REALTIME FILE

EHDI

INTERNATIONAL D&E ROOM

PENNSYLVANIA’S EI AND EHDI COLLABORATION

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>> MARK BEALL: All right, folks, the door is closed, which I think is our official signal to get started. There's one thing I want to mention real quick before we jump into the presentation itself. If you look at the schedule pamphlet and decided to come to this talk, you are signing up for an hour-long presentation, which bless you, that's a lot of information. If you come in the app, it's a half hour. It's a half hour presentation. There's another one in here after us. So if it feels like we're flying through this, we have a 25-minute spot not the hour one. As we get going, I realize that Kevin and I effectively look like the before and after picture in a barber shop. It is what it is. We'll deal with it.

So as we get into the EHDI and EI collaboration in Pennsylvania, before we even get into the slides, there are a few caveats that should be mentioned. We are so lucky in Pennsylvania that we do now in very recent years and a really strong collaboration between our two programs. That's what we're here to talk, about obviously. But I want to note before we dig into how our agreement works and how we made it and why it's strong, the real reason and the only reason it works is because we have people at the top who supported to it and agreed to it, because my boss, Deb and her team, decided it was an important thing that needed to happen, and that's really why it happened, more than the interesting deals we're sharing -- and there's been a couple of presentations here. There's a couple of states who have collaboratives sort of like ours, and a dominant theme is exactly that -- people being willing to break down those kind of governmental barriers for the betterment of kind of serving the kids. And that theme you'll notice through our presentation as well. The other caveat I wanted to throw in is said EHDI and EI collaboration. That's true. But in Pennsylvania, it's three-party thing that makes this roll. And that's why Anne Gaspich is on the stage with us today. It's a collaboration between EHDI and Early Intervention, but in the state of Pennsylvania, for us, it's guy by your -- Guide By Your Side, connecting this effective data triangle, and I firmly believe this agreement doesn't work as well as it does without the presentation of theirs as well. And you'll see that reflected in the slides a bit, but because the title definitely said EHDI and EI I wanted to make a hat tip to Guide By Your Side before we dug in. Someone is pushing the slide for me. This is a background, we'll buzz through this quickly and leave time for questions, obviously.

In Pennsylvania, the EHDI program and the Early Intervention program, like a lot of states, are located in separate departments, right? And historically, there hasn't been a ton of data sharing on a consistent basis. There may be a phone call or a request for a specific record or a request for a dump, but historically, there was not a consistent sharing of data across this. And as I alluded to earlier, some leadership changes within our programs and the kind of renew the understanding of the significance of our shared goals and overlapping interests, kind of opened the door to this new collaboration that we've been working on the last -- I'd say three years. It's been in progress and this year is the first year that we've really started reaping the benefits of it.

I'll look over to the EI folks before I go further. I should probably introduce us formally. I'm Mark, I'm the EHDI coordinator for Pennsylvania. I'm the shaggy one. Kevin is the handsome devil.

>> KEVIN YOUNGBLOOD: Hello, I'm Kevin Youngblood, the EI advisor for the Bureau, and I also work on lower incidence projects throughout the state and data management related to that.

>> DEB NOEL: Good afternoon, I'm Deb Noel, and I work in the Bureau of Early Intervention Services and Family Support. And in Pennsylvania, our Early Intervention Program birth to school age is in the Office of Child Development and Early Learning, so we have a two-department office where we answer to the deputy secretaries of the Department of Human Services and Department of Education.

>> ANNE GASPICH: I'm Anne Gaspich, and most importantly, I am the parent of my youngest son, Brent, who is 12 years old and was hard of hearing and was identified through newborn screening. I also work in two positions, which is a key thing in this whole collaborative work or organization. I work for the training arm of the office of childhood development and early learning which is a separate entity called Early Learning Technical Assistance, so we work with trained EI and service providers. I wear another hat as the program director for Guide By Your Side.

>> MARK BEALL: So you may be getting an idea of why I said Anne and her organization sit at the heart of this in a number of ways. I'm going to talk about the various hats Anne wears in this data share. Apparently we have an hour, so if you guys are full of questions about Early Intervention and data share, we'll take the full action. Now we'll relax a little. If you haven't noticed, I'm a bit of a talker.

>> ANNE GASPICH: So Mark, it will be you and I and Kevin and Deb will --

>> MARK BEALL: We're going to keep it on the short end. Kevin and Deb are taking off tonight. On the app there is another group set to be in here. Do we want to check with them and make sure -- if they need the room, we'll still clear out in time.

So we're going to take a quick look through our agreement. It's not super-exciting so I won't dwell on a lot of it but it does have some important stuff to highlight. And in the much more significant end of things, we'll talk about how and why it works. So these are the big beats of the agreement that we worked through. Both we're both governmental agencies, we're able to sign a kind of intergovernmental agreement which makes life a whole lot easier. But the big things were really clearly defining what we are doing, and the second one is enormous, outlining the legal and regulatory requirements. I think that's one of the big walls that often sits between EHDI and EI. Each of us says, well, we have HIPAA, and we have these various regulatory things that limit what we can do with our data. So we worked hard to make sure we fashioned our agreement. And then confining the parameters and the confidentiality stuff is important, but not very exciting. We'll go through it quickly.

So this is our purpose. I put it up here just so you can have a look at it. It will not surprise you. The purpose is to share individual data between our two organizations. Specifically, of course, related to children who are diagnosed with a permanent hearing loss, and to confirm that they are receiving EI services. Very straightforward.

This is stuff that most of you in this room are probably already familiar with. So Early Intervention oversees implementation of Part C of the IDEA, and EHDI is part of, in Pennsylvania, the Division of Newborn Screening and Genetics, and we are responsible to the I Hear Act. I'm just trying to get through the standard stuff so we can talk about how the agreement works and what use we're seeing out of it.

So obviously, EI has access to all the information about all newborns, infants, and toddlers referred to EI for service through a database in Pennsylvania that's called Pelican, and EHDI, of course, documents all newborns with hearing loss in our database, ICMS. There's a ton of overlap for various reasons, but those systems, right, do not talk to each other. We're not sending any data files back and forth. There's no digital interface dumping information through each other's systems. They're kind of siloed apart from each other.

This is the agreement we made. It's fancy government agreement. I'll let you read it for a second if you want to. This is what we signed on the bottom line that we agreed to share, in the first five days of every month, EHDI, in the person of me, will pull a report from our system and send to EI a whole bunch of data we have on anyone who has been identified since the last report. EI takes that list, in the person of Kevin, most of the time, and compares it to the Pelican database to make sure that each of those babies has been enrolled in EI or referred to EI. If they haven't, he flags us and lets us know so that follow-up can happen. Do you want to take a note on that real quick?

>> KEVIN YOUNGBLOOD: Absolutely. If we know of a child and the parents were interested and we don't have that data or for whatever reason the child was in a tracking status, we reach out to that program to see what was the holdup, if they have knowledge of the child, or if they were in the tracking status, if we can moved them into the eligibility status and get them to the evaluation and then on to the RSSP.

So we also share with the Department of Health -- we get the authorization to release info for infants and toddlers with hearing concerns, and basically, we identify some of the same stuff that we'd send back to them, referral date, IFSP, referral diagnosis, that kind of stuff, and they use that to monitor the timeliness of service.

And the point is to get all of the relevant data to each of the important organizations as timely as possible. There's a little bit of shape around it here in terms of the timeliness that we're going to send it in terms of the data we expect to receive. We're going to talk about this on the last couple of slides, so we're going to pop right through for us. We'll make a note.

>> MARK BEALL: And with those, the parent can elect to Guide By Your Side with that, and we would send that on to Anne's team to Guide By Your Side to get the child Early Intervention. I don't know if there's anything you want to add on that.

>> ANNE GASPICH: So we do need to clarify that we get direct referrals to all parents to the Department of Health through a diagnostic evaluation. So what Kevin is talking about are additional babies that maybe the Department of Health may not have originally known about.

>> KEVIN YOUNGBLOOD: Yeah.

>> MARK BEALL: And we'll get to the breakdown of how the data passes between the three of us. I'll get to this in a second. Just because it's important, it's not interesting or exciting, but it's very important, everyone that works with this data on the EI team, on the Guide By Your Side team, on the EHDI team, works hard to make sure we are meeting all of these confidentiality and security requirements. So we are all in compliance with the federal and state laws, with FERPA, of course, everyone who has access to the data signs a HIPAA confidentiality agreement so it can be shared and we prevent use or disclosure of data. Some of you may work for the government. If not, you've certainly been in and around government in the hospital settings. You know the layers of security we have to put in to make sure this stuff doesn't get out there, and everything we do follows the requirements of the state and federal regulations to make sure it stays secure. That's a key component for us. It's a heartache, to be honest, a bit of pain that has held us up, but it was worth fighting through to get there to complete this completely open data share. This was what I was referring to at the top. The reason this data share works as well as it does is because of the three-way partnership between our programs. And this is very interesting and Anne may want to sum it up when I'm finished speaking, because I sometimes get this wrong. It's very interesting to note in Pennsylvania, the Guide By Your Side program is subcontracted out to the organization that Anne works in, so it's still Hands and Voices, Guide By Your Side. It's still Hands and Voices, run through the agency, but the same group that Anne works for, and that's significant, because this group is pari governmental in Pennsylvania, it's a group that is considered a government agency so we're able to enter into intergovernmental data sharing agreements with them in a much easier way than we would with your standard nonprofit. I actually got it right that time. That's really key, and it's not to say you can't create data sharing with a nonprofit, but boy, it's much easier when it's in a pari governmental organization so they are already following all the rules we would have to follow before sharing with them, and they partner with EI on a completely separate initiative, even to EHDI. So she wears those two hats, and in some cases, when we vote to the PA Guide By Your Side program, Anne is the central cog in that. So she has a relationship with EI. She has a relationship with EHDI, and when we started talking, we had the common ally in place already to serve as a bridge between those two.

Here's what it looks like. I'm not going to open up the spreadsheets. They're just chunks of data and it's hard to look at a spreadsheet on a slide anyway. I'm going to talk you through a little to give you an idea of how the data share works. We're only about a year into really doing this effectively, and I'll be candid. We're still tweaking the process pretty regularly. We're still finding gaps. We're still finding process improvements. But what's going on in Pennsylvania now and what has really led to some remarkable improvements, we are, on a monthly basis, EI is identifying everyone who has signed the appropriate forms that has identified with hearing loss and sending it to us, which is a little safety net.

In addition to that, on a monthly basis, we are pulling every new diagnosis of hearing loss that we have detected. So Pennsylvania, like a lot of states now, is identifying data on every baby born. Obviously, a few fall through the gaps, but if they're reported, that data comes to us. As soon as we get a confirmed hearing loss diagnosis, we're pulling a list and sending it to EI and sending it to Guide By Your Side. So as soon as that baby has a hearing loss diagnosis, they are flowing out to Guide By Your Side to our services and a governmental intervention referral and making sure they get in the system. Early Intervention and Guide By Your Side are, of course, talking as well. They share information back and forth. And if EI identifies anyone that has made it into the system, they flag them, send it back to us, and loop it again to make sure we're catching them. So we've drawn this net underneath the system where it is increasingly hard for a baby to get a hearing loss diagnosis and fall through the cracks. It's not perfect yet. Like I said, we're identifying places we need to tweak the process, but we're getting there. We're getting there and moving towards this goal that every infant with a hearing loss diagnosis is identified, is offered family support service, and is offered Early Intervention services. All of that within a month of detection.

It's still a work in progress, but it's looking good. And, again, I want to stress on this slide, and then the PowerPoint doesn't reflect it, but I really think it's important to note. The reason it works is because the people at this table have really committed to it. It works because there are a group of humans who have agreed to care, not because we've drafted flawless reports, but the reason this system works is there are people committed to making it work who have worked very hard to fashion an agreement and commit to it.

Another neat thing that has come into it, it has led to additional collaboration. Kevin and Deb sit on our EHDI, and it's put us together instead of two siloed organizations that serve the same population.

So I did a little bit of lessons learned here. Timeliness data won't be available for several months. I tell you, I wrote this presentation a couple of months ago so I haven't buffed up the presentation itself yet. The day before I flew out here I was putting together our annual report on the data, and we are noting some timeliness impacts. It's all very preliminary, obviously, but we're noting an even smaller percentage of kids who aren't getting enrolled in EI services. The numbers have been good the last couple of years but it's going down even further, and for us, what used to fall into the unknown category. Maybe they got into EI or they tell Anne and tell one of the follow-up nurses, but we're getting a much clearer picture of when and how they're getting there, when the referral is happening, how timely they are.

So when we're reporting data up to the federal partners, historically, Pennsylvania that is -- has sent a number of question marks around some of this stuff saying, 60% of kids, we know they're in EI, but we don't know when. We don't know when the time line was. This has sharpened it up, and they're good looking numbers, and in the places where they are, they're illuminating where the gaps are. So instead of saying, well, it's black hole, we don't know what's going on, we can identify where the holes are and started closing those gaps. So it's been cleaned up, I guess, since I wrote this thing. We are continuing to improve it, as I noted. We've worked through several iterations and we're still improving, and I worked on it and I'll say it again, it's the collaboration between the three programs. It's been incredibly good for the EHDI program to find a willing and talented program in the Guide By Your Side program who has been our partners for a decade or more and to be fashioning this new, willing, and able, and intelligent ally in Early Intervention who is now walking alongside us as EHDI partners in the Pennsylvania EHDI system. It's been a blessing for us. Do you have any notes before we briefly open up for questions? I have to sit down, if you don't mind.

>> One of the things we learned as we went along the way, the Guide By Your Side referral had not included the emergency contact that the parent indicated when the child was born. So at some point in the last year we realized that that piece existed and we weren't getting that, so we purposefully do not share that initially. Because we already get enough information and we don't want more on every single child than we need to have. But if we find that a family remains in what we deem our new status, so someone, whether it's Early Intervention or the Department of Health has made that referral to us, if after a certain -- too long period of time. We determine it's too long, been too many ways, we go back to the Department of Health and with our file numbers can pull them up during a phone conversation and get the emergency contact information and we have a lot of success with explaining that we need to get in contact with the parent or guardian of this child and they willingly share a revised address or phone number, and we found that anecdotally the reason for that, when the Commonwealth of Pennsylvania comes up on the Caller ID, the family isn't so willing to be forthcoming with information, but when I say, hi, I'm Anne, I'm the mom of a little boy who is hard of hearing and I'm calling because, there's a whole different reaction, versus the reaction that the follow-through nurses get. We now capture in the email address if the family is willing, so we at Guide By Your Side are able to send a generic email that doesn't provide any personal information, welcoming them to the Guide By Your Side program and giving them links to interesting aspects we would help them with.

We tell them how to contact Early Intervention, how we qualify for medical assistance regardless of household income and a link to the EHDI website so they can read about the Guide By Your Side program. And one last additional thing. As Guide By Your Side, we actually, the minute we get the name from the Department of Health, we have an assistant who immediately mails a package to that family. So they get the American Academy of Pediatrics care coordination plan binder. If you remember Bob Chico getting the award last year, he couldn't get it into the hands of families. And I said, Bob, I get the direct referrals. Why don't you give it to me. So we sent them packages. So now, it's not a straight-up cold call all the time. If they haven't moved, they know they've gotten some nice package from someone, and if they call, they can say, hi, I'm Anne, the mom, you may have gotten the big manila envelope for us, I used to get yelled at, how did you get my phone number, but as soon as they know I'm on the team that's the reason they got that package, they're pretty nice to me.

>> MARK BEALL: Back to the microphone, I guess. Do you have any questions? I think we have a microphone for questions so it will show up on the screen. Thanks.

>> AUDIENCE MEMBER: Just a quick question. I wasn't available check, but is this PowerPoint available online?

>> MARK BEALL: It is, I don't think, available at the minute, but we can make it available very easily. I think it will be a part of the -- what's that called, the NCHAM after action website where it's all shared and it will be out there eventually.

>> AUDIENCE MEMBER: Awesome. Will you be able to share or come up with a few pointers what went into the data agreement?

>> MARK BEALL: Did you write them out?

>> KEVIN YOUNGBLOOD: We did bring the data agreement with the names white out.

>> AUDIENCE MEMBER: Awesome. Thank you.

>> Just real quick, the process we went through, we did look at other states' data share agreements to see what we would want to put into it, and we drafted it up and it went to our respective legal departments several times with several edits to make sure that it was legally sound based on the laws and regulations. But I think one of the keys was getting other states' data share agreements and then the legal piece.

>> AUDIENCE MEMBER: Extra time, could you show the Excel spreadsheet?

>> MARK BEALL: I will. I realize on the question slide we didn't provide any way to contact. So I'll throw my email address up here. If you have any follow-up questions, you can email me, and I will send you to the EI or Guide By Your Side as well. They have been scrubbed, there are fictional names and fictional numbers put in through name generator and my fingers mashing on numbers.

>> I'll just add about the spreadsheet that Kevin sends to Mark once a month where the families have signed a consent form allowing us to release the information from Early Intervention to Department of Health, our local C or birth to three coordinators are the ones who facilitate the parents' signature on that and send that to the office for Kevin, so that's how the names get generated on the sheet we're sharing with Mark, and it's possible that some of the kids may have passed their newborn screening and are identified, so we're catching children that way as well, and that's exciting as well.

>> MARK BEALL: If you think the addresses are suspicious, that is just our system's generic scrub data. This is what we send on a monthly basis, both to EI, and a version of this goes to Guide By Your Side as well. So Guide By Your Side will get this list, and they will just start calling immediately. They'll start reaching out and contacting families, and as they make contact, they keep the records in their own system, which they can send back to us when we send information. This is a version of what we send, specifically goes to EI, a record dump from our system. I go through and clean it up because a lot of times it's pulling incomplete information. Very commonly, it will just have a last name. This was one of the revisions we made. Commonly, it will have a last name, and we'll eventually collect the baby's first name. So when I look through the list, I'll see if we have additional information to fill in some of the blanks. So this is what sends over the newborn ID out of the system. These are scrubbed, fake numbers, they're all there. And we send over first, last name, geographic information, hospital provider, the type of loss, the date of the diagnosis, the diagnosis results, and at the end of here is what I send, and Kevin takes over with the green fields, and he starts plugging in, yes, we have them. No, we don't. Yes, we have a plan. And that all flows back to me and we'll follow up.

So anyone who comes back with a not found, that's an indicator for us to do some more work to see what's going on with that family.

>> And we should talk about the precursor to the completion of the triangle. Once it was a back and forth line. We didn't just jump to this as our first step. So first, the Department of Health entered into a business associates agreement with the organization that I'm employed by, and at that point, we didn't even share direct referrals. So we still went fishing for that little minnow in the ocean, and when we realized that was ineffective, the Department of Health entered into an agreement to do direct referrals with us through the business partnership agreement. So we didn't just get to this beautiful triangle without trialing other methodologies. So if you're at a different stage of sharing, then you can see that eventually you could come to this triangular team at some point in the future, and don't be afraid to explore both arms at the same time and only achieve success at one angle.

>> MARK BEALL: One of the things I like to note, I joined EHDI, not quite two years ago, right at the time this was taking effect. So I got to jump in on the back burner and reap all the benefits that these two went into the agreement. I don't know how I got to talk about it, other than I'm the coordinator. Any other questions?

>> AUDIENCE MEMBER: This is very exciting. Congratulations on the partnership and the data sharing agreement. I understand this is not easy to do. So congratulations on that. I am wondering, in terms of doing the follow-up, you know, how much time does that take and I don't want to take away from your success, but has there been any conversations around texting or doing automatic follow-ups or, I don't know, I guess just -- thinking ahead here.

>> MARK BEALL: No, it's a very good question.

>> ANNE GASPICH: Through the Guide By Your Side program, we first start our efforts with phone calls and we stagger the times and days of our phone calls. So we keep track of a.m., p.m., evening, and then we'll go on to the simultaneous email. And they're getting a mailing too. So the first thing, they're getting a mailing and a phone call. Next, they're getting an email. And sometimes we simultaneously text and give the phone call. So if we get voice mail, we'll send a generic text that doesn't include any personally identifying information. It generally might not even indicate anything about hearing loss. It might say about my child. So I might say, hi, I'm the mom of a little boy who is hard of hearing. You may have gotten a package in the mail from us. It really would be a great idea if you could give me a call back. And they will text me back. They resist the phone call something fierce. I think it's a generational thing that they want to text. And so the department and follow-up nurses do not text. That is a department policy. But within our organization, we have that leeway. And because we partner with the Hands and Voices nonprofit, we are also able to use a social media platform. So because we are quasi governmental, we don't typically have social media platforms, but because we are a part of Hands and Voices, the chapter created -- and again, this is only because of people. It took one person on the board to listen to the perspective of the Guide By Your Side program, and I was saying, I need you to have social media for me. Because I can't have it, but I can -- I'm required by the grant to be a part of it and to reach out to families who are rural, but I don't have a way to do it by my employment. One caring mother opened that Facebook page while I spoke, and when I got done talking, she said, Anne, it's done. So we have over 800 families in our Hands and Voices of PA parent group, and my goal is to be in the thousands, because there are that many kids within our state whose families should be a part of our Facebook group. So there's far more to our follow-up than just a text, a phone call, and an email. With that email, we are linking them into the Facebook group.

>> MARK BEALL: This is one of the areas we're really grateful for Guide By Your Side, because as Anne indicated, the department follow-up nurses can't text. They begged and pleaded. We tried to put together an IT pilot to get text going, and the state government shut us down for reasons of data security and the way text databases can't be secured in the same way that email or website databases can be secured, they won't let us do it. We're hoping that may be a thing for the future, but in the meantime, Guide By Your Side and Hands and Voices have really taken the baton for us.

>> ANNE GASPICH: So when they respond back, no, the child is not in Early Intervention, when the department circles back to us, we may have already made contact with that family. We may have had not only myself and a lead parent guide but a Deaf guide making contact and may be working toward getting them into Early Intervention. Annually, now, we tell the Department of Health the date we consider them enrolled in Early Intervention. We now consider enrolled as the day that one human being on our team reached out to interacted with the family. So once we've interacted, we know, and we own, we hard-sell Early Intervention. We own it, and we tell you, this is one of the only things we will ever tell you to do. And we don't see it that harshly, of course, but we own, we're selling it. And we actually make three-way phone conversations, if it's a daytime call, Early Intervention daily programs would be receiving calls. We make a three-way call with the family, because a lot of times, what we've found, it's not that they don't want Early Intervention, but they don't know what to say on the phone and they don't use the right language. So in Pennsylvania, you're automatically eligible for Early Intervention with any evidence of hearing loss, and when I get on that phone call, I never reveal information myself. I say, this is Anne, I work for, I'm on the phone with a parent who has gotten a referral from the Department of Health that this child has a permanent hearing loss. That puts them into a category of eligible. They still get evaluated, but it changes what -- it's a piece of information that the intake person needs to make the process happen quite smoothly, and I'm not afraid to say that. But I remember when my son was born and I had to fill out a medical assistance application and the last box you had to say every negative thing you could find in the book about your baby, and you also were told to write on top of every single page with stars applying for child with special healthcare needs and highlighted in yellow. So I had written that eight or nine times and the last things I was asked to say were the list of things that my child was born with as flaws. That's hard as a parent. You don't want to talk about your child's flaws. I still have the list of the two-week checkup with the list of flaws the doctor gave my kid, and I found that a few weeks ago when I was asked to be on an AEP panel here. That's huge. So families can't say that. So how can they enroll in EI by themselves if they just can't say my child is Deaf, and promise you, they can't say that when they're three weeks old.

>> MARK BEALL: And you said something I should have hit on in the presentation, what I refer to as drawing that net closed, when we get the referrals back and send them Guide By Your Side, one of the earliest changes made, we don't drop those kids off the list until we know they have received services or actively declined services. So when I send that list, it's everybody who has been diagnosed that month and everybody historically we haven't gotten ahold of. And that backlog shrinks month to month and the report Anne talked about, we are pulling the net closed.

>> ANNE GASPICH: And we don't give up on Early Intervention enrollment until their birthday when they're three. So we have had families started declining our suggestion at three months old and I can speak to one specific family that is just etched in my memory who was a religious basis for declining Early Intervention, that they were expecting their child to be healed and they were waiting on the Lord. And I respect their religious belief, and I said, okay, but is it okay if I call you back in three months. Yes. I called that mom back every three months until that child was two years and nine months old. And when he was two years and nine months old, there have been many phone calls where I said, in my mind, well, what if it's raining and I've got the ark? Do you want to get on it? That's what I wanted to say to them. Maybe I'm here with the ark. Just hop in. But I couldn't. I just said, can I call you back? At two years and nine months she got on Noah's ark and enrolled in precare services. Okay. We missed out on birth to three, but in the grand scheme of things, I don't think that child would have gotten preschool services if we hadn't called every three months. And I'm not saying it was on the dot, but there was a method to my madness and we don't give up on babies.

>> MARK BEALL: Any other questions? Okay. Thanks, very much, guys. Thank you. I appreciate it.

(Applause).

(End of session at 4:30 p.m. CT)