

HHK VOLUNTEER AND STAFF MEETING Sept. 4

Volunteer & Board Meeting
Sunday, Sept 4 · 2:30 – 3:30pm
Google Meet joining info

Video call link: <https://meet.google.com/dzx-fmgr-ubq>

In Person: Zoe, Jim, Danise, Michelle, Manny, Dusty, Caitlyn, Karin, Ginger, Sam, Chris, Paul, Martine

Online: Deanna, Madison

***New information in bold or highlighted - -**

1) Participant Counts (Sept 1 - Sept 30 , 2022):

187 lessons (98 therapeutic = 52 %) in 4 weeks (avg 47/wk) - 22 new riders - 2 interisland, 16 mainland, 0 international

Fundraisers on hold until after the United Way Campaign 10/31

But PLEASE HELP SPREAD THE WORD ON OUR :

Amazon Smile: "Equine Therapy Inc, Lihue HI"

SUBSCRIBE TO OUR WEBSITE TO GET ALL MAILINGS and read prior meeting agendas on the volunteer tab (scroll to the bottom)

HAVE YOU TURNED IN YOUR 2022 volunteer/employee packet?? We need all these paperworks as we aim for premiere level accreditation this fall.

Carriage: Arrived Thursday 9/29. DRIVING WORKSHOPS will be held Thanksgiving and President's Day Weekends. IT IS TIME TO LEARN TO GROUND DRIVE/LONG LINE *Harnesses are here. Time to ground/long line train Chip, Rowdy, Lollipop and Jellybean Should cut bridle paths on Lollipop and Jelly Bean. To Learn How to Hitch the Mini's <https://youtu.be/SCLIEaMjEI> (14:39 minutes long)

Arena: rails ordered Need to construct 130 x 260 arena in front acreage in addition to another bridge, several pastures (with water lines) and trails before then—**PLEASE COME TO THE NEXT WORK DAY Nov 5** to help make sure the new arena location is hazard free. AND NEXT SUNDAY

CAMP October 3-7 TOMORROW

3 stations . 1hr 15 min per station. Need commitments from station leaders and aids ASAP.

*October camp t-shirt: mythical horse-like creatures & evolution of the equine

*December camp t-shirt: horse colors & body types & signs of a healthy horse

*June: gaits of the horse & grooming and tack

*March: spring cleaning - - any of the above

*July Camp t-shirt: Emotions of the Horse, and conformation of the the horse (with skull and hoof)

Halloween Photoshoot October 31

2) Paid Staff Updates & Refresh:

UNTIL FURTHER NOTICE: THERE WILL BE NO TROTting, CANTERING OR GALLOping OUTSIDE OF THE ARENA. No CANTERING when riders of lower ability are in the arena. HORSES ARE TO BE KEPT AT A WALK ON THE POND TRAILS.

UNTIL FURTHER NOTICE: THERE WILL BE NO STAFF/VOLUNTEER RIDES WITHOUT GINGER PRESENT/UNDER THE GUISE OF A LESSONS, STAFF TRAINING, OR HORSE SCHOOLING.

PATH FACILITY ACCREDITATION ANDREA - Do you have anything to report?

Next PATH submission deadlines: We have grant funding to pay for 1 more CTRI. (We also have funding to pay for Driving cert in Nov/Feb)

Accepting applications through November 11, 2022 for February 4-19, 2023 testing.

Accepting applications through March 10, 2023 for June 3-18, 2023 testing.

Accepting applications through June 16, 2023 for September 9-24, 2023 testing.

Accepting applications through September 2, 2023 for November 25-December 10, 2023 testing.

***Lesson Plans- **THIS MONTH FOCUS:**

Oct	Add/ADHD, Brain Injury	Thermal Injury	ABC/Functions of Behavior/emotional reg.
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NEW EMPLOYEE MANUAL AVAILABLE ON WEBSITE > VOLUNTEER > ALL THE WAY AT BOTTOM -- ALL VOLUNTEERS & PAID STAFF SHOULD READ IT - - NEED TO SIGN LAST PAGE THIS IS DIFFERENT THAN THE VOLUNTEER MANUAL located on our website www.healinghorseskauai.org > VOLUNTEER > VOLUNTEER MANUAL and make sure that you submit a new 2021 Volunteer Application to Ginger -- updated manual with PATH policies coming January...last page must be signed and submitted to Ginger

Instructor Staff: is expected to have the horse groomed and tacked, and horse leader and sidewalker **debriefed** prior to the arrival of their student for mounted lessons. Tardiness is unprofessional and no longer acceptable.

DO NOT HAND FEED TREATS - USE BOWLS EVERY TIME!!!! STAFF MUST FOLLOW SAME RULES AS CLIENTS--WE DON'T WANT HORSES TO ANTICIPATE TREATS AND GET NIBBLY

Instructors make sure helmets are being put away properly

Please read and follow the arena rules sign

Reminder to practice emergency dismounts with 1x each client this month, so they are not scared when done for real.

***Train Volunteers in every skill you ask of them- be honest about what is expected, Observe Performance, Provide Leadership, Lead by Example, Engage, Encourage, Educate and Empower, know

their motivation, check in with them, show compassion, Let them know that “Yes” is great, but “No” is ok - discourage burnout by making sure they have a positive WORK - HOME/FAMILY - VOLUNTEER balance, Create a Community

3) ALL VOLUNTEER & PAID STAFF -

Safe positioning when picking feet (human hip to horse shoulder/hip, human facing toward horse rear end, bend at waist, continues contact with horse as sliding hand down leg and back up leg down back hip and other leg - - hold hoof at toe)

!!!!!! Do not share grooming tools, always visually check girth areas for dirt/sores

**** Horses should be held during grooming and tacking if not tied

+++ cell phones off, eyes up, focus on task, show on time for briefing and stay for debriefing

Sidewalking Staff: there are different holds: over the thigh, cuff, heel/ankle,

*don't push rider off center or put pressure on the knee; when no hold needed side walker still remains within arm's reach with hands out of pockets and eyes are always on rider;

Allow wait time before repeating instructions to rider; practice emergency dismount at least 1 time with each rider (Make it not scary)

As sidewalkers support the participant's performance and position in the saddle, instruct them to ask the horse leader to bring the equine to the center of the arena and halt if:

- A sidewalker needs to carefully switch sides, one at a time, with another volunteer
- A sidewalker needs to tie their shoe or step away from the equine for any reason
- A sidewalker notices the participant appears to be ill or in pain
- There is a safety concern

*Role during an Emergency: your rider (if your rider is down keep horse away from your rider - and following commands of the instructor (get medical kits, phone, open gates, etc.) once instructor assume control of rider)

Horse Leading Staff: avoid a horse that crowds space (have knuckle at the ready for horse “reprimand” self), stay in the zone- no tugging; how to hold crop, how to turn

Common Mistakes: Leader too far back, lead wrapped around leader's hand, leader holding lead in only one hand, Leader too far forward, leader holding lead too close to the horse's head and putting too much pressure on the lead, leader walking backwards.

*Role during an Emergency: your horse...get them to a stop and away from downed rider then follow commands of instructor

Checklist

- - - instructor make sure your crew knows this before each lesson

Individual has a clear knowledge of

- ___ Positions & duties of a sidewalker & a horse leader & instructor
- ___ Proper Helmet fit.
- ___ Tack check before mounting... girth & helmet check
- ___ Mounting procedures from mounting ramp (rider waits on ramp) vs. block (rider on ground not block until asked to step up on the block & the horse is standing quietly.)
- ___ Proper dismount..(both feet out of stirrups before dismount)
- ___ Mounting procedures from Mounting ramp
- ___ Safety procedures in the arena, spacing, & awareness
- ___ Use of cell phones during riding session

- ___ Safety stirrups, what they are for & how to put them on the saddle
- ___ Location of first aid kit for Humans & Equine

Words

Words first - then leg and arm aids : <https://fb.watch/fO-alOzviu/>

Please use the following words when working with the horses:

- “Walk on please” - any time you want them to move forward
- “Whoa” - any time you want them to stop
- “Easy, Easy” - any time you want to slow down
- “Back” - any time they are reversing
- “Come” - when pulling them into you
- “Over” - when moving all 4 feet sideways
- “Spin” - when they are moving hind legs in a circle but not the front (as in Parelli “Driving the Hind” or in mounted “Turn on the Fore”)
- “Turn” - when they are moving the front legs in a circle but not the rear (as in Parelli “Driving the Fore” or in mounted “Turn on the Haunches”)
- “Trot Trot”- to ask for the trot
- “Can - ter” rising up on the “ter” - when asking to canter
- “Gee” when turning to the right
- “Haw” when turning to the left

*****FIRST AID KIT - was it check? (Ginger, Shakti, Andrea)?**

First Aid Refresher:

Month	Awareness Month	First Aid Review	Pedagogy Review
Oct	Add/ADHD, Brain Injury	Thermal Injury	ABC/Functions of Behavior/emotional reg.

Heat Cramps: Cool victim down. Hydrate. Stretch & Massage.
 Heat Exhaustion: Cool/wet/fan victim down. If awake - hydrate.
 Heat Stroke: Call 911 - ABC's - COOL VICTIM DOWN!

Heat Exhaustion
Normal or slight temp
Dehydration
Dizzy/ Lightheaded/Weakness
Syncope
Headache
Nausea/Anorexia
Diarrhea/Intestinal Cramps
Decreased Urine
Persistent Cramps
Pallor
Profuse Sweating
Chills
Cool, clammy Skin
Hyperventilation

Heat Stroke
Mid to end of practice
Increased Body Temperature
Cramps after prodrome of twinges
Excruciating Cramps
<i>Hobbled w/cramped/locked muscles</i>
<i>Writhes & yells/palpable cramps</i>
Tachycardia (HR above 120)
<i>Temp above 104 F/40 C</i>
Dehydration
Dizzy/Drowsy
Irrational Behavior/Confusion
Irritable/Unstable/Hysteria/Apathy
Aggressive/Delirium/Disorientated
Staggering
Seizures
Loss of Consciousness/Coma
Weak
Vomiting/Diarrhea
Hot, dry skin
Hypotension
Slow recovery needs rest, ice, stretch
High sodium not enough water

Exertional Hyponatremia
<i>Temp less than 104 F/40 C</i>
Nausea/Vomiting/Lethargy
<i>Swelling Hand/Feet</i>
Progressive Headache
Confusion/Apathy/ Altered State
Seizures/Spasm/Cramps
Pulmonary & Cerebral Edema
Low Blood Sodium Level
Low sodium too much water

Frostbite: Remove jewelry/tight clothes. Soak part in warm water. Cover with dry, sterile gauze. ABC's. DO NOT RUB!
DO NOT REFREEZE!

Hypothermia: Move victim to warm place. ABC's. Remove wet clothes. Cover with blankets. WARM SLOWLY
HANDLE CAREFULLY!

WHAT DO WE DO at HHK...Check with client and support staff about how they are feeling
Be aware of clients who are sensitive to environmental conditions (such as with SPI, TBI, medical conditions that make thermoregulation difficult)

Medical Conditions Review: Add/ADHD, Brain Injury

FROM THE STANDARDS MANUAL

Brain Injury (BI)

The term brain injury may include vascular, acquired brain injury, formerly known as traumatic brain injury (TBI), near drowning syndrome (or near fatal submersion syndrome), shaken baby syndrome and tumors. A brain injury may be primary, the result of a trauma or disease that directly affects the brain; or

secondary, a result of another condition or treatment that in turn affects the function of the brain. A thorough medical history is necessary so that the cause and location of the brain damage is understood, in addition to other related problems. Because the brain controls all of our body functions, a brain injury can result in a variety of difficulties. Commonly seen are difficulties with movement, balance, communication, cognition, perception, sensation, vision, emotion and/or behavior. Acquired related medical problems may be seizures, heterotopic ossification, incontinence, contractures, skin integrity, fatigue/poor endurance, communication or behavior difficulties, to name a few. Surgeries are used to treat some of these problems. Be aware of medications participants may be taking.

Precaution/Contraindication:

- Behavioral impulsivity
- Changes in consciousness
- Poor judgment
- Dependent on the specific dysfunction(s) or treatment methods. See topics such as Heterotopic Ossification, Cranial Defects, Hydrocephalus, Stroke, Behavior, Skin Integrity, Medication, Communication Disorders, Surgery and/or Equipment for related information.

FROM THE PATH ED BOOK

Participants With Brain Injury

A traumatic brain injury (TBI) is caused by external head trauma, such as hitting the head during a car accident. Brain injury can also be caused by internal incidents such as a stroke or lack of oxygen to the brain. Depending on the area(s) of the brain that were damaged, an individual with a brain injury could exhibit a variety of characteristics, which may include the following:

- Muscle weakness, often worse on one side of the body than the other
- Spasticity
- Difficulty with balance and coordination
- Changes in sensation
- Vision impairment
- Hearing loss
- Seizures
- Communication disorders
- Attention and memory challenges
- Poor judgment
- Difficulty with emotional regulation
- Depression, anxiety and other mental health challenges

There is an extremely wide range in the severity levels of brain injuries; some individuals require assistance for all daily activities while others earn college degrees and live independently.

Considerations for EAA

- Behavior concerns or poor judgment may result in a precaution or contraindication for EAA for some individuals.
- Carefully investigate any other possible precautions or contraindications before accepting the individual to participate. Heterotopic ossification, cranial defects, hydrocephalus, decreased skin integrity, severe communication disorders, medical equipment, hypertension, impaired sensation, seizures, poor balance, blood pressure fluctuations, body temperature regulation problems, medications (blood thinners, blood pressure medications, seizure medications, etc.) and recent surgeries all need to be ruled out or assessed and accommodated.
- Carefully select an equine whose movement does not increase the participant's spasticity. Select a narrow equine for riders with tight adductors (inner thigh muscles).
- Make thoughtful, informed decisions about tack as well as mounting and dismounting procedures. Consultation with a therapist trained in hippotherapy is recommended regarding individuals with significant physical or motor needs.
- For participants with spasticity, increase mounted warm-up time to allow muscles to stretch and relax.
- For a participant with poor balance, the horse leader may need to be instructed to avoid sudden transitions and small circles to reduce the chances of the participant becoming unbalanced.
- Participants who have AFOs or SMOs (ankle/foot braces) should generally wear them while riding.

Consult with a physical therapist if needed. take breaks during the lesson to avoid fatigue.

One way to do this is to alternate activities with high and low energy demands when lesson planning. This also helps to improve attention and engagement in the class. In addition, it can be helpful for the rider to sit in a chair and rest immediately after dismounting.

- Decrease any unnecessary distractions in the arena.
- Break tasks down into small, manageable steps.
- Be watchful for a rider who is beginning to become agitated. Make adjustments to the lesson to provide choices and increase the rider's level of success at these times. The rider may function differently from day to day. Have a plan in place for any intense behaviors (see pedagogy above)

FROM THE STANDARDS MANUAL

Attention Deficit Hyperactive Disorder (ADHD)/Attention Deficit Disorder (ADD)

The essential feature of ADHD/ADD is a persistent pattern of inattention and/or hyperactivity and impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development. (see Medication—Psychostimulants)

Precaution:

- Unpredictable behavior resulting from the disorder or the effects of medication

Contraindication:

- Any behaviors that make participation in the equine environment unsafe. Consider the size of the older child or adult who may be difficult to physically remove from an emergency situation. Consider the effects of the participant's behavior on the equine and the safety of the staff.

FROM THE PATH ED & CTRI BOOKS

There are three types of attention deficit/hyperactivity disorder (ADHD):

1. Primarily inattentive type, in which the individual has difficulty maintaining focus. Participants may appear to be frequently daydreaming or thinking about things other than what they are doing at the time. A participant may miss directions or seem to forget things. This type of ADHD was previously known as attention deficit disorder (ADD).
2. Primarily hyperactive-impulsive type. An individual with this type of ADHD may be constantly moving and may make impulsive choices without thinking about the consequences. They may seem impatient, be easily frustrated or frequently interrupt others.
3. Mixed type, characterized by inattention, hyperactivity and impulsivity. Inattention, hyperactivity and impulsivity may also be observed in program participants with other diagnoses, such as a sensory processing disorder or autism spectrum disorder.

Considerations for CTRIs in EAA Programs

- Extreme impulsivity may lead to unsafe choices in some cases. Participants who are very impulsive may require additional monitoring and closer supervision for safety.
- Consultation with a therapist trained in hippotherapy is recommended to carefully select a horse whose movement may help to meet the rider's sensory needs.
- Bring the rider's attention to you before giving directions. Check for understanding and attention by asking the rider questions after stating the instructions.
- Use a quick pace for instruction with frequent changes in activity to keep the rider's attention.
- Redirect the rider's attention to the horse and the task at hand. If the rider has sidewalkers, train the sidewalkers to give nonverbal cues to redirect the participant without distracting them.
- Increase independence as soon as it is safe to do so.
- Decrease any unnecessary distractions in the arena.
- Be aware that the rider may have difficulty waiting, and plan lesson activities accordingly.
- Maintaining closer proximity to the rider may be helpful in supporting the participant to sustain focus on the instructor.

***Note the medication they are taking may alter sleep/wake, and hunger cycles.

Pedagogy Refresher: ABC/Functions of Behavior/emotional reg.

Antecedent: environment, action, circumstances, and/or biological factors that precede/trigger

Behavior: witnessed action (negative or positive)

Why: 1- Gain attention

ask to comply, praise when warranted, move quickly, ignore undesired, redirect (don't make a fuss, dwell, or bring behavior up at later time)

2- Attain a tangible item or activity

Ask to comply, provide opportunities to earn, only give when earned (Don't just give it without earning, or give too much attention)

3- Avoid or escape something undesired (see thinking traps)

Calm and ask to comply, allow break after compliance, plan breaks, appropriate level of challenge, incorporate rider preferences (don't allow them to quit, or break before complying, pay too much attention)

4- Automatic of sensory based outcomes

Try to find replacement behavior, consult therapist, (Don't give lots of behavior)

REFRAME Negative Ideas - use positive statements (see thinking traps)

Consequences (see the specific behavior consequences under the why's, problem solving and conflict resolution below)

Problem Solving: "Ounce of prevention is worth a pound of cure" - TRY TO PREVENT/ANTICIPATE POTENTIAL PROBLEMS

ID the problem

Develop a Plan

Evaluate the Plan

Implement the Plan

If problem is due to conflict → Conflict Resolution

Compromise One or both people agree to give up a little of what they originally wanted but are okay with it in order to resolve the conflict.

Agreement Both individuals decide on a resolution or plan.

Agree to disagree Both people decide this is something they will likely not agree on and they will accept this fact. Having differing perspectives is okay!

Friendly rivalry/leave it to chance People decide to play a game to resolve the conflict, or they just do not do anything and see how things turn out.

Seeking guidance from an adult Ask an objective, outside party or someone you trust who can help give responsible suggestions.

Making a deal Both people agree to do one thing in exchange for something else (e.g., "If I do this, will you do that?").

Conflicts are challenging, and it takes patience and creativity to use problem-solving strategies!
Sometimes, thinking traps, thinking only of ourselves, or not being able to take others' perspectives can hinder effective problem solving and keep us from achieving a workable compromise.

Thinking Traps

Binocular vision - Making a Mountain out of a Molehill - Obsessing

Looking at things in a way that makes them seem bigger or smaller than they really are *Example:* You're invited to a swimming party. It will be lots of fun but you don't want to have to wear a bathing suit, and that is *all* you can think of.

Black-and-white thinking **note very common for persons on Autism Spectrum

Looking at things in only extreme or opposite ways (e.g., thinking of things as being good or bad, never or always, all or none, friend or enemy)
Example: You feel irritated because you believe your parents think that your brother never makes mistakes. You feel like you are always the one who messes up.

Dark glasses

Thinking about only the negative parts of things
Example: You don't like school. When you think about it, all you can think of is the mistakes you make and the problems you have with your teachers.

Fortune telling

Making predictions about what will happen in the future without enough evidence *Example:* You didn't do well on a math test. Now you think you will not do well in math in college.

Making it personal

Blaming yourself for things that are not your fault or making things about you when they are not
Example: Your basketball team lost an important game. You think you let everyone down, and you feel like it's your fault.

Blame game

Blaming others for things that are your responsibility
Example: You waited until the night before a group project was due to work on the project. Your group members couldn't help you get the materials you needed, and you got a bad grade. You're angry with your group members.

All alone

Thinking you have problems that no one else understands
Example: You have difficulty making conversation at parties. You think you are the only one who has difficulty with this.

Broad brush

Judging something based on one experience with it
Example: You tried soccer and found it to be difficult. Now, you think that you are bad at all sports and you believe, "I'm just not athletic."

<p>What was the thought?</p>	<p>What is the evidence (for or against)?</p>	<p>Is it realistic? Or was there a thinking trap (yes or no)?</p>	<p>What was the thinking trap?</p>	<p>What is a more realistic way of thinking about it (reframing)?</p>
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Emergency Dismount

During riding sessions, the instructor performs rider mounts and dismounts. However, in certain situations, the instructor may ask volunteers to perform an emergency dismount as follows:

- When an instructor calls for an emergency dismount, the horse leader halts and heads the horse.
- The sidewalker(s) informs the rider of the emergency dismount and makes sure the rider has removed their feet from the stirrups.
- To perform the dismount, the sidewalker places their arms around the rider's waist and gently guides the rider off by bringing the rider's hips to the sidewalker's hips while bringing the rider safely away from the horse.
- Horse leaders must keep the horse a safe distance from the rider.
- Once the rider is dismounted, the sidewalker awaits further direction from the instructor.

PATH Standards Review:

Mandatory:

- Signed liability forms and policy manuals
- helmets must be ASTM-SEI certified during mounted driving and vaulting
- working phone with emergency instructions - see new signage
- tack/equipment/vehicles safety checks before and after each session - see new signage
- horse work load limits (general: 6 hr total (3hr 1 hr complete break then 3 hr; no more than 6 - 1hr vaulting session per week, only 1 per day; tandem hippotherapy no more than 30 min - 2 time per day- on non-consecutive days, then no other EAS that's day)- written #hrs & type of session
- all sessions (mounted, driving, vault conducted/directly supervised by PATH cert. instructor
- safety stirrups and/or riding boots or hard soled shoes with heels required
- must be means to attach lead rope - mounted, driving, vaulting, ground
- driving horse put to, able bodied whip in control with second set of reins (ABW must be 18, able bodied, 50+ hr experience), then 1 client (chair secured- attendants trained to do this), * if battery chair - battery of, encased/removed
- vaulting need able bodied assistant and instructor
- vaulting horse to have specific conditioning program
- mental health providers credentials, licensed. Certified in Hawaii with liability insurance
- EAP/EAC need : ESMHL & CTRI present; a private area for processing (medicine wheel), documentation of personnel orientation
- physical health (hippotherapy-HPCS/SLP, PT, PTA, COTA) credentialed, certified, licensed in HI with liability insurance with PATH Registered Therapist credential or HPCS credential w/ CTRI present
- Mental Health assistants must have documented training and orientation to client and services
- volunteers must be assessed for ability to work with particular client/equine; oriented to role and needs, offer guidance and don't assume they understands

We do not mount individuals under the age of 4, individuals with atlantoaxial instability (certain clients with Down's Syndrome, arthritis, etc); and spinal fusions/cervical ossification due to risk of catastrophic injury.

4) Events: /

Upcoming Events: Birthday Parties: Boy Scout 10/8 10-12
Fall Camp 10/3-7

Halloween Photoshoot: 10/31 -- -need to print new sticker for old banner/ new banner generic so will suffice for any holiday photoshoot. Need to measure old banner

Daily Topics: Need 10 different activities for 3 different stations (3 groups of 15). Please email hkwebsite@gmail.com with confirmed volunteer days

Theme:	ART & CRAFT	MINI & GAMES	ARENA & BARN
October 3 - Mon	Coconut Frond Horse Head Paint Coconut Fronds	Friendly/Porcupine (back/hind/fore) Paint animal mimic	W-H-W Tack improv
Oct 4 - Tue	Colors of Horses worksheet & paper bag costume	Drive (back/hind/fore) Pin the part on the Donkey	Steer - Direct rein (vs neck vs open) Rein board
Oct 5 - Wed	Toilet tube marionette/shadow puppets/pantomime	Yo-yo/ paint a skeleton/magnet skeleton	Backing Bridle a kid
Oct 6 - Thur	Coconut Sennit/fabric marker	Circle/?????horseshoe s/hawaiian games-rolling rock	Transitions within gait Lunge a friend
Oct 7 - Fri	Tie dye	Squeeze/touch it/ ????	Trot - seated/posting Bathing

VOLUNTEER CLEAN UP Nov 5

Training Day Oct 8 & 9

Next Meeting:

Sunday NOVEMBER 6 - LOOK FOR THE SAVE THE DATE EMAILS in case there are changes

??Ideas for collaborations with other non-profit organizations - please share.

If you are involved in other organizations, how can we collaborate? "It takes a Village"

KORE Surf (10/29 @ Black Pot), Easter Seals, Rotary Club (West Kauai, Poipu, Kauai, Kapaa, Hanalei), Lions Club (North Shore, Koloa, Kauai, East, West), Kiwani Club, Key Club, Kauai Veterans Assoc/Ad/Council,, Business Associations (Lihue, Kapaa, West), United Way/HTLA Charity Walk,, Neighborhood Centers, YMCA, YWCA, Assisted Living Facilities, County Council, Hawaii Community Foundation, Kauai Area Agency on Aging - RSVP, Master Gardener, Humane Society, Kauai Path, Canoe Clubs, Hina Mauka, Habitat, Heart Assoc., Red Cross, Salvation, Children's Theatre, Historical Society, Food Bank, Scouts

5) Feeder Update / Volunteer Update

SEE NEW FEEDER AND VOLUNTEER CHECKLIST EACH TIME YOU COME

	MORNING	EVENING
SUNDAY	Derrick	Kai
MONDAY	Candice	Christina
TUESDAY	Matthew	Mary Z (Chris)
WEDNESDAY	Jim	Mike
THURSDAY	Nadine	Dusty
FRIDAY	Theresa	Allison
SATURDAY	Mike	Shakti

6) Horse Update

NO HAND FEEDING TREATS WITH CLIENTS - USE BOWLS - DISCOURAGES NIPPY BEHAVIOR

Mini: Conditioning for carriage and camp

Tack: ordering full harnesses sets for CHIP, ROWDY, IVAN

Grazing: What to get them to graze the opened front acreage. Need to run temporary hot tape and truck water to the front.... More land clearance help requested. **Any volunteers to run tape?**

7) Public Relations Update:

Events: First Saturday: back on - ANA

Media: how do we increase followers

Website: videos to match the words posted under VOLUNTEER on website

Facebook: need 2 posts a week (auto scheduled is fine) Wed at noon and Friday afternoon

Instagram: need 3 posts a week (M/W/F)

Twitter:

TIKTOK: ???

All posts from official site must have @Hawaiihta, @hawaii, @KauaiVisitorsBureau, @Kauaidiscovery, #VisitKauai, #ParelliFoundation

Those in picture must have a signed photo release on record

New brochures for hotel concierge now need to print...

Applied for loads more grants - cross your fingers. Grants applied for to fund:

Lesson Programs- instructor pay, tack, feed, insurance, vet, farrier,

Mini Program: instructor education, instructor pay, halters, feed, insurance, vet, farrier care

Driving Program: horse and carriage **AND DRIVING WORKSHOPS**

Veteran Program: scholarships/stipend equipment, tack,

Foster Youth Programs: scholarships

3-steps Capital Improvement: 1- Covering:arena & stalls 2- Off-grid Solar powered office with roof 3- pasture and fencing from 10 acres SEE WEBSITE SHARE GO FUND ME LINK

8) Projects

Three Steps Forward Capital Campaign - testimonials spread word

Front acreage pastures: Volunteers to clear hot tape & run new tape on front pasture areas

Make mini carriage (see last May's agenda) - writing grants for wheelchair accessible carriages for Chip & Rowdy to pull but will need custom build for Lollipop & Jellybean

Pond trail t-post signage - once all the new t-post are in (from pallets and wire: e.g. A-Z (w/braille); 0-9 (w/braille); phonetic alphabet (w/Morris); colors w/shapes; Letter & semaphore, etc) --- Does anyone have a GLOWFORGE or similar laser engraver/cutter?- have a lead ...Kelly V...think Zoophonics to start

'Stall'port Project: Maybe two more for parent stall and mini's at end of arena

Container Project: still need a coat of GacoFlex

Gravel Stall and Drive:

Pasture Management: need to get highway acreage fenced/hot taped ASAP -

Bridge across Canal - discussion underway (asking for culvert install so bridge can go over)

Compost: construction - needs now to be spread into medicine wheel

Please dump manure only in active pile... the one without the cones

Sensory Riding Trails: looking to clear 15+ wide path around entire perimeter, lay wood chips on trail with bermuda grass seed mixed in to establish soft footing not muddy trail & then plant trees and hedges and separate from pastures with interior pastures (Hawaiian, canoe, horse safe edible, and botanically interesting: variety of colors, shapes, textures, smells) for riders to enjoy --- Jim has planted 2 Lonomea and many Loulu palms already (and had to fence them off) and several more palms

Medicine Wheel: looking for gardeners to come on regular basis, a few plants (red ground cover, white/silver ground cover), aerial photo to HTML to create a meet the plants page on website, plant labels (ideally with QRL codes that link to website plant page)-- need to spread composted manure

PATH & Other Certifications: NEED TO RECRUIT A FEW MORE INSTRUCTOR PROSPECTS

PATH CTRI: awaiting update from testing center on Kauai - did email PATH again and now that they aren't accrediting this year there might be a shot for exemption

CPR & First Aid - looking to put together a small (2-4 person course), cost \$30, time 7 hrs (combination of online and in person)---videos are uploaded and ready to go...

9) Hopes and Dreams: need list/ wish list/ to do list

Volunteers: Side-walkers, Horse-leaders, Feeders, Facility Maintenance Crew (with regular hours)

Lightweight Tack-- for Chip and Rowdy

STALL PANELS & CARPORT - replacement (warranty carport) will be here this week

Tree & Rubbish Removal--- in progress - - need a trailer to dump convoy - - any takers

Native Hawaii Trees and Shrubs to Border Cleared Trails - in progress

Fencing - in progress

Off-Grid Solar System to Power Office --- working on grants to create a stellar system but grants are never a sure thing--- we have a lead on KIUC wired in

Clear Span Building to Cover Arena and Stalls --- price jumped to about a million - - - we will back burner this one for a bit

Tractor Attachments --- working on grants as we speak

Solar Powered Pond Aerators--- any teachers out there want to make this a long term school project

10) Next Volunteer Meeting- November 6 - LOOK FOR THE SAVE THE DATE EMAIL