How to support cohesion between family based organizations and EHDI.

 (Captioner Standing By).

 >> Testing. Testing. (Captioner Standing By).

 >> Hello, hello. I think we'll go ahead and get started. Thank you for being here. It's the end. I can't believe it's the end. But it's end of the conference and we have people. So thank you for being here. My name is Heather Morrow-Almeida and I'm with the EHDI Oregon program.

 >> AMANDA HVASS: I'm Amanda Hvass and I'm the with Hands & Voices of Oregon and I'm here with Heather to present on the topic of working together. The reason why I'm hearing at all, because my son, Allie, is deaf and he has other disabilities beyond that. He's 13. And that's how I'm here. Ollie. Our objectives today are to be able to define three areas that contribute to the success of our collaboration. And years ago when we presented on this, it was almost like scary to present on it because it was so new to have such close collaboration between EHDI system and Hands & Voices or family based organization. We were like, are we sure we wanted to do this? We're going to out ourselves here. Now it's so common, that we're like, is there anything to offer here because everybody is doing it. But we still thought we bring this to you, because we wanted to share some things. It's interesting to learn about other states and what they're doing that makes their collaboration work, and what, yeah, just the way they do it. So that's what we want to do. Not rocket science, but just a little vulnerability in the way we're doing this. And also babe to describe in the way we benefit from the collaboration. And also summarize opportunities to develop or enhance strong parent serving organization in partnership with your EHDI state. I'm here as Hands & Voices, but not everybody has a Hands & Voices in their state. So just specifically other parents serving organizations.

 >> So we wanted to start out talking just a little bit about describing our version of EHDI and our version of Hands & Voices Guide By Your Side. Because not all EHDI programs are the same and not all Guide By Your Side programs are the same. So just a little context. So in Oregon, EHDI sits in Maternal and Child Health Bureau and public health in the health authority for the state. We have about 5 amazing people who work for our program, but those 5 amazing people all work for other programs and Maternal and Child Health Bureau as well.

 So when you distill us down, we're about 3 people's worth of time. We do have legislation in Oregon, which we're grateful for but which is also very imperfect. Some of you may be familiar with that challenge. We have a home grown data system which we're really proud of. With that, we also have our own in-house programmatic expert and inform statistician and she has domain knowledge and she sits with our EHDI team. She's embedded in our team. She knows our program inside and out as well as I do or better than I do, and she develops for us, which is a huge asset.

 We do regular and extensive data analysis. And in large part, because we sit in the Maternal and Child Health Bureau, we have experience working with family serving organizations, and children and youth with specific or special health needs entities as well.

 >> And in our Guide By Your Side in Oregon, our whole chapter started because they wanted a Guide By Your Side program. So that is like why Hands & Voices of Oregon began. So that's kind of a large he was like in our chapter. Our Board is whole deaf and hard-of-hearing adults, educators and parents. We have to be 51% parents in order to even exist. Our funding source is only from EHDI as our only grant currently. So we do that. And then we have that. And then we have donations. But besides that, we're running on a program based off the contract we have with EHDI. Within our program, there's always lots of different ways they are run throughout the states. Our parent guide serve regionally. And then also sometimes like specific to a child's experience. So maybe like we have a parent guide that's in the Bend Oregon area and the child has CMV. So we'll match her with other families if they're willing to talk to her. But most part, she's serving central and eastern Oregon with specific duties. Same thing for myself, I have a child with disability beyond being deaf, so I'll serve families who are curious how to go through the hearing loss piece as well as trying to keep the child alive and navigating that together. So it's kind of specific.

 We serve birth to 21. And our program is very relationallily based. So we love to throw events and help other families get to know one another and connect. I'm assuming none of my parent guides are going to be a perfect fit for every person they're assigned. Which is why we decided it's important that we build community events, so people can find their people within everything. Although they're well-trained and they do a great job are, but you know, sometimes you have to find your people.

 And then as an ongoing thing, we have parent guide team meetings. And we have annual in-person meetings, which are really valuable to us. We also, I was trying to think of how we lead this program. And there's a lot of autonomy for the guides. Like I try to find things that they have strong strengths in that they love to do and like to do, and we try as much as we can to work off those strengths and allow for flexibility in areas that they would prefer. Like within this framework of the program. So we still have to get the jobs done, but we try to tailor it so everybody is having a high success rate with the things they're asked to do.

 >> HEATHER MORROW-ALMEIDA: Few days ago, I asked Amanda randomly 5 for 6 words that came to her thinking about our EHDI program and I did the same thing for her thinking about her leadership. And the Guide By Your Side in our state. And is these are our words. And you have a clue as to which set of words is about EHDI versus -- or maybe not, which set of words is for Guide By Your Side. The red Herring is the data word. But, you know, you can see they're pretty similar. There's a lot of shared value and strength, and relational, you know, as Amanda said, depth of that relationship and I think that's really true for both of us in how we try to work with our teams and that translates really well together across our teams as we try to work together to serve families. So I appreciated her words.

 We went into talk little bit more about how we work. And so we have been working together, Oregon EHDI and Hands & Voices chapter, and it's been a long time. We currently have a contract with the organization and we update it annually. We have in our state, as in many other states, there's quarterly Advisory Committee meetings. And as part of the contract and also just part of our relationship, Amanda is Guide By Your Side coordinator and participant in the meeting and brings out standing updates to the meetings and it's usually everybody's favorite part of the meeting which is awesome and I'm going to announce she's also our new chair for that body as well. So she was just voted in. Yay! Go, Amanda! It's very exciting. So she's Chair for our next term which is thrilling to have a parent in that role. And I think this is the first time we've had a parent in the role of the chair Advisory Committee so that feels huge. As Amanda mentioned, they do annual trainings and they're ever so kind as to offer us an outstanding invitation and they bring contents and materials, and we just have discussions together.

 Another kind of backbone of the way we work is our referral process. And so we'll talk about this in a minute but we do direct opt-out referrals for families to Guide By Your Side in Oregon and have done for a long time. We facilitate data access into our data system for them and do information sharing with. Within our data system we have reports specific to them to the team and for Amanda to help with quality assurance, and monitoring, and then they also help us in that they're able to distill down the summary statistics we need to report up for our federal grants as well so, they're all doing double-duty.

 We do a lot of communicating. Because of all the communicating and the work in the data system, and the updates of the advisory committee, we don't ask for a lot more reporting from Amanda and her team, because we were getting it. So we try not to place additional burden on them as much as possible. And we get to do some fun special projects together which Amanda will talk more about.

 So Amanda referenced that in Oregon, I don't know if we're unique, but it feels unique the chapter exist in a fascinating way to be. And over that time, we started out with a coordinator as a staff person on the EHDI team in our office right down the cubes from me. I could hear her outreach to family. Part of my training as a coordinator was hearing how she was communicating with families and talking to them and bringing them into the program. And then overtime, that evolved into individual contracts with the different guides, and now this organizational contract that we have. And we've had several coordinators over the years and we've had different leadership styles so, a lot of things have changed and grown. But there's also been shared consistency across time as well.

 >> AMANDA HVASS: Something I love about that part of the story is listening in on all those, not listening in, but hearing those conversations. It like paved the way to so much buy-in for what it was that parents would be doing from the comfort of their homes calling families and, I don't know, just feel like that was a big thing for EHDI and Hands & Voices of Oregon. We have a shared vision. I was looking on our website since Hands & Voices supports families, navigating the journey of raising a child who is deaf and hard-of-hearing. EHDI, they're trying to identify early, receive services that support language development, and we all know the 1-3-6 goal. So we want to support EHDI with our 1-3-6 goals and we'll call families with knowledge of maybe the families gotten a lot of calls and they haven't been responsive. So we have the ability to see that and also try different way. Like, hi, I'm a parent of a deaf cheeld. I was curious if you have a moment and explain little bit about ourselves, the contract. Because sometimes people are like wait, who are you? Wait, you're safe. We have a contract. We follow all of HIPAA. And this is how we're able to call you. So we have shared vision. And also commitment to one another in this whole process with the shared vision it's very easy to trust, and overtime, trust one another. If anything ever comes up, we're able to talk through it and see are we still reaching our goals together? Is this still our goal and continuously coming back to that shared vision and commitment.

 And like Heather said, the autonomy we have, it wasn't until we were working on this presentation that we started talking about how little of the reports that I have to do. And it's because of the data system that is in there. They can pull all those reports, which is so fantastic. It gives us a lot of autonomy to be able to reach out to families and try new things within conversation and within like a framework still. So I feel like we consistently come back to is it best to call a family right away? Or give them a month? Or give them two months? It's a very consistent conversation, which I think that would be one of my main takeaways from today is that things change and evolve, and we want to just keep in conversation. So back to autonomy.

 I'm very thankful we're able to work, really, within our roles. Like what we do best and what makes us unique and let those strengths shine on both parties. Like without EHDI, oh, my gosh, the data keeping and the ability to reach out to families, well. And then close collaboration. We work together a lot. Whether it's email or phone calls, or meetings, some of our projects right now include a deaf and hard-of-hearing adult involvement, sort of like committee. And this is one that brings me great joy, because through my experience with the program and with my child, the Deaf and Hard-of-Hearing community is very important to me, and I've built good relationships with them. So to sit at the table with everybody there, we kind of rely on everybody's little trust between one another that goes all the way around the circle eventually, because we're all working towards unity. And now that we get to sit there and figure out what is it that parents want? And when do they want it? And it has to involve deaf and hard-of-hearing adults. And what place do we, like, what age and what's the magic number? We're not finding a magic number, but in our committee, we're finding out where the Deaf and Hard-of-Hearing adults desire and what their parents desire and how we collaborate and work together. It's my favorite part right now.

 And then also we work on developing surveys for families. And another thing is we work on a FEDI project. It was among other states seeing how we can collect data and what data we want from families and what we consider that to be, and how different it is across the states. So I remember pacing around my backyard when talking about it, she was like you don't have to do it if you don't want to. But I was like I want to, it's a lot of data and bending sideways and figuring out what they want. So those are some of our projects that I hit all the ones.

 >> HEATHER MORROW-ALMEIDA: So we have a contract, of course. And this outlines a lot of things between how we work in terms of some expectations that we have, or goals that we have together around family outreach. What percent of families at what point in time do we expect to reach setting goals together? Talking about that participation and Advisory Committee, collaboration, opportunities, their consultation to us and the leadership they provide us as well and our team. The reciprocal invitations we have. Those mutual respect be invitations we bring to each other. And then being a state agency, we have all of those pieces around assurance, right? In terms of training, background checks and confidentiality, and all of that we have to have in place. And those are all outlined in our contract as well.

 Thinking about the direct referral, so in part, it's interesting in our state. And I think part of it is due to the fact that Guide By Your Side came into being around the same time that our data system came into being that we have always had. Our referral model and our data system, so they've always gone hand-in-hand. There's probably more to it. I wasn't there. But that's what I attribute it to. So when an audiologist comes into our system to report identification of deaf and hard-of-hearing for a kiddo, they're prompted at that time to go ahead and initiate a referral to early intervention, to public health nursing, and the counties, and tribes, and also to Guide By Your Side. They're not required to make any of those referrals except for early intervention, of course. But we are monitoring so, if they choose not to make a referral, our team receives a task 45 days after the identification for us to check in and review the records, and see perhaps if the timing is right and check in with the audiologist and ask if what's going on with the family so we can take the right reaction. Our referral is sent to Guide By Your Side without any personal health information. They have a code. They come to Amanda by email. And she and her guides are able to use that code to securely access the records for that specific child. At the same time that we're getting this report of identification by the audiologist to us, and we're reaching out to partners who can serve the family, we're also reaching out to the family and babies' pediatricians and we're letting them know what's going on. Because there's a lot of things happening right now. So we're trying to make sure the communing loop is closed all the way around and everybody knows what everybody else is doing and so we're notifying them about what we know, which referrals have been placed and also to share maybe this referral has not been placed yet, but maybe this is something your child or family might need in the future. Here's how you reach them so, if you're not ready for Amanda and Guide By Your Side today, you may find some information to reach them later and we sought legal opinion from our Attorney-General, which gave us permanent noition do this direct referral and the information sharing that we do.

 Again, just comfort for those who are more like the risk-averse sorts of folks in the world. And we're really, really glad that we're able to provide access to the information system, because we think it supports seamless tracking and communication for our families, which is the most important thing. It's possible, because in our data system, there's role based access and so we're able to define for the users which cases, which babies they see, and which data in those records they see. And that helps us meet the criteria set by our legal team of the minimum data necessary to do the job. Right? So we're all responsible for protecting data and that's, in part, how we do that.

 And we think that this is really important that in our data system, again, it reduces additional reporting burden so, that enables this team of amazing people to do the work that they do best, which is to dedicate that time to reaching and supporting families instead of hopefully, you know, doing duplicate data entry somewhere else.

 So for us, the benefits are numerous. We, Al's a program, are better grounded in the experience of our families. We're learning all the time. Amanda is teaching me every time we spend time together, I learn from her. It gives our program a chance to walk our talk around being family-centered. So we're investing resources in a program that we believe in and makes a difference, and we can feel good about that. They help us with case finding for late identified babies that we may otherwise not know about. They're reinforcing the messages about early intervention. And then in specific, Amanda was mentioning deaf and hard-of-hearing adult support that's happening right now and Amanda has relationship with people that don't trust me. So through their trust of her, they're learning to trust me, and we're breaking down some silos, and some broken places, frankly, in the system. They're not fully repaired, but we're making progress, which I'm so grateful for.

 >> AMANDA HVASS: And the benefits for our collaboration for Guide By Your Side is that majority of the infants identified are referred to us. Like Heather said, it's not mandatory that the audiologist refer them, but we get a lot of them, a lot. Like, I don't know, 8 to 10 a month on average. There's quite a few. If then access to minimum data necessary for outreach. So we don't have to have all the information. We don't want all the information of the families and their kids and their health. But we have that data. And that data system is just absolutely, like, invaluable. I was going to say gold, but it's invaluable. It's incredible. And then that data system also is user-friendly to us, so we can keep data. And we do for the reporting system as well, but we can keep, we just are to click a button and say we contacted the family and through our FEDI work, it's interesting to see Oregon had already come up with much of the data to, sorry. FEDHEI. Or Oregon had much of the details. Like did you contact the family? Did you try? Did you actually talk to them?

 Did they call you back? Are they just unresponsive? Do you have a bad number? So it's such an easy system for us to use. We click and how we contacted them. And how long we talked to them and if we're able to talk to them. And entry area where we can put some valuable information on what the family needs and how we supported them at that time and also in that we have a next steps tab or button that will give us a list of on this date, make sure you check back in with this family. It's very slick. And we coordinate with the EHDI team. It's a joy to coordinate with the EHDI team. Heather is very kind and warm. So she's an easy person to work with. But just like the whole EHDI team there, it's incredible to work with people that respect parents' opinion and parent view, and experience. And then also to really work in collaboration with what can we do to make the system better for the kids? Because that's what we want to keep coming back to. These are all for the babies that are deaf and hard-of-hearing. And so tons of access and exposure to even being able to work within the EHDI Advisory Committee and other people within it. We want to keep focus on our shared goals. Thank you, 5 minutes. You know, it's so system and yet, sometimes when we start doing a lot of different things, it really is valuable and important to come back to the main thing that we're there for. And currently, with our contract, with EHDI, our main thing is supporting the birth to 3 babies that are identified as deaf and hard-of-hearing or, you know, need to get identified.

 Then also we want to lean into hard conversations. And so I don't know if you guys have experienced any of this, but in the last couple of years, you know, it's gotten increasingly more challenging to talk through things. You say one word, trying to mean one thing and then it means something else to other person and they heard it a different way and different time so, there is a lot of availability to step on a landmine or just emotionally, you know, in relationship.

 So I'll say that like this little list we came up with, this is a team effort of figuring out how are we talking through these things? Because we have challenging conversations sometimes that are, like, passion-filled, or fear, or it's not always easy to figure out how we're going to do these things. What we're going to do is very easy. We're doing to support deaf and hard-of-hearing children and their families. But how to do it is really challenging sometimes to decide. And being people that have to actually make the decisions, there's a lot of responsibility to make the right ones and good ones. Yeah. I can go on and on about that one. So we have found keeping short accounts, being able to talk with one another if something comes up faster, or if someone feels like hurt or anything like that, just keep short account. Value our differences as strengths. It is really important that we love the fact that each entity and organization is very different from one another.

 Be will to redefine the relationship. I shared little bit about that. Don't make assumptions. Communicate. And then the goal and platform rules. Not just treating others how we want to be treated but how they want to be treated. This is super valuable. And don't understand be too quick to find amistakes but give grace. One person says another and if you go down the rabbit trail, it can be really fast. And be quick to give grace and look for responsibility and accountability. So considering your needs. I love that one for the fact of we can't just be nice and love each other and hug. It doesn't work to just being nice. It works to have accountability and have hard conversation that are clear and honest, and also have accountability within it.

 >> HEATHER MORROW-ALMEIDA: Power to the finish. So things are going well. We learned so much from each other and we're never done. So we have all the opportunities. And as for our EHDI team, there's a huge focus around for us around the adequacy of our efforts as a program to serve and be responsive to black, indigenous, and people of color, families and families who are non-English-speaking. We know that we're got doing enough. We know we have huge gaps in this area. We are doing some work, but we feel a great responsibility to do better. And just as we are focused on that, we take comfort in the fact that our Guide By Your Side team is walking alongside us in that journey and they're also looking at their practices and trying to find ways they can do better and serving families too. So that's a huge growing learning opportunity for us. There's always quality of improvement work, right? Thinking about our data system and timeliness of the reaching family and that's one for our 1-3-6 and also partners and engaging in service. Thinking of levels of services and families that are hard to reach and families that is non-responsive. Who is that and what we might do differently together.

 Imagine imagine we also talked about the hard-of-hearing adult plan. This is an area I was keeping data on and I was so excited. So working together on that. And Heather is like, we have to come back to why. Why, why. We're here for these kids. This picture is from last year. These are families that have come to our camps or events. And Hands & Voices can do this, because EHDI supports us. EHDI can look at these families and see what's really happening on the ground because of Hands & Voices. So for that, we're just so thankful for this collaboration. So thank you for your time today. If you have any questions, feel free to ask them up here. Oh, the timer. Yes. That's it. Thank you.

 (Applauds)

 >> Any questions?

 >> We might have some answers.

 >> Can we do it right now? Folks are welcome to stay or whatever you need to do.

 >> So with Arizona, we have a data sharing agreement with the high track system. So we get to access events that are confirmed. Which means that somebody on that end has to select and designate at GBYS. So it's not perfect, we're trying to figure all that out. But there's a potential babies not making it to that list and things like that. I'm just curious about the database you're talking about. So you have access to, do you use high track? How does that work? Or someone selecting those records and giving it to her?

 >> HEATHER MORROW-ALMEIDA: We used to be high track family. But we broke away in 2010. So we have our own home developed data system and that's partly why it's so built in with the Guide By Your Side component. And those basically, they're automations in our system that identify if there's a kiddo who looks like has a confirmed diagnosis. Is identified and then it's prompting to make diagnosis and prompting our audiologist or different points to check that and monitor.

 >> That's perfect. And my other question is, what -- can you explain more about the opt-out thing? So because it's an automatic referral, and so then you're asking the family do they want this? Or do you just call and say, hey, I'm ready to come to your house? Like how does that work?

 >> HEATHER MORROW-ALMEIDA: Yeah, kind of the latter. We call the family and say, I'll give you an example. Hi, this is Amanda. I'm calling from Hands & Voices of Oregon. And I say it quick so they don't hang up on me.

 >> AMANDA HVASS: We are non-profit and I have a Deaf child myself. Or I have a hard-of-hearing child. And I will bend that. Then I say, we thankfully have a system in Oregon where we have a contract with the health department. I'm trying to pair down the words. And in this, we automatically get a referral to be able to call you to let you know we're here for you. If this is something that like you're interested in, I can tell you some more about it right now.

 >> So you give them the option of saying yes or no.

 >> AMANDA HVASS: Yes. Or is this a good time? And if this is something that interest you, I can tell you more about it. If they tell me if they want it or not, every once in a while we have a family that says I don't want that at all. Sometimes families will say I'm not ready for that. I get it. Can I call you back in 6 months or one year? And it stays open for us.

 >> Oh, okay. So it's not a hard refusal. It doesn't get marked off your list. You can keep them.

 >> AMANDA HVASS: It is notified. Like don't call this family for a year. But it's there. And oftentimes, because it's so open, and that whole opt-out piece of it, so we're assuming they probably want it, unless we're notified otherwise and we're very gentle with it. We don't say you have to do this. But this is here for you. As long as we're getting the message from them that they're open to us, then we leave it open. And almost everybody is fine with, sure, I'll get an email once a month. So then we're kind of in this inbox at that point. Or we'll say can I check back in 3 months?

 >> So then I'm curious, does anybody else have question? Because I will hog this.

 >> [Away from mic]

 >> So my question is, my next question, so how many, I'm curious, how many babies are identified per year? If you have data on how many are actually saying yes and continuing and accepting that referral? We have data for 2021, so it's 3 out of 4 parent we're reaching and saying yes.

 >> HEATHER MORROW-ALMEIDA: So in Oregon, we have approximately, you know, there's a range. But usually between like 90 to 115 babies a year. Fast majority of those get referred over. And looking at recent stats, I would say, I should know this. Snap it. But I think it's like 70% of the families kind of remain open to service. And of those, vast majority are reached within 6 months of age, which is really exciting. And a credit to also the audiologist and her state get tag piece done in a timely fashion so everything that follows it gets done in a timely fashion. Does that help?

 >> [Away from mic]

 >> HEATHER MORROW-ALMEIDA: 70% of the families we refer are open to guide service. So they aren't like a hard, please don't call me back. So they're receiving support on a level of service. Amanda can talk about more. Duplicate to add anything?

 >> I have a few questions if anybody wants to leave? Hopefully it shouldn't take that long. So, I'm joy Ella and I'm the screen reader director there and I'm not the EHDI program director but I'm more of the liaison. So I just have a question on your state, database. And does this connect with your state health information network or exchange? So do you get that data? I know this is -- do you get that at that time live if the hospital is contributing the information?

 >> HEATHER MORROW-ALMEIDA: In Oregon, we don't have a state health information exchange network for child records. So what we have in our states, we have our separate EHDI data system. Newborn screening results come into that system couple of different ways. So it starts with receiving all the birth certificate data from vital records and we receive that electronically. In our state, there's a newborn screening module that's part of the birth certificate so, some of the hospitals report screening results that way. We have electronic data exchange with over half of our hospitals now. So we're receiving HL7 feed. And then there's other smattering of ways that data arrive. Does that answer your question?

 >> It does. So would your, whoever your developer, you're in state, home group, would they be able to share some of that? I know, we're honestly thinking of trying to develop something within our state HIE. I just don't know if we have capabilities for that.

 >> HEATHER MORROW-ALMEIDA: We should talk. She's a genius and so capable and I'm sure she would love to talk to you.

 >> Does anybody else have any questions? Okay. Okay. So this is maybe more of a question for you. With the guides, and I think this is probably a lot of us are working remotely. And I can relate, because I'm a nurse and I also worked in a clinic. So hearing other people providing education to other peel is helpful when you're providing that same education. How are you doing that in the world of working remote and I'm guessing some of your families, some of your people on staff in Guide By Your Side are working remote. Do you call them before you call the family then not knowing if you're going to get a hold of them? So you're on a 3 way call and so if then do you introduce the other person? Does this make sense?

 >> AMANDA HVASS: And I love, this is going to highlight the autonomy, because I had one parent. So I generally have every parent guide. I actually make referrals to the parent guide. I look through to see where they're living and make referrals to the parent guide. I had one parent guide who hated the cold call. But she did it for an entire year to see if she could just do it successfully and feel at peace about it. After a whole year, she said I still can't stand this so, I do those calls for her gladly. And then after I've made that initial call and the family says, oh yeah, please. Because the whole time iodine talking her up to, oh there's more and she lives close to you and she knows all your providers. Then I'll share and they will want to get a call from her. Does that answer your question?

 >> Kind of partially. So then when you have a new staff, like Guide By Your Side, if you guys are both in different work environments, are you getting them on the phone before you call the family together so they can hear the conversation that you're having with the family?

 >> AMANDA HVASS: No, they are looking at my notes in the data system. Umm-hmm. And then we have a lot of training in order to be able to pick up where the last one left off. We're not on 3 way call. To support families, we do lots of Zoom calls. But you're talking about the initial call?

 >> Initial and follow-up, right? Yeah.

 >> Because we do have scripts in North Dakota and we're doing long-term are follow-up. And we're training somebody else that doesn't have a medical background. So she's more well-versed in shushes and kind of Medicaid and things like that. So she has, we're trying to build on strengths. So there's a lot of the questions families have had. So that doesn't need a nursing expertise. That needs more of a medical information and insurance background so, we're trying to balance that so it's not so many like, hand-offs. But I feel like families get super overwhelmed when there's too many people also. So it's like that fine line.

 >> That is why we stopped. Because it used to be the coordinator would take the call and make the call and then you're adding another person that's confusing. So we try to eliminate that as much as we can.

 >> Okay.

 >> Feel free to go.

 >> How do you have your parameter set up as far as logging the amount of time you're on a phone call with the parent