LYLIS OLSEN: My name is Lylis Olsen and I am the the longest-serving coordinator in the U.S. at the moment. I am old, obviously. I've been doing this a long time and I learned a couple things and absorb everything from my colleagues every day I learn something new. Theoretically sooner or later I should know everything I think, write and squeak.

We're going to talk today about that grant and what is coming and how to prepare for that and how to not be as shocked and appalled and scared and overwhelmed when that happens.

>>: I am almost Lola's agent Lilly's age and she was heavenly my mentor and so I was so excited when she came up with this topic and allowed me to join her. I hope we can help you like she did me when I was a new coordinator and I saw something in the grant and I thought how can I possibly do that? She shepherded me along with her pals at EHDI chats and I appreciated that and I'm glad to help out a little bit here on this presentation.

Where all the, "a" states. It was a complete accident, but I was so excited because it is fun to do things like that.

MARY ELLEN WHIGHAM: I am Mary Ellen Whigham and the Alabama EHDI coordinator and I've been doing this for seven years and I know for newbies it is sticker sock when you open NOFOs. My boss and I did it together because we are both new and I am still sticker shock seven years later. From the things that we wrote in there that we had to do and it was like oh, we have not done that or we are behind on my. Today I hope that you all can carry away some security feelings of how responsibility and collaboration work and what we are responsible for. We are responsible for so much in EHDI. Hopefully, this will be very helpful to you guys.

ANNETTE CALLIES: I am Annette Callies from Arkansas. Responsibility versus collaboration, where's the line? What should we do, what do we have the capacity to do, it does not matter who does the work it just matters that it gets done. We are going to jump in.

>>: This you guys are have to tell me if what I say doesn't match the slide. Hopefully, I will keep up and if you see something that does not look will look right feel free to say something. We're going to talk a bit about the hole NOFO business. We are's heading into grant season next fall and you can you will probably see the NOFO, which is the notice for funding opportunity. They give you eight weeks sometimes, 12 makes weight maybe if you're really lucky to write the grant. It is a lot. And a lot of paperwork, signatures for a lot of states, figuring things out. It is always overwhelming and more than you can possibly do yourself. It is really important that we are prepared for that so we know what is coming and know what we are going to do and we will help is much as we possibly can.

One of the things we talked anticipating those novel grant requirements. I'm sure all of you remember about seven years ago when -- suddenly said 40% percent of your grants are going to parents and then Stafford be fired and no one was prepared in any way, shape, or form. Right now if you went to the plenary, you heard lots about equity. If you read through that blueprint of change, which I strongly recommend you do because if you look at who is the author of that those are people who are in direct administrative line of our HRSA grants. Trina and Jones are in their a couple other people who helped write that. It will show up in your grant. All the steps stuff that he talked about this morning, the buzz words, the pipeline, QI, although sorts of things you can expect to show up in a NOFO. If you don't want to have to do absolutely everything by yourself, now is the time to start collaborating and figuring out what is coming, to figure out where things are in your state, where your gaps are and how you will fill those gaps. Apart reviewing the block grant, what is in the block grant? If you have ever been to their offices in DC or right outside DC, they share office space across the aisle with office of children and health needs. You can expect the things showing up in the block grant are going to show up in your grandson, too. Par part one of the things we want you to think about today and all of you have some paper in front of you that talks a little bit about kind of what is coming and starting to think about, we want you to start thinking about what do you expect to see in this grant and what does that mean for you? You going to the next slide. Thank you, Kim.

First thing going to think about is we are talking about you do not have to do everything. I think that one of my first day's 20 something years ago, I am probably the only person in the room that still remembers one of the early folks that was at HRSA, Tom Barringer. Tom was an old guy who had been around a long time at HRSA and he came to Arizona to talk me through doing the first grant. And he said Lylis, nobody expects you to do the whole thing. I burst into tears and I was overwhelmed. That was my first aha moment that you could not possibly do all this yourself. There is no positive way. Possible way. There are people who do that and there are collaborators, stakeholders out there. One of the things we way to look at us think about those things that maybe in the NOFO those things that you look at Roy her eyes. I don't have the authority to do that. I don't have the responsibility or funding to do that. Who does? Who does in your state have the responsibility for screening three -year-olds? Who has the responsibility for tracking those sorts of things who has the authority to collect that data? Who has funding for that? Who has Child find funding and that is paid for early chartered screening. They have a steak in that. It is important to start looking for those people now and figuring out who was already doing what work. How that work is currently happening. And also what support do they need. I'm sure that people in my state are tired of me saying things like, "what support do you need? What support do you need?" I mean it I would to be supported supportive of their efforts because their successes are a success and we are all working toward the same outcome for kids and families. We want to be able to leverage what is already there, what already has responsibility, whatever they are already doing and to share resources and leverage resources and responsibility to get things done.

How can you contribute toward their goal? If their goal is to screen all of the head starts, how can you help them screen Headstarts? How can you help them get equipment and training and get the training? How can you provide the knowledge to get the resources forgetting those things done? I'm not going to go to Headstart and screen kids. I would love to and I think it would be a lot of fun. I probably would not be able to keep the grant very long if that was the only thing I did, but it would be fun for a year until I got caught. I think you need to think about who is doing it and how they are doing it and what sort of support they need. A sometimes it takes multiple asks for what support do you need. Where are those leaks in your system, where are the leaks know about, where the ones we don't know about and how do we find those in figure it out.

>>: A little bit as we talk about reading the requirements, what is in the current NOFO and what is current when you get the new one, think about what is your agency's goals and objectives in identifying your capacity. You identify your collaborators, who is doing some of this work, and what can you do, what do you have the authority to do, and have access to obtain? That is what you're looking at when you're reviewing those requirements so you know if I need help doing this or if I'm going to be directly responsible for doing this.

As you are looking that considering your agency's goals and objectives, take the time to think is how is your state system organized? We're going to talk a little bit about how our states are organized differently. I will talk a little bit about my state. And Arkansas, the EHDI program is housed in the Department of Health. The Part C program is housed in the Department of human services. We have the opportunity to have a collaboration. We share information and data. I am a part of their state, ICC, we have an agreement in place and we are working on integrating our system and we are fortunate in that aspect. They may not be the same for your state. You have to know what you have the capacity to do and why your agency once you to do.

Some of the conversations we have I want to do that and I know EHDI is prescribing but that is not what my agency goal is. Identifying that you can work within your agency and other internal partners, programs and things of that nature. I was able to partner with our title V program and make EHDI estate performance measure. Is not a national performance measure, but by making it a state performance measure, it allowed us to get additional resources. Look at what your agency's goals our hour. I think that is all I'm saying.

>>: I'm next. Your next and I need to member to pass to the microphone. We will get this together by the end of the hour I promise.

The novel requirements are in that notice of funding opportunity. I think is important that you read that funding opportunity very, very carefully because one of the first reads you would think it was telling you you have to do everything. And that is not what it is telling you.

 similar things in the last snow folk were ways to expand to state and territory to support early hearing screening up to three years of age. That early childhood screening, it does not say you have to be the one that doesn't. There is nowhere in that NOFO that said you had to figure out how that was going to happen. What is said was you need to look at it. And figure it out what is happening in your state and what is needed to expand that. Always do we have to expand that early childhood screening. It is important to realize that you are not supposed to come up with a plan that you are going to implement. That is not necessarily what is required. Particularly to speak to it within the Green, one of the things I've learned in the grant over the years as I am pretty straightforward well I direct all the time anyway, it is my good point and bad point, I am very, very direct when I write the grant. I address the issue. I always address all the issues that they asked, every question they asked.

Sometimes, the way I address it is that is not what we are going to do. I understand that you want us to do this, but this is what is happening in our state already, here is where the opportunities are and this is what we're going to do toward that, but we're not going to be able to do this because we do not have the authority to do that or funding or whatever.

I think it is really important that you think about what do we have the authority to do and who has that authority, and what can we do to support it. Is sometimes the support is bringing people together. That is probably most of what I do as EHDI coordinator over the years as I don't know everything, but I know everybody that knows everything. People come to ask me stuff and they seem really wise because I say go go talk to Ginger and because she knows that or to Morgan or other people they were telling where to go. Just bringing them together in a room are a zoom room where they can talk to each other about what is happening and what their issues are and what common issues they have. Sometimes, it is just commiserating. Like it is miserable to try to get stuff but sometimes, there are solutions within the room.

It is important to figure out what is being asked and what is new in that guidance and what can be anticipated.

>>: And looking out what they are asking, you are also looking at what are the outcomes that they are asking? Taking that time to do a needs assessment to see where you are and where those opportunities are at. Looking at some of the examples of outcomes we saw, needs assessment and the current NOFO and the percentage of families -- so what does that mean to state coordinators? We are thinking about it, where do we excel? What is RGM? Program management to reduce loss of follow up, developing the state expansion plan, developing the plan, not development developing a further limitation. I was one of those ones that I have to do this and get this done and I was already working on getting it done and they said no just write a plan. Reading it carefully and looking at the outcomes, matching what you're saying you're going to do with outcome. Establishing and maintaining partnerships. That was one of the things that was in the NOFO. Those are things that were good at knowing what our outcomes are allows us to do what are strengths are.

>>: So we look at does these new requirements meet your mission? Your mission is your mission. Everybody should have a mission statement and know what it is and what you're working toward. Think about who you your collaborative writers are to get to that mission. When I started seven years ago, I did not have any collaborators. Is zilch. The people before me did not think that was important. They were operating as newborn screening hearing you know. In the meantime, I was like we have to find people who can help us do this because I don't want that time when I was a one-woman worker in that department. I could not do it all yet my boss expected me to. We want to look at who we can get, who we can collaborate with knowing that is going to support our mission statement and who we can find with our collaborators to support that mission statement is so important. I cannot repeat that enough. You have to have people who are supporting your mission who are moving you toward these goals. Look at your county health department. Some have them some don't. Alabama does have them. Indigenous health organizations. I do have -- but we have not been able to build that or is that collaboration. Family based organizations, when that NOFO said that I had to get 25% to a family-based organization, my mouth at the floor. Alabama had nothing. We were one of three states with no hands and voices chapter pair are good to the meeting and they say oh, you need to collaborate with hands and voices. I am like who is that? Only that you do not have one. That was very difficult for me. I'm like what do I do? It takes a year for a hands and voices to get established in the state. What I what do I do in the meantime to fulfill this NOFO? How do I get there? I reached out to the family voices they did not want to take it, but they did and took it for a couple years and then the girl left. As of last month as Shelby reminded me I now have a contract with hands and voices so we can start moving forward. It is really important, and that took six years. You may stalemate on some of your collaborations, but keep revisiting, keep going back to them. Don't let them be the final word for you guys. Don't stop there. Our state is a totally different state agencies work independently and our state. It is very hard if you all know state government, it is very hard to get people and different agencies to collaborate and partner with you. What I say this for his persistence is how you get there. Don't get discouraged. I can tell you that I got discouraged many, many times because I did not feel like our families were being served. You have to keep being persistent and keep moving. If that is a mission you've set for your office, keep on it. Be that hound dog you know. Keep after it. My stalemate was also my boss was part of it because she did not want to contract because she was worried about HIPAA. It took us a while to work through all of that and, of course, you know our Hands and Voices had concerns by getting parents names and following up, but we were able to do all that and I'm so excited at the work that they have done and one month. It is phenomenal. It comes, a tincture of time to work out. We got to show the slide because we are both in state government. Our government offices are so opposite. Are starting about the same time she did in 2016, but I came into a system where our advisory committee was the stuff of legends because we had early intervention, and private practice audiologist and representatives from ENT and pediatrics and audiology with our Alaskan native tribal health centers. I came into completely different and we already had a contract with our family support agency for many years.

We came into that completely different. For us, it was still challenging. There were challenges we felt along the way, but for us, I wanted to show and contrast we started with the zero to three. Because of our stature, that is not something that we can do we can't do that all that way. There are other urging other agencies that do that. Lylis really help me help me that you just collaborate you don't have to build the system you just build assessment and make it work. We did reach out to her Alaskan native tribal health and to anyone who is interested in doing a zero to three. Let's make sure what our language is going to be because we are eddy and good about using scripts to an screening to make sure that you're saying the right thing and not using language had us offensive or pejorative. I had talked to FL three about, hey, can you help us with our language, late onset language, maybe some posters and graphics that we can put on Facebook and things like that and we want to run it by a parent group to make sure it meets their needs surrounded by all it audiologist and pediatricians. Park I had this great idea that we're going to do this in the next funding. It was several months before he even knew if we got the green and then I talked to my native tribal health partners and I was like send this over your ideas. Read this post posters printed well before the funding ever came in. I had to pivot because sometimes you push on a door and open so fast you want to fall flat on your face moving forward. We had to pivot I said I need you guys to review the script in two weeks because it will be there. Let's clean up whatever script we can find that NICU has an let's ask them to review it, too. We just had to pivot and fall forward. Sometimes, the wind is at your back and everything is moving fully for you.

I guess all of that being said, what we need to look at and that is all individual for every state, if you have been in these rooms for the last day and a half, you know that the majority of us operate differently. We have different rules, some of us have legislative, I have personally a state health officer so I do have to go through anybody but him. But Lord have mercy COVID blew us out of the water with reaching state health officers. Mine has not come up for air yet to be reachable. I get it. He is busy. People, that is like, you know, you have to look at your hole entity before you reach out, before you plan your collaborations when you get that NOFO as Lylis said, you have to read it carefully. You have to know what it is asking, what it once. Understand understand what your governing governing body is, knowing how you can process things, might has to go through so many chains even we just when we just send a report in, that you know it takes months and weeks sometimes.

My boss has everything ready one month in advance so that we do not get delayed and everything. We can get it on through the chain people and she can get it uploaded in the HV. You have to know your government and know where you stand, who was who, who was what to make those collaborations work. Or part that is one of the things we want to stress is looking at your state individually. Additional specificity may be needed for your state. Use it. We are all different. We all got things I can work together.

>>: I am still a state government but again our state government operates a lot differently. For us at then CHF us down the hall but grant us down a different home. But newborn screening is in the next office and next to me I share staff some of the EHDI staff is also a parent of a child with specific health care needs, I will use the new language that was introduced this morning. He is part-time EHDI and part-time parent and also -- so, yeah, we have that representation. It is easier for us if we are collaborating with newborn H. EHDI, I I came to my boss and said since I worked here there has been large periods of time when our research and was not positioned in staff. I cannot go into this grant. We cannot fulfill the requirements of this grant if we don't have this. She was brilliant because our state is a little more nimble maybe in that and she got that research position reclassified so it reported directly to MCH EHDI. They do not report to me even in my supervision. They're direct report as a director NEB obligee.

No your people, make friends with them. Go to face-to-face meetings with them because that will change your world.

LYLIS OLSEN: LInda Hazard Lylis. I think a couple things these guys have talked about are really important that we need to be thinking about. And I've had to learn the hard way over and over again. One of the things is pushing on Dorsett open. I've spent pushing the same doors over and over again and not gone anywhere. There are times when things are ready to move when you have new rules, policies, staff. Then we can actually get something done right now. It is important to maximize your efforts because you have a limited amount of resources and where you can actually move forward on things. That is one of the things of the grant is being able to look ahead and say here is where they want me, and here's where I can focus my efforts to make progress.

Realistically there are things you cannot get done. Regardless of what you try, there are things that we have tried 20 different times and I've run out of new things to try. I would be much better off spending my time on something that actually is going to work and that we can move ahead on. For part one of the other things as being nimble. One of the unique parts of Arizona is that the HRSA grant is actually with a nonprofit so a very small not-for-profit. We probably epitomize nimble. I can have a contract in place this afternoon if I needed to even though I am in Cincinnati and our executive director is working from home this week. Some of those sorts of things you need to look who your partners are in it with their strengths and abilities are. I also am not restricted from talking to legislators, which is awesome and awful at the same time because I spent all Friday night e-mailing legislators and as I was a parent did not realize that a hot Mike I was talking to one of the lobbyist that is something in front of the legislature right now in Arizona. It's interesting to know who can do what an nearest date and where your strengths are as an agency and organization. It is good to have self-awareness in that.

Yes, ginger.

>>: I will repeat what she says. When you create your org chart how far do you go -- Ginger says how far do you go in your org chart and sometimes it looks like we take responsibility for things that are not hours? I am a little bit lazy at some ways our org chart looks like whatever I can pull down quickly and we usually stay within our organization. But I do have another chart that sometimes, is on paper and sometimes in my head about all my collaborators and stakeholders and keeping track of what their responsibilities are and what they do and how they fit in is kind of a big piece of that.

One of the things to think about, we think about I cannot get all done on I need some videos to help me, in reality, if I start in early training program, I will be in trouble because someone else is already doing that doing a good job. If I spend my time and effort duplicating that, I'm going to make them not very happy with me either. Besides doing something that is not a good use of my time. It is important to figure out that somebody else has responsibility for this, you do not need to step on toes. Figure how to help them and leverage what they are already doing. I think that it is important. That org chart? I think it org chart that include your collaboratives, we do get letters of support, letters of support that are pretty specific. They say this is a piece that I have in this agency and this is how we're going to do EHDI stuff. Here is what our role is in supporting. It's not only would like these people who do a great job, but it is what is that relationship and you can build an org chart off of that and see with different agencies and organizations have said they're going to support you and be supportive. Commitment to attend your meetings, and work on some processes. Part of that is picking things that they are interested in that match their goals, their requirements, their legislation, their hopes and dreams and all of that. We need to incorporate everyone's vision as well. That is important.

>>: Okay. The slide it does not matter who does the work. It matters that the work gets done. One of Lyliss quotes that we decided to patent if you take and delegate and though the all of us are pretty much strong personality group of people in the EHDI coordinator world. We want to shake move and groove. We want things to be better than they were, but when you look at your collaborators, those of the people who need to do some of the work. Okay? It does not require us to do all of the work. We need to let the people do the work. To stay in touch with them. As I explained earlier, some of your collaborators are your hospitals because you are getting data from your hospitals. I talked to my hospitals at least once a week and usually for the shame game and everything that they are not doing their job. As a matter of fact, in the past two weeks I took our database system and those charts that would not merge over, I wrote down all the information that was put on the hearing screen and I wrote in all the information that was on the blood spot and I called them out. I said this cannot continue. I matched 300 records by hand. I do not have time to do that anymore. I need you to individually get with this person who did this hearing screen or get with this person who did the blood spot and find out who did what and have them correct their habits or I need you to do a QA QI project. Delegate it out. I don't have time to keep doing this, but I have to get them matched over so the babiess' hearing results can get out. Our vendor was turned to figure a way to do it. And I said you cannot because somebody has made a mistake. I'm going to have to do it to the best of my ability, but these hospitals have to be called out. I stay in touch with them, I called them and everything and that is part of our CDC NOFO is to get that data and information. I had to figure out a way to correct it and everything. Do as much prework as you can. I'm very blessed in my state. I just assist with my NOFOs. That is my boss' job. I just tell her what we can I cannot do. And she puts it into words. I am blessed. And I appreciate her for all purposes that it is.

We went to look at the surveys, creating surveys and sending it out, I am not good at that. That is not my cup of tee. I created a survey one time and I got six people to respond. My state is not good about surveys and I had to move on to other methods. A survey is a good way to asking people what they can and cannot do for you, or how they are working in their department, how they are getting their stuff, how they are getting their information. A survey can be very helpful and everything.

Understanding the barriers. We all have barriers, some more than ever spark my state is that a lot of my collaborating people are independent, so they operate this way, this one operates in this way, and this one operates this way. And they are like I am not working with you on that because I'm already done a. Where do I need you for? That goes back to taking time. Persistence and persistence. It does not need to have to stay on top of it every day. When the mood struck when I talked to my boss about the Hands and Voices issue, she was pliable you have to say those -- you have to know where you can and cannot go.

That is really difficult sometimes, because some people are more difficult to read than others. It goes back to it does not matter who does the work it just as long as the work gets done. That is a piece that is very valuable to me because we had to go to that new personality class? Have any of y'all had that in your state? I found out that I am a big dominant and everything, and all my coworkers may and one other girl were dominants and everybody else is the little passive group. That is really hard. You have to learn how to adjust and move to get the work done. It does not matter how you get it done, just as long as you get it done. It may take six years. 10, 30. It may take us a forever to get there because everything is always changing. The perspectives of HRSA, perspectives of NC HB, all those perspectives change on a regular basis. When it becomes impossible -- I shared yesterday, my state, there is no way we're going to get to birth to three years. My state has dug their heels and. We're newborn screening and not birth to age three. I'm going to go in figure out a way. We have a plan, it might not be a very good one and, but we have a plan I'm going to work toward it and not let it drag me down because we have to move forward. That is one of the things I have to say encourage is it takes time, energy, places that we need to go that we might not want to go. Kind of like Star Trek. Yes, miss Ginger.

>>:

(Off mic)

>>: There is a difference between research surveys because that is when your gathering information and pulling it in from everywhere else and if y'all disagree let me know. We will let her talk about that a little bit more because that is not my cup of tee. mine failed drastically. We have used both. We have used some needs assessment so we had to find out what are -- I felt about our EHDI section. 80% of our -- did not like it.

We had done another program evaluation and we had a talented students who came from Harvard School of Public Health and they said you have no idea why people are not following up and that group. We ended up hiring a university to do in IRP approved IRB approved study so the results could be presented on or published if they are something that might deserve publishing.

For us in our section, that was the line. For research it has to be IRB approved. Our section will not touch anything other than that unless it is just a small subset, and we are not going to, I did not tell you want the response was from our audiologist, but it is not something we are going to publish. Does anybody else have a different definition of research and evaluation surveys?

>>: I work for small nonprofit F. like I can do any type of survey or want. To have to make that distinction, however, we do understand IRBs and publishing that. Sometimes, you do surveys internal for your planning planning for your knowledge about what is happening in your state. I don't believe you have to give very much permission to do that. maybe if you put it in an e-mail instead of a survey monkey, that won't count as a survey then. We ask questions all the time and a lot of times they're only one or two questions about what is really happening. Is this happening, is this happening? You make it a two or three minute survey, you will get responses. People know that you actually use those responses. Hopefully, that answers your question.

>>: I will quickly go through the slide. Because I hear we talk too much which would be me. I'm sure. Our next thing is to stay in touch with your principal collaborators and ask open ended questions. That is something I've had to learn because of my personality type. I am not going to say that all of my dorsal fall open. They do not. I have had doors have to push doors. 70 on my advisory committee I had to go to him and say that people in our clinic is a pediatric clinic they are not sending people back to audiology. I just looked and they did not come, but I looked at the medical record and they were literally in the building down the hall that the doctor did not send them over to us and they need to. Isn't that the ENTs' responsibility what is have to be pediatric responsibility? You guys are the master of the referrals so that is a door that took a long time to open. He got appointed to a research study and now he is a little more responsive about that but doors do not always open. It took since I've been here.

The last thing like Lylis said, I had to shift my effort on that particular matter and there have been other manners that I would like to have any child who is hearing loss to be immediately eligible for EI. It has not happened. We do a lot of education and get a lot of kids and under professional judgment.

The next one I have a little piece of this and I will say too much. Share seamlessly, steals seamlessly. That really worked for us because we are such a small state. We based our professional education around newborn screening on the NCHAM scripts. We did not make them from scratch. Hands and Voices, FL three, sorry, they were able to make a beautiful flyer about why parents would want to go to early intervention. We had challenges with that, we knew it was important but wanted that in parent language and so they were able to help us with that.

>>: A big key with this is with the sharing and stealing is knowing where your resources are and how to get to them. Know how to get to them and use them. If you have a question or are not sure, ask the question. EHDI chats is a great place where any court Nader's can talk and ask a question to see if anybody has already done something. I am sure you can find something else to work with the same seeing what the other EHDI coordinators can done is saying if there is NCHAM or FL three or technical resource owners that can help you. As part of your hand out you will see that you have resource list. These are ones that we identified and are different states. It is not conclusive and not necessarily state specific picker feel free to add to it and grow. These are starting place we can look for resources.

>>: One of the things because I work with the chats I would tell everybody know that we're going to be looking at doing specific chats for the grant writing and talking to each other about grant writing. My goal here is that HRSA gets a 58 grants that all look alike. If they were all on the same page and finally. That may not be possible, we will see what happens.

I think that some of those things or what we were heading toward and with that, we have resources. One of the things I learned early on is that maternal child health so the MCH child block grant program has to do an extensive needs assessment and it fulfills my needs so I copy and pasted it. Needs assessment I don't are not my specific goals, but I don't need to do a needs assessment obvious entire state that has already done and I can steal it shamelessly and I have no problem stealing shamelessly.

I wanted to talk a little bit about this activity we wanted to have enough people at your table so you can talk through. We want this to be a sharing of knowledge and aha moments and to look at what can you do right now to better understand the landscape of what is coming? Think about what you heard today in the plenary session. What is going to show up in the NOFO, what did you hear as far as diversity equity and inclusion? We know that is going to show up in NOFO. We also know that families that do not feel safe do not feel scene, do not feel representative, probably will not do what you want them to do. How are you going to make sure that all of your families are represented, that all of your families are seen and heard and feel like is a safe place for them? In the screening, and the diagnostics, safe place with the medical home, audiologist, safe place with the early intervention us to. If people are having to go through that with the diversity and equity and inclusion and all of your pictures are of your babies and our babies are blond and had no hair and they don't look like Arizona babies. Arizona babies have lots of hair they look very, very different way to make sure that all of our brochures did not have -- because they don't represent what is going on. With the goal of all sorts of things, but that does not really matter. Representation matters. It is a barrier. Some of the things we know are coming up have to do with diversity and equity. How we are going to approach that? How are we going to make that -- some of them making it personal how does that impact our families? What are we going to do about it with our family squeaked.

Who are your collaborators? Who can help you with that? Who is responsible? It does not have to be you. You don't even have to take the lead on this. I've gathered together lots and lots of meetings where I have no intention of taking over and doing everything that they come up with. My job was to get them all in the same room or in the same zoom room to talk to each other about what they are going to do. Who has a steak in the squeaky who has goals already in their plans to deal with this who has the passion, the responsibility.

This is where we really incorporate parents because parents have a very, very vested interest in getting stuff done. They have the passion for getting stuff done. Often times they are the ones who are really kind of driving things.

What is your role? It does not have to be the lead role. No when to shift your efforts.

>>: What I learned from Lylis and this might somewhat goes along with hers, but one of the things about you don't have to be the person responsible is that we do have a lot of parent involvement in our advisory committee and we do have a parent support agency. Giving them that authority and responsibility helps us, and we do have a parent part of our QI, too. Also, with my part of what I am able to do is determined also like we said earlier, my supervision or supervision in my structure and what we can do. Sometimes, there will be like you absolutely cannot do that, someone else will do that, but it will not be you.

>>: At this time, if you all would take time to work with your table. I know part of the EHDI coordinator track was suit find something tangible to take back so we want you to take time to look at what is happening in your state, what can we predict in the next NOFO, what is missing, what is happening now. If you can identify some collaborators for you and your state and lastly identify from those collaborators, who is going to be responsible for these pieces? If you take the last few minutes to do that and have a discussion with your table mates and get some ideas, you will have something to take back with you. A.

>>: Where are going to come down within the tables. Feel free to grab us and ask us any questions. As I say, I don't know everything, but I know somebody who does. I can direct you in the right direction.

Ginger, we stand up in front so I can send everybody to you? She is the one who knows everything. (Laughs).

Scapegoat, know it all, whatever. My partner in crime, whatever it takes. Any questions, it hit us up with anything you might have.

(Classroom chatter)

>>: We have five minutes.

Two minutes.

It is now 12:00. It is the end of the succession. You could in your app, take a moment to fill out the evaluation. Thank you oh and enjoy the rest of your afternoon.