° outside in Cleveland today, so I'd rather be in Florida so.

Higdon, Brian 1:30:18
Yeah.
Yeah, I like Kimberly answer that.

Robinson, Kimberly S 1:30:28
Yeah. Yeah, I apologize for that. That that was, that was unforeseen.

Onders, Raymond 1:30:29
Umm.
Oh, that's alright.
Well, that meant I had to see patients today in my clinic right down the hallway here.
So I I would have had, you know, a better free day to run in Florida so.

Higdon, Brian 1:30:39
Yeah.

Robinson, Kimberly S 1:30:43
We'll have you back again and I'll make sure it's during the winter months up there in in Ohio so that you can enjoy some Florida weather.

Onders, Raymond 1:30:51
I really appreciate and hopefully you know, I think your goal. Look, I was looking at a lot of your documents online. I mean the goal that you guys do is very good for brain spinal cord injured patients, the programs and you know sometimes it's just letting I'm sure.

Robinson, Kimberly S 1:30:52
This has been.

Onders, Raymond 1:31:03
On this phone call had heard about this before.
It's I was joking.

It's not like there's advertising on late night TV for pacing or anything.
So it's a very orphan disease, which is why I still do gallbladders and hernias in my day job, so.
In appendix's. So if anybody has those problems, I'm still available so.

HB **Higdon, Brian** 1:31:23
Let you know.


Robinson, Kimberly S 1:31:23
Thank you for that.
Yeah, this has been a fascinating.
Presentation and and I thank you for taking the time to join our Council and and do your presentation.
It's it's been fabulous. Absolutely Fabulous.

HB **Higdon, Brian** 1:31:41
All right. Thanks a lot.

OR **Onders, Raymond** 1:31:42
Thanks and I'll leave down.
Feel free to e-mail me if you have any questions and we'll try to get any documents or links and I really appreciate you having me.
It's always great to work with driven people like all of you to try to help all of these patients with spinal cord injury. OK, thanks.
I'll leave.

OR **Onders, Raymond** 1:31:57
So you can talk about me offline so.

KM **Kevin Mullin** 1:31:57
Thank you, doctor.

CR **Carrie Rayburn** 1:32:00
Thank you.

Higdon, Brian 1:32:00
Talking about both rehab.


Robinson, Kimberly S 1:32:01
Alright.
So we're at our 2:30 mark and I know that Kristen Herron is online and she is from what we call JP Pass, which is the James Patrick Memorial work incentive, personal attendant services and employment assistance. And so Kristen if if you have your PowerPoint, are you going?
To share your screen? Or would you like us to share?
Your PowerPoint for you.

Kristen Herron 1:32:32
Would you share it for me please?
That would be really helpful.
Thank you guys so much.


Robinson, Kimberly S 1:32:37
OK.

Kristen Herron 1:32:38
That was a really interesting presentation.
So thank you, Kimberly, for the invitation.
Again, my name is Kristen Herron and I manage the JP pass program with the Florida Association of Centers for Independent Living. I've been in this role for about 8 years now.
Previous to this position, I spent about 10 years working at the division of disability determination at Department of Health.
Processing Social Security disability claims and I've done some work assisting folks with getting on disability.
My uncle experienced a high level injury, became a quad in 2008 and I was fortunate enough to be able to spend a lot of time with him at the Shepherd Center in Atlanta.
So this work is really personal to me.
So thank you again for the opportunity and I'm going to touch briefly on the history

benefit and eligibility criteria for the JP Pass program. And then you can.
Ask me any questions that you might have. JP Pass is short again for James Patrick Memorial work incentive, personal attendant services, and Employment Assistance program, which can be found in Florida statute. 413.402 next slide, please.
The program is named in memory of James Patrick.
James Jimmy Patrick was born with a tumor on his spinal cord and he really was only given several months to live, and he underwent many surgeries over the course of his childhood.
Had to relearn how to walk all the things he ultimately became a wheelchair user due to his muscle atrophy, but he was also a consumer of personal attendance services.
He graduated from UNF in 1981 and began working in the state Attorney's Office in Jacksonville.
And this will make sense when I explain this next information. He worked in the citizens Dispute Settlement program.
The youth Mediation work program.
The worthless check program and eventually headed the Restitution Enforcement program. Next slide, please.
So Jimmy's working in the state Attorney's office and he developed this passion for unremitted sales tax or the tax collection Enforcement diversion program.
He really felt it was wrong, that millions of dollars not be remitted to the state that is supposed to have been so, he convinced Senator Steve Weiss to file some legislation that would allow for state attorney's offices to pursue that unpaid sales tax.
So that those funds could be used to assist working adults with disabilities who require.
Personal care attendance. He served on a lot of different councils.
Board of directors for the Florida Alliance of Employment and Handicap and the Board of Directors for Opportunity Development, better known as the SIL Jacksonville, received several awards for his really tremendous amazing work.
Next slide please.
So because of Jimmy's advocacy and creativity, the tax collection enforcement Diversion program was established.
It is operated out of eight judicial circuits in the state of Florida.
The participating circuits collect the revenue from people who have not remitted their sales tax and the criteria for the referral to the tax collection enforcement Diversion program is determined cooperatively between the state's attorneys and the

department.
Revenue.
Facil is really blessed to say now that we receive 100% of the revenues from that program to go strictly to the JP pass program, we do contract with each of those eight participating states attorneys and pay them for that work that they do.
And the next slide please.
Just a quick timeline.
The program has really evolved a lot since it began in 2002.
There was an initial pilot program in 2002.
Then there was the creation of the bskit PCA program in 2005.
I hope that's right. I think that they did. They merge it.
They may have merged in 2008. Back at that time, the able trust had fiduciary responsibility back in 2017.
The legislature did transfer that fiduciary responsibility to us here at Fassel in 2021, we received an increase from 50% to 75% of the revenue. And just this past legislative session affected July 1.
We are now receiving 100% of that revenue and that's it's important because we're running a deficit for quite a while.
Our expenses exceeded the the revenue.
Next slide please.
Just very quickly, those participating state attorneys are Duvall, Pinellas, Orange, Miami-Dade, Hillsborough, Palm Beach, Broward and Lee County.
And without them, we couldn't. We couldn't make this possible.
This wouldn't be possible at all. Next slide please.
So in addition to the tax collection diversion program, we also receive a small portion or 20% portion of the funds from the motorcycle specialty plate, commonly known as biker's care.
Next slide.
OK this I think is the good part, right?
This is the eligibility criteria criteria for program participants.
The statute requires that eligible individuals require assistance with at least two of those Adl's, which include ambulation, bathing, dressing, eating, grooming and toileting.
You gotta be 18 years old.
You gotta be Aus and Florida resident or a legal permanent resident of the state.

Key here. You must be able to acquire and manage a personal care attendant.
You will become.
They will become an employer, an employer.
Their PCA privately.
Sometimes they use agencies as well.
You got to be employed and earning an individual earned income from paid work of at least the poverty threshold for one.
Which is about $15,000 this coming up year and you cannot make more than $200,000.
You cannot receive SSI or SSDI or be receiving PCA services through Medicaid, home and community based services.
And the next slide please. Very quickly an application checklist.
It's not.
It's it's actually very quick.
It's a very small application. I think in this grand scheme of all applications I've encountered, we have one.
On our website, you've gotta be able to prove your citizenship or legal permanent residency.
Two proofs of your Florida residency.
There's a diagnosis verification form that a physician has to sign off on to get approved that you're employed, submit a federal income tax return, and then we do require the proof of the no SSI or SSDI. Next slide, please.
So the JP pass benefit is a reimbursement.
Of someone's actual personal care attendant expenses each month.
And that's an amount not to exceed $2275 or $27,300 annually.
We were able to increase that rate just a little bit a couple months ago.
We process reimbursements of the previous month's expenses by the 15th of the month.
So for example, right now today's November 7th, I just got finish figuring up all of the documents.
And I'm going to do this big push to reimburse everybody from their October expenses and they'll probably have it pretty soon.
So I'm I'm I'm happy and I'm glad that we're able to do it so quickly, I should say.
Did JP like I said a moment ago?
Did JP Pass participant is the employer and the PC as are considered the employee

and they must comply with laws specific to taxes and that sort of thing?
The next slide please.
This is just some sample documentation that we require just is some attestations about the hours worked and the rate of pay in a timesheet.
We also do require proof of payment transactions, so copies of cancelled checks, peer-to-peer services like PayPal or Venmo, etcetera. Next slide please.
So personal care attendance, they can be anyone.
It can be anyone of any one of their choosing.
Most pcas or family members and we're proud to report that we authorized that and that we allow that because we know that that's a valuable thing.
Multiple PCs can be used and agencies may be used.
Obviously, they're gonna charge a higher rate, but we allow for all of that.
Next slide please.
So just some frequently asked questions that I received the most are does the participant pay income taxes on the reimbursement?
No, because it's a reimbursement.
But the PCA needs to pay taxes on their income as an employee.
What happens if someone becomes unemployed or takes an extended sick leave?
We've got some policies that have built in some some time and allowances for that.
Do we use household income to measure for eligibility?
And no, we only use the participants income that comes from paid work.
Participants can be self-employed.
Yes, they can work remotely. And no, we do not allow PCA payments that are made in cash.
We don't.
We don't reimburse that. So you could do a different way there. The next slide please.
So just some basic demographics here on this slide. So and I wanted to mention to the photos that you're seeing in this presentation are real people who gave me permission to share this. They're real people who are previously benefited from the program.
Most of the participants on the program have spinal cord injuries, Mr. Quads.
There are more men than women right now, and most have some form of college education.
And the next slide please.

We this data is a little bit old but I still think it's really cool. We are estimating that. JP past participants have a combined taxable income of about $4.5 million, and then we also estimate that they're employing an additional 150 people at an average of about 1500 hours per year at an average rate of about $18.00 an hour.
Which is contributing to another $4 million.
Back into the economy.
And aside from the financial impact, I think we can all agree that the return on investment that is so important is the value of work and success and contribution and maintaining independence, all those things.
Next slide please.
So we have the the JP pass program receives oversight and policy recommendations from the JP PAS Oversight Council, which consists of seven individuals representing the state agencies, consumers, the business community and disability organizations.
And next slide.
This, I think is this is a really cool podcast, and if you're a fan of podcasts, I think you would really like to listen to this.
You could check it out.
It's called the Independent Life podcast.
Which was, I think Tony's still doing it.
It's hosted by the executive director of the Center for Independent Living of North North Central Florida.
His name's Tony Delisle, and in this episode of this podcast he has a really great conversation with several program participants about their experience.
They did this in 2021 when we were in the process of.
Lobbying for a change in funding and an increase in funding.
So it's a little bit old, but it's still a really great episode I think.
And that was kind of a lot.
My contact information is listed here.
I'm definitely happy to answer any questions that you might have, and I'm really hoping that maybe we can get some additional referrals.
Who got the capacity to serve a lot more people?
So thank you.

HB **Higdon, Brian** 1:46:34

I'll start with questions, but again, just really encourage people to to jump in here.
So right now there's no wait list.

Kristen Herron 1:46:42
No wait list. Nope.

Higdon, Brian 1:46:43
All right. Awesome, Kevin.

Kevin Mullin 1:46:46
Kristen, thank you so much.
I've only heard about this JPS program in the past, but I haven't really gotten that more in depth that you just provided, which is significant.
Couple things that you touched upon that I thought was interesting and I wanted to get a little further clarity.
A lot of people agencies just can't afford the overage that the agencies are charging so that they can make a living. Of course, on top of it and provide for insurances.
So they're going to other things like care.com or even of course, private. Like you said, the Venmo.
And then, of course, there's tax disadvantages.
That can get you in trouble when you're using Xeljanz, so I heard them in additional service called Home Pay which is affiliated through care.com, which is like an alternate agency where basically you're paying home pay and hourly or the price per week for your Pcas and.
Then they're doing the tax the 1099 with them and taking care of the IRS paperwork.
But then let's just say a recipient was utilizing that home pay service as the.
Subordinate agency, so to speak.
The middleman.
Would you be able to take home pays Bill and give it to AJ Pass? If you were a recipient of the J PPA pass?
Or were it facilitated within the program?
Does that make sense?

Kristen Herron 1:47:56
I mean, I think I think it makes sense and I've not heard of that.

So that's actually really timely. So that I can share that. I'll do some research and share that with folks.
But as long as it's documentable. Yeah, we'll accept anything.

Kevin Mullin 1:48:10
Very unique. OK.
No, I I think it's great.
And then the other thing I want to touch on, I I guess you said that you're shelling out an, excuse me for saying it the wrong way, but 4.5 million in proceeds a year right now for disability population in the state of Florida, but you're en.
From the state and federal taxes back approximately 4 million from a statistic. Was that correct?

Kristen Herron 1:48:31
It was.
It's a it's a four 4.5 million contribution in income from program participants with an additional 4 million in income from the PC as that are being employed as well.

Kevin Mullin 1:48:46
OK.

Kristen Herron 1:48:46
We're shelling out about 3.5 on actual expenses for the personal care for the year.

Kevin Mullin 1:48:54
Got it.
OK. Interesting. Because I mean and again we can't measure the quality of life that the recipient of the civil populations, I mean that's above any conditional cost but being able to show this to the state and federal governments, I think the value is not just for here in.
J pass. But I mean nationally, this is this is something I've been advocating on for years and sadly doesn't get adopted because they don't always see the ROI, so to speak.
So that's phenomenal. When we have real statistical numbers like that, especially

that's been around a program that's been adopted for years and doing very, very well.

Kristen Herron 1:49:29
Yes, thank you so much.

Kevin Mullin 1:49:32
Thank you.

Higdon, Brian 1:49:35
Yeah, I remember that podcast that you mentioned, even like right before I moved to Florida.
Even so, you know, since hearing that podcast that you recorded years ago, I've probably told over a dozen my patients about the program.
I think I I don't think I have a single patient that's actually been able to sign up for it yet because because they they got medical stuff going on. But I I I have one patient in mind who hopefully will will be able to sign up soon.

Kristen Herron 1:49:59
Good, good, good, good.

Higdon, Brian 1:50:00
Yeah.

Kristen Herron 1:50:00
That's so good to hear.

Higdon, Brian 1:50:03
So chicken and egg you have to.
So you have to get the job before you get the compensated PCA right.

Kristen Herron 1:50:11
Yeah, you do.
I mean, I can. I obviously add folks that are currently employed, right.

But I can add someone with an offer letter and just, you know, offer reimbursement that first month of employment.

Higdon, Brian 1:50:23
OK.
So. So just on the first month appointment, they can they can get started. Awesome.

Kristen Herron 1:50:28
Yes.

Kevin Mullin 1:50:31
And again, that's being dependent that they're not on the SSI or SSDI as well, correct.

Jill Olinick 1:50:31
And.

Kristen Herron 1:50:36
Correct, that is correct and that is because we, we, we and members of the Oversight Council on the board, all the powers that be feel strongly that there are lots of work incentives that Social Security allows for, like impairment related work expenses, those sorts of things. So yeah.
That that was taken out, that was taken off of on the eligibility criteria some years ago.

Kevin Mullin 1:50:59
Yeah. And if correct me if I'm wrong, there's, like with SSDI, when you do like they, they have a work related program. So they let the check continue for I think a nine month grace period as you're getting back into whether it's part time or full time employ.

Jill Olinick 1:51:05
Beginning.

Kevin Mullin 1:51:13
As a disabled individual, So what happens is J pass once that SSI or SSDI check is no

longer or null and void no longer in receipt. J Pass can then as long as you meet the other eligibility requirements J Pass would then pick up at that point is.

Jill Olinick 1:51:25
Run.

Kevin Mullin 1:51:28
That correct?

Kristen Herron 1:51:29
That's right.
That is correct.

Kevin Mullin 1:51:31
Oh wow, that's unique.

Higdon, Brian 1:51:34
What about for people who are on paid or unpaid leave from a prior employment before they were injured?

Kristen Herron 1:51:41
If they're employed, we can add them.
If they can prove them, yes.

Higdon, Brian 1:51:44
Even if it's unpaid leave.
Interesting.

Kristen Herron 1:51:49
Yes, we we we can't.
So like FMLA?
Yeah, we can't really like not end someone that's on FMLA, right? Because FMLA provides the security, right? And the job, you know? So we. Yeah, we've gone down that path before.

Higdon, Brian 1:52:03
Yeah, yeah.

Kristen Herron 1:52:07
I'll say I mean there I have a lot of we have a lot of leeway to be able to be creative, right.
To help people and not hurt them.

Higdon, Brian 1:52:17
OK.
So if I'm talking to someone a month after the injury and they're, you know, they were employed, they're considering whether to give up the position or not. 'cause, they're so. But if they maintain the position, then they may be more eligible for for JV pass.

Kristen Herron 1:52:34
Yes, I would recommend that they not like start Social Security disability.

Higdon, Brian 1:52:35
OK.

Kristen Herron 1:52:40
I mean, a lot of times that kind of that stuff gets filed at the hospital, you know, on their behalf while they're really super sick, that can cause an issue and getting them to stop paying them. Then when they start paying them until you can prove to me.

Jill Olinick 1:52:41
Play.

Higdon, Brian 1:52:47
Yeah.

Kristen Herron 1:52:55

In a letter that you're not receiving any money, you're kind of stuck for a little while.
So if you're, you know what I'm saying?

HB **Higdon, Brian** 1:53:03
Yeah.

JO **Jill Olinick** 1:53:07
And Kristen, this is Jill. And of course, I'm still learning everything, but.

KH **Kristen Herron** 1:53:09
Hey.
Yes, ma'am.

JO **Jill Olinick** 1:53:13
Do we?
Have you know? Just is it just a link or is there some sort of?
Brochures. Or there's something on the website that we can refer.
Patients to when we're providing you know the the facilities are providing the information on jpas.

KH **Kristen Herron** 1:53:31
Yes, you sure can.
It's on our our website.
It's our URL.
It's floridasales.org back slash PCA, dash services, dash program.

JO **Jill Olinick** 1:53:50
So that can be in the Minutes I'm sure.
So we can pull that off of there.

KH **Kristen Herron** 1:53:52
Oh yes, ma'am.

KM **Kevin Mullin** 1:53:55

Or Kristen, if you want, you can probably just drop it if you have your URL available right into our chat.

Kristen Herron 1:54:00
Yeah, sure, we'll do that. Absolutely.

Robinson, Kimberly S 1:54:11
To any of my regional managers have any questions for Kristen?

Kristen Herron 1:54:11
Thank you.

Robinson, Kimberly S 1:54:17
This is a a great opportunity for our clients when we're looking towards closure.

Jill Olinick 1:54:30
Also.

Higdon, Brian 1:54:31
Oh, Jill.

Jill Olinick 1:54:33
That's OK. I was just gonna say I I'm assuming VOC rehab has the information as well and and shares with clients as they obtain employment. Yeah.

Kristen Herron 1:54:42
Yes, ma'am, they do.

Higdon, Brian 1:54:44
So that was actually my next question.

Kristen Herron 1:54:44
We get a lot of.

Higdon, Brian 1:54:48

Actually met a VR case manager.
Who?
Had had no clue about this program, I was just chatting about stuff and it's like, oh, you know, have you had her JV pass and so?
Maybe he's not in a position that he, he may need that, but he's a he's a case manager within VR and he he had not heard of this program.
Like, how do you educate or or not educate, but how?
How how do you interface with VR?

KH **Kristen Herron** 1:55:19
Yeah. So I send out periodically from time to time a brochure or one pager that we have. And then I do webinar series like this similar to this.

HB **Higdon, Brian** 1:55:33
Yeah. Are you in Tallahassee or?

KH **Kristen Herron** 1:55:36
Yes, I am in Tallahassee. Yeah.

HB **Higdon, Brian** 1:55:37
Yeah.
This this VR employee was from from Tallahassee.

KH **Kristen Herron** 1:55:43
Right.

HB **Higdon, Brian** 1:55:44
Yeah. Anyways, yeah.

KH **Kristen Herron** 1:55:47
The whole thing.

HB **Higdon, Brian** 1:55:49
OK.

Bye.
But I I I educated myself.

Robinson, Kimberly S 1:55:53
And Kristen.
So Kristen, am I correct to say that JP Pass has all columns support group sessions?
For participants.
Not necessarily on a regular basis, but you do have specific support groups where you all can get or the participants can all get together.

Kristen Herron 1:56:17
Yes, we do do that.
It's a mixed.
It's a mixed bag of folks that only want JP past participants on the phone sometimes.
We've included we've had, you know, we call them JP, past participant socials where we're we'll invite some Center for independent living staff.
I mean, a lot of them already have disabilities as well. So, but yeah, Kimberly, we we're doing them.
I haven't done 1A while in a while, but Natalie and I have been bringing Natalie Alden and I've been brainstorming.
Setting those back up again because.
Informative. And they're really they're really. It's good for them, right to network. It's good for everyone to network, you know, get outside of your thing.

Robinson, Kimberly S 1:57:00
And are those are those events posted on your website?
Because we support JP path on our Resource Center website.
So I'm just kinda asking for our own knowledge in case there's something that we need to, you know, highlight out on our website for JP Path.

Kristen Herron 1:57:18
Yeah, I don't advertise them that way.
I send out direct links to everyone on the program at at the present time, but thank you for that.

Robinson, Kimberly S 1:57:22
OK.

HB **Higdon, Brian** 1:57:29
Obviously, when family members are Pcas, they already have their kind of established dynamic and and caregiving skills from the town hospital. But do you have any resources that you you're in the habit of like sharing with?
With participants with in regards to kind of how to interface with their PCA and and and how to provide for their own care.

KH **Kristen Herron** 1:57:49
Yeah, we have a.
We have a APC handbook that we've been using for several years that you know has some some in depth guidance on all sorts of things like interviewing and setting up a job description, that sort of thing.

HB **Higdon, Brian** 1:58:10
Is that something that you'd freely share or cause?
That'd be interesting to see.

KH **Kristen Herron** 1:58:15
Yeah, sure.

HB **Higdon, Brian** 1:58:18
One program just to mention to all right, just to mention to the other Members on the board.
I just heard about this resource that Kessler in New Jersey put out for PCA training specifically for spinal cord injury.
I'm just for everyone's general knowledge.
I'm going to drop that in the chat.
It might be something that you, Kristen may may, may find useful for for your for your participants with.
With spinal cord injuries.

Kristen Herron 1:58:44
OK.
Great. Thank you.

Higdon, Brian 1:58:45
But it's all like training course for the PCA to go through.

Kristen Herron 1:58:48
It's probably a lot more.
It's it's probably better than what we have, honestly.
I'll definitely trip that out.

Higdon, Brian 1:58:54
Yeah. Yeah, it's in the link here.

Kristen Herron 1:58:57
Thank you.

Robinson, Kimberly S 1:59:08
Anybody have any other questions for Kristen?
I always enjoy the JP pass presentation because it's always a refresher for our program.

Higdon, Brian 1:59:18
Yeah.
Remind me, does the participant have to be full time employed?

Kristen Herron 1:59:25
No, they only have to be earning at least the poverty threshold, which is about $15,000.
So yeah, you you got to be working.
But we can't.
We can't dictate to folks like, well, you can't work this month 'cause. We have teachers, you know that are on the program.

Higdon, Brian 1:59:41
Yeah, yeah.

Kristen Herron 1:59:41
So we just it we we have, we have a policy that states you must earn like 112th of the poverty threshold. But it's not like you know, 100% if you're working.
I've got a lot of leeway to be able to help.
Folks stay on and stay employed and still receive the care that they need.

Higdon, Brian 2:00:02
Mm hmm.

Kristen Herron 2:00:10
All right.
Well, thank you so much. Thank you.
Thank you.
I really appreciate it, Kimberly.
It's been a while since I've done this one.

Robinson, Kimberly S 2:00:18
Yeah. Our pleasure. Been our pleasure.
So thank you for taking the time to to talk with us today.

Kristen Herron 2:00:24
Yes, ma'am. Y'all have a nice day. Yeah. Thank you.

Robinson, Kimberly S 2:00:25
Yeah, I appreciate that.

Kevin Mullin 2:00:27
Thank you, Kristen.

Robinson, Kimberly S 2:00:29
So so I do I have.

Wanecski, John M 2:00:30
Thank you.


Robinson, Kimberly S 2:00:32
I have Kristen PowerPoint if anybody would like me to e-mail that out. I tried to send it out this morning in an e-mail and I had to take it off the e-mail because it was just too much.
Going out and everybody's e-mail was kicking back.
So if anybody is interested in having a copy of her PowerPoint, I have that and I can send that out.

Kevin Mullin 2:00:55
This is Kevin.


Robinson, Kimberly S 2:00:55
Send it out to you all.

Kevin Mullin 2:00:55
I would love it if you wouldn't mind.
Thank you.


Robinson, Kimberly S 2:01:01
Mm hmm.
I'm sorry. You what, Jill.

Jill Olinick 2:01:10
Yes, please.


Robinson, Kimberly S 2:01:12
OK.

Higdon, Brian 2:01:14
I propose we take 5 minutes for between this and the next part of our program.

Stotsenburg, Madonna 2:01:22
My second.

Robinson, Kimberly S 2:01:22
OK.

Higdon, Brian 2:01:23
Alright, so we'll reconvene at 3:06.

Kevin Mullin 2:01:24
Alright.
Great.

Robinson, Kimberly S 2:01:28
OK.
Thank you.

Higdon, Brian 2:01:31
Hmm.
Yeah, stop in the hallway.
I was really worried I was gonna be late.
By like 10 seconds I got back.

Robinson, Kimberly S 2:07:20
OK, I was.
I just emailed out the PowerPoint.
To those that were requesting it, and also I received I had sent earlier report to my data analyst regarding the referrals and he did send me a report but he still has other facilities included, not just the traumas.
So I I can't provide that this afternoon.
I'm pushing it back to him to correct, but I will have that information.
In the next day.
So I'll probably have to go over what your comma facilities are with him.
He may not be able to identify them.

So OK.
So moving in to our next portion.
New business?
So Doctor Higgin, you wanna take over from here or do you want me to keep going?

Higdon, Brian 2:08:13
Yeah, I can.
I can take over if it's just reading from the agenda. The first thing on our agenda is is is reviewing the RIMS update in general, but then also specifically regarding the homeless population data.

Robinson, Kimberly S 2:08:16
OK.
OK. So Rob, can you bring up that homeless report?
Please.

Casavant, Robert 2:08:48
Give me just a SEC.
Said the.

Robinson, Kimberly S 2:08:56
Homeless record.

Casavant, Robert 2:09:00
OK.
OK.

Robinson, Kimberly S 2:09:04
Had a bazillion documents I sent him.
Thank you.
So this report is for the first quarter of this year and the managers are prepared to talk about any of the clients that are actually on this report regarding the counties. So if there is a specific county you would like to know more about, or if you would like each of them go through and kind of give an overview of where the homeless. Referrals that we receive where that client is today, we can do that as well.

Higdon, Brian 2:09:58
What does out of country mean?


Robinson, Kimberly S 2:10:03
Came in from. They were from another country, Jose.
I'm assuming that's probably Miami.
We get a lot of referrals from the Caribbean that come into Miami.

Higdon, Brian 2:10:18
Got you.

Dubrocq, Jose A 2:10:19
Yes, their their flight to especially Jackson Memorial Hospital.

Higdon, Brian 2:10:23
OK.
That makes sense.
All right.
Yeah. I mean, I think a lot of this is just gonna reflect where the population centers are and where this is also where homeless people tend to live.
The. Are there any particular stories from any of these? I think we had an issue with with with.
Protected health information last time, but any any insights from from from any of these stories?


Robinson, Kimberly S 2:11:01
So how about we go?
Through the regions and have the regions kinda give you an overview on the clients that are reported on this.
Document here so that would starting with Fallon in Region 1.

Higdon, Brian 2:11:15
Sure.

Robinson, Kimberly S 2:11:20

I see Duval County is on there.

Moore, Fallon 2:11:25

Sure.

My area has three on there from Region 1.

Pensacola.

Robinson, Kimberly S 2:11:55

If she's froze.

HB

Higdon, Brian 2:11:57

OK.

Robinson, Kimberly S 2:11:58

So while we're working on Fallon's issue, Eve, you want to report on anything out of Region 2, which is Orlando area.

Brewer, Evelyn T 2:12:06

Yes. So we did have two in Orange County. One of them did pass away on in September.

The other one, he was homeless on admission, but they were able to connect with family and he just did discharge home with family about a week ago.

We also had one in Volusia County.

The details weren't there wasn't anything in the detail report, but I think I remember this one.

He wasn't actually homeless.

And so that information was added and updated.

So, but that's it for region 2.

Clark, Rosalind M 2:12:43

Region three, we actually have 3.

20 panelists one and two in Pinellas County.

Unfortunately, one expired and the other one went to a long term facility she actually

had.
She has families.
She came from a shelter, but she does have family and can. She was transferred to a long term care facility and the other one also was homeless.
But he has family also, and his brother took him in so.
And he declined services.
So yeah, that's why we are.

Higdon, Brian 2:13:21
Mm hmm.
The one that went to long term Care facility where they insured or or did.
Were they Medicaid eligible or?


Clark, Rosalind M 2:13:27
Actually, the facility applied for long term care for her.
I'm not sure if she had it going.
In they may have applied at the hospital, but I the facility where she's at now stated that they did apply for loan care 'cause she's going to be there apparently so.
That's it for region 3.

Wanecski, John M 2:13:54
OK, Region 4, the one for Palm Beach, was not a Florida resident, so that case was closed.
And then the other ones that we had add 1/2.
I had three for Broward County.
One had expired and then the other one, the family denied services with us and the other one is still on referral status with us so.
For Region 4.

Dubrocq, Jose A 2:14:24
OK, in reference to region 5, the files are from Miami-Dade County. Three of them, unfortunately, they came from a hospital that was lagging in referrals. And when they refer the clients, it would they already gone from the hospital.
They would never provide any type of information.

We search them in flimsy and Medicaid website.
No information on the client, one of them and the other ones went to Hospice and.

HB **Higdon, Brian** 2:14:45
Sure.

DA **Dubrocq, Jose A** 2:14:49
Unfortunately, the client passed away.
And the other one did not meet the criteria for the program.
It was not a brain injury or a spinal cord, and no information was provided.

HB **Higdon, Brian** 2:15:03
One that went to Hospice, did they have, like, a family member?
That was their power of attorney.

DA **Dubrocq, Jose A** 2:15:09
There's no family member, no, no one unfortun.

HB **Higdon, Brian** 2:15:12
Was there like a guardian?

DA **Dubrocq, Jose A** 2:15:15
Ately yeah.

HB **Higdon, Brian** 2:15:15
Ad LIBIDUM or guardian from the hospital? Yeah, yeah, that's tough.

DA **Dubrocq, Jose A** 2:15:20
I don't know if you're familiar.
I there's an information there's a website.
Actually, I attend a lot of the webinars from them. It's called samsa.
They're a program that is funded through the health.
It's the Health and Human services and they do provide a lot of help and assistance for homeless. If you go to the website I have it, I'll I'll send it to Kimberly.
You can visit that website and they do have information on for mental health.

Even from housing and they assist in applying for Social Security disability.
And they have a lot of new services.

Higdon, Brian 2:16:02
Information is physically catered towards people with disabilities.

Dubrocq, Jose A 2:16:07
Yeah. And it's it's gear for like the homeless population because most of their webinars, they're they're geared for that.

Robinson, Kimberly S 2:16:19
They can.
You can you put that link in the chat.
Thank you, Sir.

Higdon, Brian 2:16:24
Yeah. So that's specifically for those with substance use and mental health, which of course does have strong overlap with with homelessness.

Robinson, Kimberly S 2:16:36
We'll come back to you.
Because you froze on us earlier.

Moore, Fallon 2:16:47
Oh, as I was saying, I have 3 personnel.
One passed away, so we wasn't able to get their services or they weren't able to get our services.
One was not an actual resident legal resident of Florida.

Higdon, Brian 2:17:12
It happen all over again.
It's like the same the same spot when when she's talking.

Robinson, Kimberly S 2:17:16

Rob, can you unmute her?
Can you unmute her?

Casavant, Robert 2:17:21
No, it doesn't give me that option, OK.

HB

Higdon, Brian 2:17:23
There she is.

Moore, Fallon 2:17:25
Can you hear me now?

HB

Higdon, Brian 2:17:27
Yeah. You just talked about the person that was not not a citizen, and then you're gonna talk about someone else.

Moore, Fallon 2:17:28
Hello.

Robinson, Kimberly S 2:17:28
Yes.

Moore, Fallon 2:17:34
OK, one person passed away. The other person was not a legal resident.
Of the United States.
And the last person.
She actually discharged against.
She just discharged herself and she did have an actual family member, so we got in touch with the family member, but the family member did not want to have anything to do with her due to her drug due to her.
Abuse so they.
Umm said that she know she was just homeless, so there was nothing that we could do for her.
So those methods are personnel that we had.
And rejoin.

Higdon, Brian 2:18:37
OK. Do we have data on are these mostly brain injury?


Moore, Fallon 2:18:38
OK.

Higdon, Brian 2:18:42
I take it, but are any of these spinal cord injury?


Moore, Fallon 2:18:48
One was actually a spinal cord injury.

Higdon, Brian 2:18:52
OK. And then end of the whole list?


Moore, Fallon 2:18:53
That was the one.
That was the one that passed away.

Higdon, Brian 2:18:57
OK.


Moore, Fallon 2:18:58
I.

Higdon, Brian 2:19:04
Really. Do you have any information on on on which of these responsible injury?


Robinson, Kimberly S 2:19:10
Detail tab. It may be in the detail.

Higdon, Brian 2:19:26
Yeah. So we'll just go back to the other one.

Robinson, Kimberly S 2:19:28
It it does show, it does tell us in the detail on what their injury is.
So let me let me pull that up.

Higdon, Brian 2:19:36
OK.

Robinson, Kimberly S 2:19:37
And I can tell you.
Give me one moment.
I had updated that report and took that out but.

Collins, Valerie B 2:19:52
OK.
I have it.

Robinson, Kimberly S 2:19:53
Alright.

Collins, Valerie B 2:19:55
So there are.

Robinson, Kimberly S 2:19:55
I got it right here as well.

Collins, Valerie B 2:19:58
I only see one spinal cord injury out of all of those.

Higdon, Brian 2:20:04
Correct.

Robinson, Kimberly S 2:20:05
Correct.

Higdon, Brian 2:20:06
Yeah, which is, I mean, it's usually more brain injury than spinal cord injury, but it's even more.
High ratio towards brain injury than.
Than in the general population.


Robinson, Kimberly S 2:20:29
Any other questions regarding the homeless?

Higdon, Brian 2:20:29
Either, yeah.
Alright, so the next item on the agenda.
And pass my memory. What exactly this is, but it's the bskip infographics.


Robinson, Kimberly S 2:20:50
So the, the and Rob, if you can pull up the infographic, it's a PowerPoint.
The infographics is what we had discussed that I'm not sure if we discussed it in May.
I think we did at our last State Council meeting and so this was put together to give kind of an overview of the program and it can be used when explaining what what the program is, what we do.
It gives a little bit of statistics in the presentation.
So we I like to use this for when we're on boarding new staff members as well because it's a a great teaching tool.
To share with them about what, what visible is, who we are, what we do.
And so this could also be used when presenting out at the facilities. It can be printed out or we could present it as a PowerPoint when we're educating.
On, you know, be skip to to the public at, you know, even.
What's the event in June?
Beth family cafe.
If we could have a PowerPoint going behind us, we could take these to the facilities.
The managers could, if they're doing a presentation at the facility, it can be used for any.
Point of reference, when educating stakeholders about our program.
And it it goes over pretty much every aspect of the program.

Higdon, Brian 2:22:25
And this is passed through the through the information office or got approval by them.


Robinson, Kimberly S 2:22:26
It it's.
I haven't put it through comms yet.
We finished this up.
I had Raj finish this up not too long ago and it has not been through comms yet, but I don't anticipate there being a huge issue with because we've used this before and I took previous slides and I updated and modified so I don't think that there's going. To be a big issue pushing this through comms.

Higdon, Brian 2:22:57
This slide that we're on now, the Members that looks up to date 'cause, it mentions a veteran, is that right?


Robinson, Kimberly S 2:23:03
Correct.

Higdon, Brian 2:23:04
OK. Yeah.

Jill Olinick 2:23:06
I think this is great.

Carrie Rayburn 2:23:09
I think it is too.
I wonder if once it's approved, if it could also be added to the website for people to view it as well.


Robinson, Kimberly S 2:23:16
Oh, absolutely, absolutely.

Now when you say website are you talking Resource Center or are you talking our SharePoint DoH website or both?

Carrie Rayburn 2:23:28
Oh both.
I don't.
I didn't know you guys had a SharePoint.
Is it SharePoint for employees and then the outer facing website is the Resource Center?

Robinson, Kimberly S 2:23:39
First center is is specific to beatscape the SharePoint DoH, that's to the public. That's where you go and access.

Carrie Rayburn 2:23:46
Oh my God, I'm willing.

Robinson, Kimberly S 2:23:48
You can access our.
You can access our page. There you can look up anything about EMS trauma, anything with the with the Department of Health Leadership, org charts, everything.

Carrie Rayburn 2:24:02
Yeah.

Kevin Mullin 2:24:03
I think this information would be incredible on both if we could.

Robinson, Kimberly S 2:24:08
Absolutely.

Jill Olinick 2:24:10
And could you give us the link to the DoH?
I'm sure you did at some point.

Robinson, Kimberly S 2:24:19
Absolutely.

Casavant, Robert 2:24:20
It's it's actually not SharePoint though.

Jill Olinick 2:24:25
OK.

Robinson, Kimberly S 2:24:25
I call it sheriff point.
I'm sorry. I call it sheriff deputy.

Carrie Rayburn 2:24:28
Is it just the website?

Kevin Mullin 2:24:29
I was gonna say.

Casavant, Robert 2:24:32
So we, we do have a SharePoint, but it's internal only.

Carrie Rayburn 2:24:36
Bye.

Casavant, Robert 2:24:39
But the external is is.
Normal kind of website with content management system.

Kevin Mullin 2:24:51
Robbery. This could be placed on it, correct?

Robinson, Kimberly S 2:24:51
Can you paste that link?

Casavant, Robert 2:24:54
What's that?

Kevin Mullin 2:24:56
This can be pasted on there correct on just the regular website as well.

Casavant, Robert 2:25:01
Oh yeah, for sure for sure.

Robinson, Kimberly S 2:25:05
And the good news is, Rob's the one who does that for us.

Carrie Rayburn 2:25:10
Perfect person to ask.

Robinson, Kimberly S 2:25:12
Yeah, but he's been updating our website out there.
He he's been making all kinds of changes and updating.

Higdon, Brian 2:25:22
Anything else on this before we move to the the the financial review?
This financial is it is the same one that we reviewed in May.

Robinson, Kimberly S 2:25:38
No, the review for the annual report? No. Well, so.

Higdon, Brian 2:25:40
Right, so it wasn't available then?
OK.

Robinson, Kimberly S 2:25:46
If Rob wanted to pull up the DoH website, I can share with you. So all of the annual reports that are statutorily required to be submitted to the state Surgeon General's office at the beginning of each year might, the report is actually due February 1st of

every.
Year.
And it's so the current one is 2223 because I've not been out 2324 yet.
It's not due.
Well, I finished out the year, but it's not due until January.
So this is our website that I was talking about and I'm here.
Is listed the annual reports all the way back to 19/19/20, physical year 1920.
So what these reports are.
It's it's a report of how Beeskip ended up with.
According to the authority that we are giving every year.
Through GAA, we have an authority that were given for budget and then from there the report breaks down what the expenses were, what our revenues were that we collected.
And it's categorized by salaries, OPS, salaries.
Excuse me. Expenses. Oca, which is we call it OCO money.
We don't get OCO money anymore, which was like a we used to get like, I think about $8000 that we could use on.
Equipment specifically on equipment or something like that, but we don't get OCO money anymore.
Leasing equipment, which would be like our Lexmark printers, that's that's the only equipment that we lease for the program.
Contract services that includes all of our contract employees and any other contracts that are not passed through would be included in that.
So in that contract, that would be our.
Some of our equipment, so we have leasing equipment which is our Lexmark printers and that's usually supplied. And then we have our service that we have to pay that is contract services for our Lexmark printers.
So Lexmark comes out of two different categories, but this breaks it down by our trust fund dollars and our general revenue dollars, some of those.
The budget authority that you're looking at here on this screen.
When you look under the general revenue column, those are typically passed through services pass through services means that I am contracted with.
Bskip is contracted with like the Miami project. They're given the authority of, I think this year they in this particular year, they were given 2 million.
Right here it says down in the fine print $2,000,000 that's passed through.

That means that I manage that contract.
And have to approve their expenses and they have to invoice quarterly in order to get the money that was given in authority for them.
That's the only thing that bees get does for pass through services.
We're just managing the contract and managing the money to make sure that they're meeting the deliverables in general revenue. We also get for purchase client services. We get an extra $1 million.
In authority through general revenue, we also call that special funding.
Umm, that's not guaranteed every year.
My budget is never guaranteed to be the same.
It may be more.
Could be less, but it's never guaranteed. This is just authority that I have to spend.
It's not cash that they're giving me.
It's just an authority.
I have that much money that I can spend up to.
I can't go over.
I can obviously go under, but I can't go over that authority and spending in all of these different categories.
On this report, you'll see medically fragile.
What that is, that's a Medicaid program.
For an organization called the Browards Children, and that funding is used for up to four clients that are housed at the Broward Children's Group Home.
And that money doesn't usually last them a whole year.
They usually run out of funding about.
About April, halfway into May.
That again, that's just the pass through.
The state match funds that you see down there for the.
Medicaid lawn care.
Made.
The Medicaid managed long term care waiver.

Robinson, Rebecca 2:30:38
Hello.

Robinson, Kimberly S 2:30:41

We don't get that funding, but because it was still in authority, I have to put it on this report.
I don't actually have the authority for that money.
I haven't had that authority since 2017.
When that program transitioned back to Oka, that was another program that we skipped used to manage.
For ACA, for their long term program.
That transition back to ACA. So on the GAAP year that was still showing up, but that was not authority for Bskip. This year they finally got it through legislation and they have taken it off.
So on my report for 2425, that won't even be on there anymore, it'll still be on there for 2324 because legislation had made that change yet.
So you can see the grand total of authority that I had for 2223.
$18 million.
So if you go down to the next screen, Rob, it shows expenditures.
Oh, I'm sorry.
Revenues first and then it's expenditures, so for 23?
2223 this was all the revenue that was collected for the program, and these are through.
These are through traffic violations.
And also through Subrogations and maybe grants and donations.
And that's how the the revenue is generated.
For the program, we get a the traffic citations and so forth.
We get a percent and so deposits are made daily through what they call a door report.
That the funding goes into the counties and then the county distributes everybody's allocation, that they get out of the revenues collected and then at the end of the month you'll get another report that tells you your grand total.
So we only get a percent. You know, some of these.
Times we get like $3 out of the whole pop that's collected. Some of them are just percents.
Go to the next slide.
The next two slides are kind of confusing a little bit because they almost look like duplicates and I really don't like how this was laid out and so I'm hoping this year I can change this because once this set here is showing you expenditures.

By the expenditures for the program with general program and pass through appropriations.
If you look at the next slide, it's like the next slide or Table 4, which is the next slide is.
Trust fund in general revenue. They're telling you the same information, but two different ways.
And to me, it's very confusing and I get a lot of questions about this.
What's the difference?
It's just how it's laid out.
There's really no difference.
So these were the expenditures for for the programs for 2223. It tells you the grand total of salaries spent OPS.
Positions our expense account, So what you need to know about the expense is that also includes leasing.
For our offices it includes.
Cell phones.
State phones data networks.
Office supplies.
Travel travel for our career service, or SCS. Positions and contract services.
That also includes travel for contract employees.
So we have our developers are all contractors and then we have contract case managers in the region.
Well.
So that's just the breakdown on all of the expenses in the research pass through.
Whoops, sorry Rob, go back up.
The next one. OK, go to Table 3.
Thank you.
So the research passed through. So what that is is that is per our statute, we have to pay a percent.
Of.
Red light running funding that's collected.
We pay up to 500,000 per year to both the University of Florida and University of Miami.
They get up to $500,000 out of the funding that we collect for red light running.
Overall, we also have to pay an 8% surcharge on all of our revenue that's collected, which I think in this year it came out to 700 and some $1000.

So some of the key take away here is when you're looking at the client services.
You can see that we spent $2.2 million and we were given the authority of $2.6 million.
So of all of that 2.6, we spent 2.2 which left.
What about $400,000 on the table?
So every year we try to spend down that purchase client service funding.
As low as we can get it.
The best year we've ever had that I can recall was about $100,000.
We left on the table.
But the way funding is allocated to the regions is done on a quarterly basis and so when we get towards the end of the year, sometimes it's kind of hard to spend that down, especially if we're doing home modifications because services have to be completed by June thir.
So if there's a service that is not going to be completed by June 30th, we aren't going to issue an authorization and spend that money, because if we don't spend that money.
Or pay that authorization by June 30th.
What happens?
Is it gets what we call certified forward into the next year and if that service doesn't get completed then the money goes back to the budget.
For the previous year, it doesn't roll over.
Budget never rolls over into the next year.
You you spend it or you lose it.
Anybody have any specific questions?

HB **Higdon, Brian** 2:37:31
Thanks for helping me understand this.
Definitely not a financial expert.
So the the pass through for research as a percentage?


Robinson, Kimberly S 2:37:40
Well, the pass through per statue is a is a.
$500.00 for both universities.
The pass through that is specifically given the authority for the Miami project.
They have $2,000,000 that they have to spend and they do.

They spend every penny of it. ALS is another contract, and they spend every penny of it pass through for the medically fragile. They spend every penny of it.
And then the the research that you see there is pass through, that's per the Florida Statute and that's also part of red light running.

Higdon, Brian 2:38:22
I thought it was just a dollar amount.

Jill Olinick 2:38:22
Set an alarm for.

Robinson, Kimberly S 2:38:24
That won't get that one gets very confusing.

Higdon, Brian 2:38:28
Yeah, Kevin.

Kevin Mullin 2:38:31
Kimberly, in there was one aspect in correct me if I'm wrong. I believe you said individual.
Contributions or donations that we receive in so collectively, are we actually at that point also considered a 501C3 as a as a non profit itself or personal or individuals or business entities can make contributions? Or when you say donations, how does that work?

Robinson, Kimberly S 2:38:49
No.
No, we are.
We are in no way A501C, so we have family members typically who want to donate to the program so they can write their check out to be skip and we deposit it and it's deposited as a donation.
So then they can use that as a tax deduction.

Kevin Mullin 2:39:19
That's interesting because that's technically what the 501C3 status is for.

It's the non profit venture so that you can make it a tax donation. Maybe 'cause. It's a state program and this is probably way above my pay grade pay grade and Antony County aspect.
The only reason why I bring that up is if that is so the case, which is incredible. We can increase the donations.
Will we be able to set that up on our site as well as its own separate tab for individuals that?
Frequenter site or past members that have utilized our services and became successful?
Wanna get back to the program and maybe have that as something that we can also add to our site?

Robinson, Kimberly S 2:40:02
That's a really great question, Kevin and I'm I'm not sure how to answer that because I have to be really careful when it comes to the authority that I'm given and I don't believe that legal is gonna say that I can go out and promote donations.

KM

Kevin Mullin 2:40:12
Sure.
I'm trying to get his money. You got to work with me here.

Robinson, Kimberly S 2:40:21
I did.
I know, but I have to answer the legal.

KM

Kevin Mullin 2:40:29
Yeah, but I like Christian in the previous.
She's like, hey, we can be creative on my end.
We gotta get creative over here, so I'll promote it.

JO

Jill Olinick 2:40:34
Yeah.

Robinson, Kimberly S 2:40:34
Yeah. Yeah. She she's yeah.

Kevin Mullin 2:40:36
I'm a good salesman and I think I I'll use John one as you know, help me with that.
He seems to be all right himself.
So. So we'll see.
We can get it in.
We just gotta tell me if we can work with legal. I'll leave that in your hands if you can.

Robinson, Kimberly S 2:40:45
Yeah, yeah, we we don't really get too many donations.
Legal is working harder on subrogations I I have.
A project that I'm working on with them because statutorily we are required to file a lien against every client in every county that we provide services to that gets enrolled in the program. Now, that doesn't mean that we actively go after them.
You know, for reimbursement back to the program for services that we provided.
It's not that at all, but in statutes we are.

Kevin Mullin 2:41:23
Sure.

Robinson, Kimberly S 2:41:24
We are required to file a lien within their county, so if they go into a lawsuit with who, you know, whoever that caused their injury or what have you, that is brought to our attention. And then when they settle, they will come back to the program and try.
To settle with the program.
And however much that their services cost.
And so.

Kevin Mullin 2:41:49
Now of course it gives you first mover advantage.

Robinson, Kimberly S 2:41:51
We negotiate that.

Kevin Mullin 2:41:52
And basically, yeah, on a reimbursement status that that makes perfect sense.

Higdon, Brian 2:41:58
It doesn't.


Robinson, Kimberly S 2:41:58
So that's what segregation revenue is.

Kevin Mullin 2:42:01
Right.

Jill Olinick 2:42:03
So quick question cuz I see the total funding was eight almost 19 or 18,100,000 something like that. But in our total expenditure was 13 something.
So we.
You or didn't have money left.


Robinson, Kimberly S 2:42:25
Oh, there, there's there was money leftover, but so in some of the pass through the way that that the way that those are set up is depending on the effective date of that contract for those pass through services.

Jill Olinick 2:42:33
Huh.


Robinson, Kimberly S 2:42:43
They may roll into the first and second quarter of the next year, but it's still coming out of last year's funding, so it it always will show that there's money left there, but there really isn't.

Jill Olinick 2:42:55
OK.
OK.

Robinson, Kimberly S 2:42:58
Those contracts are they're really interesting.

Jill Olinick 2:43:05
Alright.

Kevin Mullin 2:43:05
But in essence, Kimberly, that means you have 18, let's just say for Jill, like she just said 19,000,000 coming in.

Robinson, Kimberly S 2:43:06
They're they're interesting.

Kevin Mullin 2:43:13
You're basically exhausting close to 19,000,000 every year because as best as you put it, it's either use it or lose it from an annual perspective, correct?

Jill Olinick 2:43:21
Yeah.

Robinson, Kimberly S 2:43:24
Yes, Sir.

Kevin Mullin 2:43:25
OK.

Robinson, Kimberly S 2:43:25
Yes, Sir.

Jill Olinick 2:43:25
Got it.

Kevin Mullin 2:43:25
No, that's awesome.

Robinson, Kimberly S 2:43:27
And in this expense category that you're seeing on here, which this year it changed, it won't change for when I report for 2022. What am I 2324? But for 2425, it will.
But in that expense category, I also support.
Sports ability.
So they are given an allocation of $65,000 a year.
For the for sports ability to support their group as well.
So this year, what changed in in session was instead of being an expense, they are now under contractual services.
So next year my contractual services will be different because they changed categories.

Carrie Rayburn 2:44:20
And how are those like organizations chosen?

Jill Olinick 2:44:20
What is that? Oh.

Carrie Rayburn 2:44:24
Like, how do you decide to work with sports ability and what are?
What's the process of choosing which research we're assisting funding and those kinds of things?

Robinson, Kimberly S 2:44:35
Those are not my choices.
Those are determined by session.

Carrie Rayburn 2:44:42
By what?
I'm sorry.

Robinson, Kimberly S 2:44:44
Legislation.

Carrie Rayburn 2:44:45
Legislation, OK.
So sports ability had to like go to legislation and ask for help for with their programming. They offer wonderful programming in Central Florida and I wish it was like spread out further through the state.
So like what would that look like to make organizations like that have more funding, where they can spread those services out in other locations, but so they would have to go through legislation to do that.
But.

Robinson, Kimberly S 2:45:16
Yes, they would. I don't.

Higdon, Brian 2:45:17
Watching congressman.

Robinson, Kimberly S 2:45:19
Yep, I don't.
I don't submit.
I don't submit anything for session that would be lobbying and I I can't lobby for any specific group.

Carrie Rayburn 2:45:29
Right. I just wasn't sure what the process was, so.

Robinson, Kimberly S 2:45:30
All those.
Yeah.

Carrie Rayburn 2:45:33
OK.

Robinson, Kimberly S 2:45:34
So they have to go to.

They have to go to legislation and request funding and then legislation will determine where that funding may come from, whether it's a pass through.

Jill Olinick 2:45:41
Run.

Robinson, Kimberly S 2:45:45
Or not. So like the Miami project, ALS and Broward's children, those are all pass through.
That was determined by legislation that that funding was available for those groups. However, B Skip manages those contracts.

Carrie Rayburn 2:46:04
Hmm.

Jill Olinick 2:46:04
Yeah.
Good.

Higdon, Brian 2:46:09
Any other questions about the financials?
All right. The next thing on the agenda I think is bylaws.
Let me try and find the agenda again.

Robinson, Kimberly S 2:46:21
Yes, so.

Jill Olinick 2:46:21
Yep, the charter and bylaw.

Robinson, Kimberly S 2:46:24
Yeah. So what we need to do, because our Council has changed and we've added two veteran positions, I had to update the Charter and the bylaws to reflect that. And So what I am proposing for the Council is to go ahead and approve those changes. And what the changes were is just language. Adding the two veteran positions.

For our Council, that's the only change I made which is adding the language to the two veteran, and that came out in legislation this year to House Bill 1329, I believe.

Jill Olinick 2:47:05
Yeah, on the I'm sorry, go ahead.

Higdon, Brian 2:47:06
Yeah.
No, Joe, go ahead.

Jill Olinick 2:47:12
I was just just reading through on the Charter and under Council procedures. Number one, I know this is kind of probably silly semantics, but it says agendas outlining medium texts are published at least two weeks in advance of meeting. So I just didn't know in the other everything else that kind of just references one week or in as soon as you know as soon as able.
Is. I don't know if it's that big of a deal, but I just didn't want to set us up for failure to not get those agendas 2 weeks out.


Robinson, Kimberly S 2:47:50
Speaking.

Higdon, Brian 2:47:50
Really. Is that?
Is that a new change or is that just?


Robinson, Kimberly S 2:47:53
But if you want to, I do try to get them out.
So I do see that that that has been in there.

Jill Olinick 2:47:58
I should.
OK.

Robinson, Kimberly S 2:48:03
Sorry, Jill. What?

Jill Olinick 2:48:03
Well, I, you know at that for the subcommittee 'cause, I thought it was a weekend in advance.

Robinson, Kimberly S 2:48:09
But the only I'm sorry, go ahead.
I tried to push him out two weeks.

Jill Olinick 2:48:19
We can leave it. I just was.

Robinson, Kimberly S 2:48:21
My goal for today has been.

Casavant, Robert 2:48:28
Breaking up, you may turn off your video.

Higdon, Brian 2:48:31
Yeah.
But I.
Can't really's working on your connection.
I think we have someone else to take notes for us, the.
So the change to the Charter is just to add the add the two veteran members who are not yet haven't yet joined us.
Motion to approve.

Kevin Mullin 2:49:03
Approve.

Valbuena Valecillos, Adriana D 2:49:04
2nd.

HB **Higdon, Brian** 2:49:04
Alright, second alright and.
Support.
Yep, any.

CR **Carrie Rayburn** 2:49:12
Yes.

HB **Higdon, Brian** 2:49:13
Any opposition?

CD **Chester, Don** 2:49:13
I.

HB **Higdon, Brian** 2:49:16
Here is. So we'll we'll prove that.
And then the second is the same.
Changes, but to the bylaws.
Motion to approve.
Right and.

CR **Carrie Rayburn** 2:49:30
One second.

V **Valbuena Valecillos, Adriana D** 2:49:30
2nd.

HB **Higdon, Brian** 2:49:31
2nd and any any in opposition.
All right, we'll, we'll, we'll prove that.

JO **Jill Olinick** 2:49:41
I I did have one question.
I apologize because they don't necessarily know that it has to go into the Charter,

but as far as the goals.
And such. Do we have to include the things like we, we were gonna talk a little bit about I think peer support and mentorship and then also about and I I think it says it in some ways the legislation but it it said the italicized points need to.
Be discussed and finalized by individual committees.
Is that fine as long as the individual committees decide those we don't have to worry about it in the Charter itself for 2425.

HB **Higdon, Brian** 2:50:14
We're talking about the.
The bylaws.

JO **Jill Olinick** 2:50:20
Yeah, I I I know the bylaw. Sorry I was.
I went back to the Charter because I was trying to.

HB **Higdon, Brian** 2:50:24
Yeah.

JO **Jill Olinick** 2:50:27
Just clarify that about the goals, but that's fine. We can talk about that later.

HB **Higdon, Brian** 2:50:31
So is the Charter.
Oh, the Charter does discuss the committees.

 **Robinson, Kimberly S** 2:50:35
Thank you.

HB **Higdon, Brian** 2:50:35
I thought that was a separate document.

 **Robinson, Kimberly S** 2:50:39
So the Charter isn't due for renewal until I think may.

So at that point, if you wanna change your Charter more specifically, I would table that until may this change was only to add the two veteran positions.

Jill Olinick 2:50:52
OK.
OK.
That sounds great.


Robinson, Kimberly S 2:51:03
That may be something that we wanna discuss at the spring meeting.
We can start discussing the Charter.

Jill Olinick 2:51:09
Yeah.

Higdon, Brian 2:51:11
Yeah, I I think our our subcommittee structure has sort of disintegrated a little bit or or kind of become subsumed by by the by our efforts to really move forward with these these facility standards.

Jill Olinick 2:51:25
Again.

Higdon, Brian 2:51:29
So maybe in May we can make that official.


Robinson, Kimberly S 2:51:36
Absolutely. When we get closer to the spring meeting, then we'll start talking about that agenda and the changes that you want to make to the Charter at that time. And we can make that a topic.

Higdon, Brian 2:51:50
OK.
Yeah, let's make that a topic.
Turn back to her agenda here.

So for the Council recommendations.
I I didn't have anything specifically written down.
And there's time for for public comment.
It will be done in the past for these Council recommendations.
It's just open comment.
Is that how it goes, Kimberly?

Robinson, Kimberly S 2:52:28
Yes, Sir.

HB **Higdon, Brian** 2:52:29
Right. Any any recommendations that other people have?

Robinson, Kimberly S 2:52:38
I'm gonna make a recommendation for our spring meeting.
I'm I'm inquiring about having this meeting at the Betty Easley building in Tallahassee.
That's where majority of our council members usually gravitate to so, and that may change as we fill our seats.
But right now I'm looking at the Betty Easley building in Tallahassee, where we had it about a year ago.
I think it was about a year ago.
If you prefer not to have it there and you have another recommendation, I would need those right away because I have to start now preparing for that meeting in the spring.
And I have to determine what that date is gonna be based on availability, either at Betty Easley or at another facility.
But I'm looking to have that.

HB **Higdon, Brian** 2:53:34
What happened to the Tampa?

Robinson, Kimberly S 2:53:39
The Tampa I'll be very transparent. I had a family emergency.

Higdon, Brian 2:53:44
OK.
Just just as far as the travel and everything.
Or or like just missing the deadline for getting it booked or something or.


Robinson, Kimberly S 2:53:58
No, everything was set up, but I had a family emergency and I wasn't able to go.

Higdon, Brian 2:54:01
OK.
Oh, OK, OK.
We'll just leave it there.
I I didn't know if that was an issue with with actual facility or or or the logistics around the facility, but but leave that there.


Robinson, Kimberly S 2:54:13
No, no.

Higdon, Brian 2:54:17
Yep. I'm. I'm I'm. I'm sorry.

Valbuena Valecillos, Adriana D 2:54:20
More or less, we anticipate that meeting to happen.


Robinson, Kimberly S 2:54:25
So I'm looking at at maybe in March or the beginning of April.

Valbuena Valecillos, Adriana D 2:54:25
This.


Robinson, Kimberly S 2:54:32
So I don't get.
Stuck with spring breaks in high rates so I have to coordinate it between spring breaks and I have to coordinate it with year end.

This meeting that we had in May, the expenses for that Council meeting will actually come out of this year's budget and the reason being is because I couldn't get everything submitted like travel and everything submitted before June 30th.
So the expenses for that meeting will come out of this year.
So to avoid that I wanna have my meeting a little bit earlier in the spring, which is gonna be looking like in March or maybe in in the beginning of April.
I have to go by.
What the availability dates are for the facilities I'm looking at.

JO **Jill Olinick** 2:55:33
I'm a I'm good with it being in Tallahassee based on your recommendation.
Also, I think we were gonna move vogue rehab as a special guest.
For that meeting.

 **Robinson, Kimberly S** 2:55:57
OK.

HB **Higdon, Brian** 2:55:58
Yeah, I don't know if we're gonna make this official point of business, but but I support that as well.

 **Robinson, Kimberly S** 2:56:08
So any recommendations you have for that meeting if you if you wanna send your ideas or other speakers that you would like to have present that gives me time to start working on all of that.

KM **Kevin Mullin** 2:56:22
When we did talk just now about VOC rehab, is there anybody specific as a representative vocab or anybody that you're looking for?
I actually know one of the lead engineers I believe is down in Miami.
He was phenomenal.
He's been there for years, but I was just wondering if anybody had anybody in mind.

 **Robinson, Kimberly S** 2:56:45
I don't have anybody specific. I can go back to who I had reached out to before to

give in services to our regional managers and our case managers.
I know Jose also has really good contacts down in Miami.
You probably know both the same people or all the people so.

Kevin Mullin 2:57:05
Or no if.

Robinson, Kimberly S 2:57:05
Jose has Jose, don't.
I think he has quarterly meetings with the with VR down there.

Dubrocq, Jose A 2:57:08
Yeah.
I have one coming up around this week.
I don't know if you're talking about.
Well, the one the person that it's the supervisor is Berta is the one that it's that I have a contact. But I also have contact with Brenda Lampoon.
I don't know if she's still there, but yeah, I could talk to her.

Kevin Mullin 2:57:29
I don't know if she is either.
And then there was Jeff Daniels awhile back, who was one of their lead engineers.
Jose, is he still?
He should still be there as best I remember.

Dubrocq, Jose A 2:57:37
Yeah, he's still he's still.
But he he mainly. I don't know if John.
Are you still working with Jeff or 'cause?
I think he was mostly in Broward.

Kevin Mullin 2:57:46
Yeah, I mean, I've known him.
Yeah, Broward area and I've known him for years.
He's not, I.

I don't want to say as customer facing, but I mean his education level, especially from vocal rehab of over a decade or so or longer of time frame.
I think he'd be tremendous resource that that was just a quick thought I had.

Dubrocq, Jose A 2:58:10
The one that we use in Miami is Lex. Lex. Right now, I don't know if you know him, but he's the rehab unit. Yeah. Yes.

Kevin Mullin 2:58:14
Yes, OK.
Sex is great too.

Robinson, Kimberly S 2:58:19
I'm hoping it will figure out who the excuse me the best resource is for to present, for, for VR. We we have time to figure that one out, but we know that they're going to be we want them to be a speaker, so that's perfect.

Kevin Mullin 2:58:33
But then I wanted to see if I can push if we're gonna get it from Miami.
I think we should move it from Tallahassee down to the keys.
That's just the thing I'm gonna throw out there.
It's.
Anybody's in. I'm sure they can accommodate.

Robinson, Kimberly S 2:58:45
Thank you, Kevin.
Wouldn't that be wonderful?

Higdon, Brian 2:58:49
Bill, you can take a boat.

Chester, Don 2:58:49
And this is the.
Suzanne, if people are traveling and need to get a hotel room there overnight, that is during the session and hotels are probably fairly full.

Kevin Mullin 2:59:00
Ah.


Robinson, Kimberly S 2:59:01
Yeah. Yes, that's correct.

Kevin Mullin 2:59:02
Yeah.
The point?


Robinson, Kimberly S 2:59:04
So no time in the spring is really a good time for a Council meeting.
But I have to.
I have to pick a date and we I have to move forward with it.
That's why I'm trying to get ahead of it so that we can get things reserved.
Originally I wanted to have our in person meeting in the fall because I wasn't going to have to wrestle with all of that up there or across the state with spring break.
But that just didn't work out, so I apologize.

Higdon, Brian 2:59:41
Oh, no worries.

Kevin Mullin 2:59:42
No problem.

Carrie Rayburn 2:59:43
Yeah.

Kevin Mullin 2:59:43
Oh, and Kimberly, just on a quick side note, just to let you know, I did receive that PowerPoint.
So it did come through this time.

Robinson, Kimberly S 2:59:50
Awesome. Thank you.

KM **Kevin Mullin** 2:59:52
Thank you.

CR **Carrie Rayburn** 2:59:58
Continuing talking about the bylaws in our individual meet.
Ings or not, the bylaws, the.

HB **Higdon, Brian** 3:00:07
Carter.

CR **Carrie Rayburn** 3:00:08
No. What we were working on all morning and why can't I think of you, that's really cute.

Robinson, Kimberly S 3:00:11
The standards the the standards, the standards.

HB **Higdon, Brian** 3:00:12
Other facility signs.

CR **Carrie Rayburn** 3:00:20
Meetings.

Robinson, Kimberly S 3:00:22
That is up to each individual committee.

CR **Carrie Rayburn** 3:00:26
OK.

HB **Higdon, Brian** 3:00:39
Let me get back to the agenda.

I think that's.
I think we have to make room if there's any public comments.
I haven't heard any up here, but any public comments?
Alright, I'll take that as a no.
So next it is random 4:00.
It says summary, but I think we were all here for most of it.
So thank you all for coming.
It's been really interesting and and good engage with people across from state about something that we all care very deeply about and and appreciate everyone's time for this.
Any other comments before we we adjourn?
I'll take a motion to adjourn.

KM **Kevin Mullin** 3:01:31
I first. Yeah. Yeah, I I accept your.

V **Valbuena Valecillos, Adriana D** 3:01:35
2nd.
Everyone is in agreement.

HB **Higdon, Brian** 3:01:43
Everyone agreed. Alright, very good.
Alright, I think we're all exhausted.
See you guys next time.

V **Valbuena Valecillos, Adriana D** 3:01:49
Thank you. Bye.

KM **Kevin Mullin** 3:01:50
Thank you all.

SM **Stotsenburg, Madonna** 3:01:50
Thank you all. Have a great day.

Robinson, Kimberly S 3:01:51
All right.

Wanecski, John M 3:01:51
To see everybody take care.

Higdon, Brian 3:01:51
Yep, Yep.
All right. Bye bye.

Carrie Rayburn 3:01:53
Bye.

Robinson, Kimberly S 3:01:54
Thank you.
I appreciate you. Bye bye.

Casavant, Robert stopped transcription