

# Brain and Spinal Cord Injury Advisory Council

## Minutes

Date: May 8, 2009

Time: 8:30 a.m. to 5:00 p.m. EST

<b>CHAIR</b>		Marilyn (Mimi) Sutherland, BSN, MS, CNRN
<b>ATTENDEES</b>		
<b>NAME</b>	<b>PRESENT</b>	<b>Staff Present</b>
<b>(Council Members)</b>		
Marilyn Sutherland, RN, BSN, MS, CNRN, Chair	<input checked="" type="checkbox"/>	Thom DeLilla, Bureau Chief
Thomas R. Kerkhoff, PhD. Vice Chair	<input checked="" type="checkbox"/>	Mary Brown
Patricia Byers, MD, FACS	<input type="checkbox"/>	Jorge Gomez
James F. Carrell	<input checked="" type="checkbox"/>	Teresa Hall
Erick H. Collazo	<input checked="" type="checkbox"/>	Scott Homb
Susanne Deaton	<input type="checkbox"/>	Suzanne Kelly
James Edwards, BSN, RN, CRRN	<input checked="" type="checkbox"/>	Susan Redmon
R. Patrick Jacob, MD	<input checked="" type="checkbox"/>	William Reineking
Paul Kornberg, MD	<input checked="" type="checkbox"/>	Becky Robinson
Robert G. Melia, Jr.	<input type="checkbox"/>	Kris Shields
Tai Q. Nguyen, MD	<input type="checkbox"/>	Andrea Slapion
Grace Peay	<input type="checkbox"/>	
Dale S. Santella	<input type="checkbox"/>	
Karly Schweitzer	<input checked="" type="checkbox"/>	
Kenneth Weas	<input checked="" type="checkbox"/>	
VACANT	<input type="checkbox"/>	

### 1. Agenda topic: Welcome and Introduction

<b>Discussion</b>	The meeting was called to order by Mimi Sutherland at 8:30 a.m. Council members introduced themselves to meeting attendees.		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
None.			

### 2. Agenda topic: Remembering Maria Amador

<b>Discussion</b>	Ms. Sutherland recognized the contributions of Maria Amador to the area of spinal cord injury. Maria, two of her four children and her husband died in February as a result of domestic violence. Thom DeLilla also spoke very briefly about Maria and suggested that we explore a recognition program in her name for rehabilitation nurses and begin to identify individuals around the state that have contributed to the development of the Brain and Spinal Cord Injury Program.		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
Explore the creation of a recognition program for rehabilitation nurses.	Thom DeLilla	None	

### 3. Agenda topic: Presentation of James H. Bruce Lifetime Achievement Award

<b>Discussion</b>	Mimi Sutherland and Thom DeLilla presented the James H. Bruce Lifetime Achievement Award to Stephen Kenneth "Ken" Wilson for his many years of working in the rehabilitation field and for his significant participation and contributions to the Brain and Spinal Cord Injury Program.		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
None.			

#### 4. Agenda topic: TBI Strategic Plan

<b>Discussion</b>	<p>Valerie Breen reported that Project Action, a three year federal grant, would be closing June 30, 2009. The purpose of the grant was to focus on identifying the needs of people with traumatic brain injuries in Florida and to develop a strategic plan and vision. Lindsey Michaels reported about an event that was held at the Capitol in February to highlight brain injury in Florida. The event consisted of a press conference and a display in the Capitol rotunda. Speakers at the press conference included: Lee Bradford Johnson, representing Alan Boyd; Dr. Jennifer Bencie, Division Director of Emergency Medical Operations; Thom DeLilla, Jim Edwards, Erick Collazo, and Frank Toral. Ms. Michaels showed a PowerPoint presentation highlighting the press conference, as well as a reception that was held the evening before to celebrate the culmination of Project Action, the completion of the needs assessment and the strategic plan.</p> <p>Following the presentation by Ms. Michaels, Kris Shields discussed that the department was unsuccessful in submitting a new three year grant application to the Health Resources Services Administration due to electronic transmission difficulties. As a result, the department will be regrouping and working with Brain Injury Association of Florida and Well Florida to select several goals that can be implemented without federal funding. In addition, Ms. Shields discussed that the department will begin working on the development of a needs assessment and strategic plan for spinal cord injury. It is anticipated that the plan will be developed by June 30, 2010 and presented to the Council.</p> <p>As a result of discussion, Ms. Sutherland asked that the Council think about the possibility of a long-term care task force.</p>	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
None.		

#### 5. Agenda topic: NeuRx Diaphragm Pacing System

<b>Discussion</b>	<p>Anthony Ignagni presented a PowerPoint on the NeuRx Diaphragm Pacing System. This system is a neuro stimulation device that provides ventilation to patients with spinal cord injury and other respiratory difficulties. The device is implanted through a simple laparoscopic surgery into the diaphragm and uses a small external pace making device to provide signals to the diaphragm. The device was recently approved by the FDA in June of last year under a "humanitarian device" exemption. Mr. Ignagni discussed the cost saving benefits of this device and its impact on improving independence for those individuals who receive it.</p> <p>Ms. Sutherland discussed that the Council craft a letter to the Agency for Health Care Administration, Medicaid, and Veterans' Affairs describing the presentation, the opportunities, the pitfalls, and the barriers of having to send patients out of state.</p>	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
Develop letter from Council regarding Diaphragm Pacing System	Mimi Sutherland and Council	

#### 6. Agenda topic: Brain and Spinal Cord Injury Program Budget Update

<b>Discussion</b>	<p>Becky Robinson presented a PowerPoint outlining the Brain and Spinal Cord Injury Program's revenue and expenses. She also discussed the Medicaid Waiver Reimbursement process. The program's goal is to have a cash balance of 1.5 million dollars at the beginning of next fiscal year. In addition, the program will set aside \$500,000 for transitional living services next fiscal year. It is expected that revenues for the program will remain consistent.</p>	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
None.		

## 7. Agenda topic: Sponsorships/Research Awards

<b>Discussion</b>	<p>Thom DeLilla and Kris Shields discussed that the Brain and Spinal Cord Injury Program has been sponsoring five community organizations each year at a cost of \$5000 each. These organizations provide opportunities for individuals with brain and spinal cord injuries, as well as other disabilities. As a result of the program's efforts to reduce expenses, the program asked the Council to consider reducing the amount of sponsorship funds the program could award each year. Jim Edwards made the motion that the Brain and Spinal Cord Injury Program go back to a line item budget of up to \$25,000 for sponsorships. The program would decide on awards of \$2500 or \$5000 each. Dr. Kornberg seconded the motion. The motion passed unanimously.</p> <p>The Council agreed with the suggestion that organizations that are sponsored appear before the Council and report on how they spent the awarded funds. It was requested by Ms. Sutherland that Kids and Canines appear before the Council.</p>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
Schedule presentation by Kids and Canines organization to the Council.	Kris Shields		

## 8. Agenda topic: Designated Facilities – Standards and Surveys

<b>Discussion</b>	<p>William (Bill) Reineking updated the Council on site reviews that have been completed by the Brain and Spinal Cord Injury Program during the current year. Jackson Memorial Hospital was surveyed on February 9, 2009 and was recertified as a Brain and Spinal Cord Injury Designated Facility. The Center for Comprehensive Services (CCS) Avalon in Orlando was certified as a transitional living facility for brain and spinal cord injury patients. CCS required a survey from BSCIP prior to their being licensed by the Agency for Healthcare Administration. Bill also reported that the BSCIP recently completed a new brochure entitled "Choosing a Rehab Center". Brochures have been distributed to every trauma center, every designated rehab hospital, and BSCIP regional offices. The brochure was developed to aide families, hospital social workers and discharge planners to make appropriate decisions on things to look for when choosing a rehab facility. Bill reviewed the upcoming site surveys that will be conducted through the end of the end. The final item Bill addressed is that the current standards of care need to be reviewed and updated by a committee of individuals. Ms. Sutherland requested that a formal task force be created to work on the standards revisions. Dr. Kerkhoff made the motion to establish a task force for standards revision and that Bill Reineking will select the chair and members of the task force to ensure that all disciplines are represented. Dr. Jacob seconded the motion. The motion passed unanimously. Dr. Jacob and Dr. Kerkhoff volunteered to serve as Council representatives on the task force.</p>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
Select a chair and members for the Standards Revision Task Force	Bill Reineking		

## 9. Agenda topic: Center for Comprehensive Services – Orlando at Avalon Park

<b>Discussion</b>	<p>Colm Roe provided a PowerPoint presentation about the Center for Comprehensive Services – Avalon Park in Orlando. He provided a brief overview of the company Mentor ABI and the services they offer throughout the country. Historically, they have provided services for brain injury in their various facilities. The newest facility in Orlando is a 20 bed post acute rehabilitation residential facility. The facility is centrally located in a residential community that includes stores, banks, gas stations and restaurants. The primary diagnosis for admission will be spinal cord injury and/or traumatic brain injury. The facility will use a multidisciplinary approach and will include physical, occupational, speech and recreational therapies, nursing, and social work. The medical director will be a psychiatrist.</p>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
None.			

**10. Agenda topic: Advisory Council Task Forces – Rules, Roles and Responsibilities**

<p><b>Discussion</b></p>	<p>Thom DeLilla discussed the rules, role and responsibilities of Advisory Council task forces. In 2006, the Council made the decision to convert from standing committees to task forces and developed a set of rules to govern the creation and operation of these task forces. Following are the rules: Task forces must be goal oriented and time limited. The Advisory Council gives each task force a charge. Each task force can consist of one Advisory Council member, one program staff, and no more than eight additional members for a total of 10 members. Each task force must report to the Council at each biannual meeting on its progress towards its goal. Task forces are to report quarterly to the Advisory Council member liaison and the BSCIP staff liaison. The Council member has responsibility for the task force, not the BSCIP. Each task force must follow the sterling guidelines to develop benchmarks and a plan and must use a reporting template provided by BSCIP. Task forces should have demographic and geographic representation and must have a consumer on the task force.</p> <p>Mr. DeLilla discussed that several task forces were created from the old standing committees and as a result were grandfathered in with more than 10 participants. Currently, several task forces have no Council representation. In addition, several have placed the bulk of planning and reporting on the BSCIP staff liaison. Each task force must have a chair appointed who will be responsible for planning and scheduling meetings, submitting the quarterly reports to the BSCIP on their progress and recruiting task force members to serve. It is the task force chair’s responsibility to keep the task force moving, meeting and reporting. BSCIP will assign a staff liaison who can assist with providing technical assistance and arranging teleconference capabilities. Mr. DeLilla discussed that each task force has been contacted and during their reports to the Council they will address what is currently happening in the task force, if they believe they are making progress towards their goals and if they believe the task force should be continued and if so, why.</p> <p>Mr. DeLilla discussed that the program has hired a new staff member. Her name is Teresa Hall and she will be responsible for working on the program’s website. Mr. DeLilla envisions that the website will have a section dedicated to the Advisory Council and will include information on the Council members, the task forces and their members, meeting notes, task force progress reports, and meeting notices for the Council and task forces.</p>		
<p><b>Action Items</b></p> <p>None.</p>	<p><b>Person(s) Responsible</b></p>	<p><b>Deadline</b></p>	

**11. Agenda topic: Advisory Council Membership Update**

<p><b>Discussion</b></p>	<p>Suzanne Kelly reported on the current status of the Advisory Council membership. As of April 1, 2009, the State Surgeon General discontinued the Ad Hoc Committee. The three remaining members, Barry Nierenberg, Karen Williams and Tom Dockery, had served over three terms on this committee. Council member Dawn Leuck’s seat became vacant April 28, 2009 and Council members Susanne Deaton and Dr. Nguyen’s seats will become vacant effective August 31, 2009. Ms. Kelly requested that the Council make recommendations for individuals who could fill these seats. Florida Statutes require that these seats be filled with one individual who has survived a traumatic brain injury or a family member of a survivor and two individuals who are physicians or other allied health professionals who have expertise in the areas related to rehabilitation of individuals with brain or spinal cord injuries. The State Surgeon General will appoint new council members.</p> <p>Ms. Kelly also discussed that on or about October 15, 2009, she will begin the process of requesting nominations for the Council chair and vice-chair positions. The current chair and vice-chair’s terms of office will expire in February 2010. Elections will be conducted in December, 2009 and the appointments made in February, 2010.</p> <p>Ms. Kelly also discussed that in the process of reviewing the procedures for elections, she discovered that the current bylaws of the Council are out of date and no longer relevant in several sections. She will begin revising the bylaws, and plans to have them completed before the next Council meeting. She will send draft bylaws to the Council members prior to the next meeting for their review and comments. The final bylaws will be prepared and submitted to the Council for ratification during the next Council meeting.</p>		
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Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> <li>Solicit nominations for the chair and vice chair positions.</li> <li>Conduct elections for chair and vice chair positions</li> <li>Request State Surgeon General appoint chair and vice chair positions</li> <li>Revise bylaws and forward to Council for review</li> </ul>	Suzanne Kelly	10/15/09 12/09 01/10 10/09

### 12. Agenda topic: Ventilator Dependent Task Force Update

<b>Discussion</b>	<p>Mr. DeLilla reported that the task force chair position previously occupied by Bernard Brucker has been assumed by Susan McDevitt. The task force has been extremely active in terms of developing standards and criteria for enhanced payments for skilled nursing facilities that would care for individuals on ventilators. The standards have been completed, tested, and reviewed. The committee is working with the Agency for Health Care Administration (AHCA) on the issue of enhanced payments. He believes they are making progress, but doesn't anticipate that it will happen soon.</p> <p>In addition, the committee was very active in working towards bringing the diaphragm pacing system to Florida. They identified the procedure, brought the physicians to Florida to meet with the Committee on Trauma and AHCA. They were involved in coordinating the procedure that was recently completed in Gainesville. The committee is working with AHCA in terms of developing reimbursements for the procedure. Mr. DeLilla indicated that the task force should continue and that he would verify who the task force members were and would get this information on the program's web site.</p>		
Action Items	Person(s) Responsible	Deadline	
Verify task force members and post to BSCIP website	Thom DeLilla		

### 13. Agenda topic: Skin Care Task Force Update

<b>Discussion</b>	<p>Mr. DeLilla reported that the goal of the Skin Care Task Force is to reduce and/or prevent the incidence of pressure ulcers across the continuum of care for people with brain and spinal cord injuries. The task force chair was Lisa Dowd, the Council representative was Susanne Deaton and the program liaisons are Susan McDevitt and himself. He reported that the task force has not met as often as they should, but believes they have accomplished several goals including creating awareness of the issues regarding pressure care and model programs (PUP at the University of Florida) in the state. The task force developed criteria and will be working with Bill Reineking to include recommendations and standards for preventing decubiti into the standards for acute care and rehabilitation. In addition, the committee, through BSCIP, bought pressure mapping systems and distributed them to 12 designated facilities and trauma centers around the state. A follow-up was completed to determine whether they were using them and if they were finding them useful. Mr. DeLilla believes the task force should continue until they have had the opportunity to work with Mr. Reineking on the standards revisions. Once this goal is completed, the task force can be dissolved.</p> <p>Following Mr. DeLilla's report, there was discussion from several members of the audience regarding Medicaid and its unwillingness to approve purchases of air mattresses prior to the incidence of pressure ulcers. Dr. Kerkhoff suggested that the designated facilities be surveyed to get actual case data prior to approaching AHCA about the issue. Mr. DeLilla commented that it seems that AHCA plays a role in most issues being worked on by the task forces and recommended that task forces include a representative from AHCA as a member on their task forces. The task forces would have direct participation from individuals who are responsible for making decisions or who would be able to provide influence. The decision was made to focus efforts on including skin care standards into the revised standards and to dissolve the task force. Once completed, the Council will consider the issue of creating a "Medicaid Approval Task Force".</p>		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> <li>Incorporate skin care standards into the revised acute and rehabilitation standards being developed by the Standards Revisions Task Force.</li> <li>Revisit creation of a Medicaid Approval Task Force</li> </ul>	Skin Care Task Force and Standards Revisions Task Force  Advisory Council		

#### 14. Agenda topic: Neuro Behavior Programs Task Force

##### Discussion

Kris Shields reported that the goal of the Neuro Behavioral Task Force is to develop a continuum of neuro behavioral services for survivors of brain injury and to explore ways to fund such services. The chair of the task force is Lester Rice and the Council representative was Bernard Brucker. The task force will need a volunteer council member to continue Dr. Brucker's work. BSCIP liaisons are Kris Shields and Bill Reineking. The task force members include: Dr. Frank Fernandez, Dr. Larry Schutz, Jackie Sednick, Pat Price, Dan Newman, Marilyn Larrieu, Valerie Breen and Celeste Putnam. Ms. Putnam was hired under the BSCIP contract with Brain Injury Association of Florida to assist the task force with its goals and objectives.

Celeste Putnam provided a cumulative report of the research she has conducted. A review was made of the mental health and substance abuse systems to determine if they were serving the TBI population. The review found that 39 people with TBI are housed in civil units of the state mental health hospitals. It is estimated that there are another 174 to 391 people in the state mental health hospitals under the forensic program with a TBI. In the community's mental health and substance abuse settings, there is no formal screening or assessment for TBI. It was estimated that about one percent of the population served had a TBI. However, the estimate is probably too low given that there is no formal mechanism in place to determine if a person was ever diagnosed with a TBI. The Department of Corrections has no formal screening or assessment for persons with TBI. However, they do have a special inmate assistance program for those that have chronic mental health, medical and behavioral issues. It is likely that persons with TBI are included in this group. As part of the release process, the Department of Corrections and the Department of Children and Families have improved access to mental health and substance abuse services for prisoners. Although, there is no formal treatment or rehabilitation program or assistance with discharge for persons with TBI, a portion of the population is probably integrated in with the mental health population. The next step that was completed was to look at system of care requirements for this population. This information was captured in the needs assessment that was completed by Well Florida and additional review of other state's configuration of services. The recommendations include long-term care, long-term group homes, transitional facilities, facility-based neurobehavioral rehabilitation and community-based waiver services. A review of Home and Community-based Medicaid Waivers for persons with TBI in place around the country was conducted. Based upon this work, an array of community-based services appropriate for a Medicaid Waiver were identified.

Lastly, a review of the state of Massachusetts' programs was completed. They have two sub-acute inpatient residential treatment programs that provide long-term care and are able to bill inpatient Medicaid. In lieu of a medical necessity criteria, interviewees reported that the state has developed an approved mechanism called "administrative necessity" to override the daily limits for certain populations. The sub-acute inpatient programs are imbedded within a general hospital and are funded under the hospital's per diem rate. The state has group homes specifically designed for persons with neuro behavioral disorders associated with TBI and accept patients from the sub-acute inpatient programs. The task force also looked at adult foster homes and day programs including detailed analysis of the staffing patterns and costs.

Ms. Putnam discussed Florida licenser options. She worked with AHCA, and was told there are currently only three options: nursing home, transitional living facility, and skilled units at hospitals. Group homes are licensed and managed by other agencies. Transitional living facilities are not covered by Medicaid, nursing home rates are too low, and skilled units in hospitals are limited to 45 days.

Ms. Putnam is going to work with AHCA to set up a call to talk with their federal partners to discuss how Massachusetts is using administrative necessity and what options could Florida use. She is also going to confirm the average hospital cost per day. Overall, the work has been done for the task force as it relates to exploring ways to fund these services. The task force members have determined that there is a need for a strong long-term care program that incorporates appropriate elements to address this population. The task force's

	recommendation is to finalize the work and bring the task force to a close within the next several months and begin to focus on how to fund a long-term care program that includes a rehabilitation component.		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none"> <li>Work with AHCA to set up call with federal partners to discuss Massachusetts' use of administrative necessity.</li> <li>Confirm average hospital cost per day.</li> </ul>		Celeste Putnam/Neuro Behavioral Task Force	

### 15. Agenda topic: Research Awards Task Force

<b>Discussion</b>	<p>Thomas Kerkhoff reported that the goal of the Research Awards Task Force was to sponsor research endeavors within the state and to set up a criterion methodology to solicit, review, and make awards. Dr. Kerkhoff serves as Chair and Council liaison to the task force. Kris Shields serves as BSCIP liaison. Task force members include: Tom Dockery, Barry Nierenberg, Bruce Menketty, Casey Haddux, and Emily Pugh. The task force completed the work of setting up the rationale, the award categories, the stipulations, the mechanism within the state to fund the project, advertising the research award opportunity, reviewing the applications, and developing the letter of intent.</p> <p>Notices were published on the BSCIP and DOH websites. All of the research foundations and all of the universities in the state who have doctoral students and doctoral programs were marketed via mail.</p> <p>Three applications were received and two were funded. The third application dealt with individuals with stroke. The two research projects are underway, but should be wrapping up. Oral reports to the Council will be the final deliverable and they will not receive the final installment until the reports are given.</p> <p>Dr. Kerkhoff discussed in depth problems associated with advertising the research awards opportunity within university systems and possible reasons for the lack of applications. He has concerns about continuing this task force due to lack of interest and applications and recommended that the process be discontinued until the customer satisfaction data from the two award recipients and their major professors is received and evaluated. The decision was made to see the final products and make a decision regarding continuing the process then.</p>		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none"> <li>Receive and evaluate final deliverables.</li> <li>Schedule oral reports to the Council.</li> <li>Make decision to continue or discontinue research awards.</li> </ul>		Research Awards Task Force	

### 16. Agenda topic: School Reintegration Task Force

<b>Discussion</b>	<p>Susan Redmon reported that the School Reintegration Task Force has been conducting meetings at least once a quarter. Their goals include: increase identification of school children and adolescents who have suffered traumatic brain injury; train teachers and school support staff; develop best practices/recommendations for the 67 school districts to follow when reintegrating students with TBI into the schools; and to address gaps in the actual number of students with TBI and TBI statistics. The task force has more than 10 members (grandfathered in) and includes representatives from the Department of Education, Vocational Rehabilitation, a parent of a TBI survivor, hospital homebound teachers, exceptional student education teachers, CMS nurse rehab staff from rehab hospitals who treat pediatric patients (therapists and psychologists), Brain Injury Association of Florida, and Project 10 in St. Petersburg. The task force no longer has a Council liaison, as the position was filled by Barry Nierenberg. Ms. Redmon discussed that the task force is finalizing a best practice algorithm for school districts to follow to bring standardization and best practices into every school district so students who live in any part of the state are afforded the same opportunity for successful school reintegration. The task force is working to extend BIAF information (fact sheets) to more hospital emergency departments, physicians' offices, and other places parents and children would be as a public service and to educate parents on mild to moderate traumatic brain injury. Ms. Redmon discussed that the task force is very motivated to continue working on issues that they have been addressing.</p>		
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	<p>Karly Schweitzer and Dr. Kornberg volunteered to serve as Council liaisons to the task force. In addition, Eric Collazo volunteered that his wife could also serve on the task force since she has been very involved in working with the Palm Beach County school district to reintegrate their son from a private school to a public school. A motion was made by Dr. Jacob and seconded by Ms. Schweitzer to include these individuals on the task force.</p> <p>Valerie Breen discussed that BIAF received funding from BSCIP to work with the Department of Education to develop regional workshops to build the capacity of administrators to understand brain injury and then translate it to teachers in the classrooms. BIAF is continuing to make it a viable training that teachers can access. Continuing education units are being looked into.</p>	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
None.		

**17. Agenda topic: BSCIP/VA Community Partnership Task Force**

<b>Discussion</b>	<p>James Edwards reported on the progress of the development of the BSCIP/VA Community Partnership Task Force. The goal is to ensure that veterans and returning service members have the same access to care that other Florida citizens that sustain a brain or spinal cord injury would be eligible for. The task force needs to figure out who these individuals are, where they are, and to help facilitate them getting access to services. Mr. Edwards discussed that we are a nation at war and that brain injury is considered the signature injury of this conflict. Florida is unique in that it has no army bases and a limited number of naval bases with Marine forces. However, it has a large population of National Guard soldiers and reservists. Florida has the largest VA polytrauma center in the nation.</p> <p>The task force was established last year, but ran into a stumbling block due to health issues with one of the key individuals (Rob Smith) who was instrumental in arranging the initial meetings between BSCIP, its community partners and the James Haley VA. These meetings were intended to introduce all of the interested parties. In the last several months, Dwayne Stanford, National Field Director for the Paralyzed Veterans of America (PVA) has begun working with BSCIP and this task force. In addition, Ken Weas, PVA and Council member has joined in the efforts.</p> <p>The task force will focus on two issues. One is the data base. The Central Registry currently does not acknowledge whether anyone with a brain or spinal cord injury is in the military or is a veteran. The second issue is to begin coordinating services between BSCIP, the VA and all of the other community partners.</p> <p>Mr. Weas provided an overview of the PVA and its relationships with the VA. He discussed that the VA will take care of a veteran, whether they are service or non-service connected. (war or peacetime) Mr. Weas discussed that the PVA met with staff from BSCIP to train them on the services that PVA provides to veterans and will be contacting hospitals to inform them of their services and to assist in identifying veterans. He discussed that PVA has service officers that must undergo 18 months of extensive training to learn about the VA system and how to assist veterans to receive services. PVA service officers are trained and licensed by the VA to represent veterans. These service officers will be the primary points of contact to reach out to BSCIP and the community partners to coordinate services.</p> <p>Mr. Edwards stated that he does not believe this task force will be long-term. The task force is not yet formalized, but is expected to be within the month. He asked for those individuals interested in participating on the task force to contact himself or Mr. Weas.</p> <p>Ms. Sutherland asked if the VA would pay for information or packets that are usually sent from either BIAF or the Florida Spinal Cord Injury Resource Center (FSCIRC). Mr. Scott, VA representative responded that they would. He discussed in length VA's relationship with Brain Injury of America and that they currently partner with them for material. He indicated that they would be interested in material from FSCIRC. Anthony Radono discussed that FSCIRC would welcome providing resource information to veterans at no cost to the VA, but would need to develop a system of referrals from the VA.</p>
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Ms. Sutherland asked about the relationship between PVA and the Florida Alliance for Assistive Services and Technology (FAAST). Mr. Weas discussed that PVA has begun working on it and will be sharing literature. The PVA gets a lot of durable medical equipment and will begin working with FAAST to donate equipment that can be recycled and redistributed.

There was further discussion regarding how quickly a mild to moderate brain injured active duty person is discharged and their willingness or ability to access services. Mr. Scott discussed that Florida has 11,000 National Guard and that about 8,000 have been deployed. It's estimated that about 20 percent have mild TBI and do not go through the networks to get diagnosed, treated or managed. They will return to their communities and will most likely be diagnosed by family doctors or others they are in contact with. The first symptomatology for many will be through the criminal justice system. The VA has some ongoing studies to help identify the frequencies of these injuries that are returning to the state.

Mr. Edwards discussed that service members who were deployed are now receiving periodic health assessments annually. They are assessed when they return from duty, and are then reassessed at three and six months post appointment. These assessments will assist in identifying issues that are not identified immediately upon return from duty.

Mr. Scott reiterated that the nation is at war and that members of the National Guard are being deployed two to four times now and are serving much longer deployments. Service members are returning with different symptoms and problems after the first or second deployment. There is going to be a higher percentage of individuals returning with these issues. As the war shifts to Afghanistan, it is expected that there will be a higher incidence of spinal cord injuries due to ballistics, snipers, rougher terrain, and more roadside type accidents. The war has lasted eight years and it does not appear to be ending at this time. He stated that as a state we need to plan to serve those who will be needing services in the future.

Ms. Sutherland requested that a representative from the Department of Corrections serve on the task force to address the criminal justice system issues. Mr. DeLilla requested that an individual from the VA also serve on the task force.

Action Items	Person(s) Responsible	Deadline
Formalize the task force and include a representative from the Department of Corrections and the VA.	James Edwards, Ken Weas, and Andrea Slapion	

### 18. Agenda topic: Utilization of Assistive Technology Task Force

<b>Discussion</b>	Andrea Slapion reported on the current status of the Utilization of Assistive Technology Task Force. The task force was lead by Michael Daniels, formerly of FAAST. Mr. Daniels began working on getting training opportunities and a payment mechanism for assistive devices. Once he left FAAST, he stepped down as chair of the task force and the task force went into a holding pattern. During this period, Dawn Leuck and Tom Dockery, Council liaisons also left the task force due to term limits on the council. Ms. Slapion estimates that 85 percent of the task force's goals were met. She requested that the Council appoint a new liaison and task force chair. Ms. Sutherland called for a volunteer to serve on the task force, but did not receive a response. Ms. Slapion provided additional information about the goal of the task force and the history of what has occurred since the task force was formed. Ms. Sutherland postponed the request for a volunteer to serve as Council liaison to the task force until the next Council meeting when it is expected that there will be several new members who may fill the role.	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
Appoint a Council liaison and chair person to the task force.	Advisory Council	

### 19. Agenda topic: Other Council Business/Next Council Meeting

<b>Discussion</b>	Ms. Sutherland began wrapping up the meeting by discussing that she had identified five things that would happen prior to the next Council meeting. These were: 1) craft a letter to the appropriate parties about the diaphragm pacing system; 2) write a letter on behalf of the	
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Council to Dr. Dalton Dietrich and Dr. Barth Green to recognize Maria Amador and to request that they forward the letter to her family members so that they know that she was recognized by the Council; 3) update the standards; 4) revise the bylaws; and 5) develop criteria for the sponsorships of the small community organizations. She requested that the Research Awards Task Force take on this task. Ms. Shields discussed that BSCIP had already developed criteria that has been in place for several years and that it could be provided to the Council for review. It was requested that the criteria be forwarded to the Advisory Council electronically for review and feedback prior to the next meeting. The Council will be responsible for reviewing and approving sponsorship awards.

The next Council meeting will be two days long and will be held in October. Ms. Kelly will negotiate a hotel contract in the central Florida area and will notify every one of the dates and location.

Mr. Newman reiterated his request that the Council create a task force to look at issues relating to Medicaid and durable medical equipment analysis and procurement. Ms. Sutherland discussed establishing a long-term care task force and using it to "spin-off" what the major issues are. Equipment would be one, as well as reviewing other innovative ideas from other states. Mr. Newman volunteered to serve on the task force and work on the equipment issue. Ms. Sutherland discussed that the task force will be developed, but at this time it is a basic concept and that the Council will have to decide what the goals of the task force will be. She recommended that an email be sent to the Council requesting suggestions for short and long-term goals for a long-term care task force.

Dr. Kerkhoff began a discussion that the leadership of BSCIP is aging and that we should begin to foster leadership skills in the younger members of the program. He would like the Council to consider how it may assist in addressing the issue. Mr. DeLilla discussed that we first need to recognize that we have an aging task force and that there is a time line. Several key staff are in the DROP program now. Ms. Shields suggested that the first step be to review what the Division of Vocational Rehabilitation has been working on for succession planning. She will gather this information and will provide it to the Council prior to the next meeting. Norman Mallory suggested that staff in the program document what they do, so someone can come in and have a reasonable idea of what they do.

Mr. DeLilla discussed that the Council may want to be involved in the selection of the Bureau Chief position when it becomes vacant. Dr. Kerkhoff suggested that Michael Greif outline an appropriate course of action for the Council, given its role within the infrastructure so that it knows its boundaries and what kind of active role it can play. The Council would not want to alienate the Department of Health, since it serves in an advisory role. Ms. Sutherland asked Mr. DeLilla to find out what the Council's boundaries are and to include succession planning as an agenda item for the next Council meeting. Ms. Breen recommended that the Council propose it as a three or five-year succession planning opportunity that includes planning the infrastructure including evaluation and policy components.

Ms. Sutherland asked for any other discussion items and hearing none, adjourned the meeting at 5:00 p.m.

Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> <li>Craft a letter about the diaphragm pacing system.</li> </ul>	Mimi Sutherland/Council	
<ul style="list-style-type: none"> <li>Write a letter on behalf of the Council to Dr. Dalton Dietrich and Dr. Barth Green to recognize Maria Amador and to request that they forward the letter to her family members so that they know that she was recognized by the Council</li> </ul>	Mimi Sutherland	
<ul style="list-style-type: none"> <li>Update the standards</li> </ul>	Bill Reineking	
<ul style="list-style-type: none"> <li>Revise the bylaws</li> </ul>	Suzanne Kelly	
<ul style="list-style-type: none"> <li>Forward criteria for the sponsorships of the small community</li> </ul>	Kris Shields	

<p>organizations to the Council for review.</p> <ul style="list-style-type: none"> <li>• Negotiate hotel contract in the central Florida area and will notify every one of the dates and location for the next Advisory Council meeting.</li> <li>• Send an email to the Council requesting suggestions for short and long-term goals for a long-term care task force.</li> <li>• Review the Division of Vocational Rehabilitation’s plan for succession planning and forward information to the Council prior to the next meeting.</li> <li>• Review with Michael Greif what the Council’s boundaries are and report back to the Council.</li> <li>• Include succession planning as an agenda item for the next Council meeting.</li> </ul>	<p>Suzanne Kelly</p> <p>None specifically assigned</p> <p>Kris Shields</p> <p>Thom DeLilla</p> <p>Thom DeLilla/Suzanne Kelly</p>	
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**Respectfully submitted by Suzanne Kelly, Advisory Council Liaison**