

AUCD Joint Directors Meeting Transcript

SUMMARY KEYWORDS

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Good afternoon, everybody. And welcome to our joint directors meeting of the AUCD network. This is a meeting that combines our UCEDD, LEND and IDDRRC Leadership, we also have most AUCD staff members on the line. So welcome to everyone. This is a meeting that we decided a few years ago to pull out of our annual conference to allow more breathing space and ultimately create more networking opportunities for all of you who are attending the AUCD conference on the transition is to a virtual events. You will be hearing shortly from our current board presidents also our incoming board chair, we will have a brief financial update on the state of the Association. Our public policy director will be providing some highlights there's a lot going on in Washington, especially now that we have elected a new speaker of the house. And then I will be providing some updates and highlights from the previous year. The final hour of our conversation will be a moderated discussion with four of our federal funding partners from ACL MCHB, the CDC, and NICHD.

So I think I will turn it over to Dr. Carroll. So last but not Don, who is our current Board President to say a few words about our previous year and her tenure as board president. Carol.

Thank you, John. Good afternoon, everybody. Greetings from Puerto Rico. I hope you have have be having a great day. So first of all, let me tell you that it's been a wonderful year. It went really fast. And more than faster than what I expected. But it's been a pleasure working with with John and the AUCD staff and leading and with the board and with the current board members. So I just wanted to take a few minutes to go back a year ago. John, if we could share this light of the Yeah, thank you. So I just wanted to take a few minutes to talk a little bit about last year I was here and I was a senior here as incoming board president and I share with you three focus areas that I wanted to focus on and work on. Besides all the other company restrictive and board stuff that we need to deal with during our our meetings. But I wanted to ask Mike this year, focus on three aspects are three areas. So I'm on 2022, I presented to you that my first goal was to focus on reaching a consensus on our network, why conceptualization definition and a plan of action for equity. So I just wanted to update that.

We finally approved the board on February on our board retreat, we were able to approve a definition for equity in the IDD fail. A we work also on a plain language.

And the plain language version was approved by the Board on April of this year. And then we asked committee to work on a plain language version of that definition. And that was also proof. So please advise and be aware that you will receive the we will be sharing the definitions The three versions of the definitions with the whole network next Wednesday, November 1 via the weekly update. So be on the lookout for that weekly update that you will be able to see the version of the equity definition that we have been working on for this year. My other goal was for the association to revisit our strategic plan to ensure you reflected our current diverse membership and current living conditions. So I just want give

you a quick update. As you know, we are already working on the variation of the strategic plan for AUCD. As you some of you may have already participated on some focus group that has been done with the land directors and the land community. And some of you may have received an invitation to participate during our conference in some focus group, we have been working on gathering data from our stakeholders and partners. And the process is looking very promising and forward ahead, please, if you have received an invitation, or review for to participate in the focus group on the conference, or if you have received a survey, please participate and answer to our call, because we really want to have a new strategic plan by the end of next year. And then my other priority was to work with the network to support better communications and poster our license with the emergency preparedness agencies. I think that is a work in progress.

John and AUCD staff, we have been talking to FEMA and other agencies, and I think good plans are coming up for work. As you may know, I still participate in the FEMA National Advisory Council. And we also have another one, we're network our users participating in the free man act. So we have a pretty solid representation at FEMA, and we're working on building on that relationship. So those were my goals. And I think I feel pretty comfortable and a good way the achievement we have worked with the support of the board. Again, I want to thank John, the staff and all the board members who are supporting me through this year. Thank you.

Thank you, Carol.

Next, we'll hear from our incoming board president Derek Willis, from the you said in Iowa, Derek.

Good afternoon, everyone. It is a pleasure to be serving in this role. And looking forward to number one, working with our current board members and the new board members that have been recently elected. Thank you, for all of you who voted and participated in our election.

For my presidency, I think, you know, it will be dominated by our as what Carl had mentioned, our strategic map for ECD and the network.

We're beginning that process. As most of you know, it's something that usually takes, you know, some time to complete. And so I see that as, you know, being our number one priority to really think think about where we are right now, where we're going in the future. And what are the things that we need to do to put in place that help us get and reach and achieve the goals that we set within our strategic direction.

Of course, most of you who know me know my commitment to equity. And I believe that our past presidents have laid a great foundation for this work. As Carol said, we've done a lot of work on, you know, really trying to define what we mean when we say equity and get it in plain language, etc. But that's just a part of it.

So I think that, you know, in our role, and I hope to lead us in a way that we continue to develop tools, resources for the network, and really kind of develop a framework that helps us look at equity in a way that that we haven't looked at it before. And so, you know, I'm honored to to continue to lead this body

of work that has been set by so many before me to Wildwood and Amy Hewitt and Bruce and Sutton and Danny and in curl in the past and so this will continue to be a framework for us and a body of work that we will continue to work on. And the other area that that I see as a priority for us says, and as something that I had the privilege of serving as a council chair, and something that has continued to be an area of emphasis for me. Because I just feel like in terms of creating pathways shaping our future, which is what our, you know, our conference theme will be this year based on the discussions that I had with others. You know, how do we create this environment that really kind of supports us not only our strategic direction, but supports the individuals that are in our network that are going to be serving well beyond the times that I'll be serving here? And so how do we strip in and support our councils increased our membership, develop some protocols and structures in place that allow us to have this continuation of leadership and, and growth within our network as we move forward. And so, those are lofty goals and priorities. And, but but looking forward to serving in this capacity and helping us continue to build on the work, as I mentioned, the previous presidents that I have worked under, seems like I've been on the board for a long time. I don't I don't encourage anybody to serve as long as I have. But it has been an amazing ride. And I'm looking forward to continuing you know, the direction that we have, and the things that we have accomplished in the past as well.

Thank you, John.

Thank you, Derek. And I look forward to serving with you in the upcoming year and your role as president and thanks, again, to care for your service as board president prior to that as conference chair, and prior to that as also our secretary, and treasurer so much, much appreciated.

All right. Next slide. Please, if we I'd also like to recognize our incoming board members. Thanks to all of you who voted in our very recent election, we have two new at large board members, who will be joining us for three year term Sharon milberger from the Michigan you said inland at Wayne State and Marcia Morialta as the director of the University of New Mexico center for development and disability. So looking forward to serving with you on the board as well. And next we have a new chair of our CDC Council. As you've all know, we have at large members we also have targeted seats for our five councils.

Beth Boone will be incoming as Associate Director from our Center in Tampa, the Florida Center for Inclusive Communities. And I look forward to serving with you as well.

We also want to acknowledge our outgoing board members and we have three Danny Armstrong, thanks for your term as president and everything that you've done in that role for the association.

Colleen McLaughlin from the blog Center at Rutgers and Susanna Miller rains from the ICI Boston Center. Thanks for your service on the board and as chair or the CDC.

Next slide.

And now we'll hear from our current secretary treasurer Linda Russo, from the University of Alabama at Birmingham who will give us state of our financial affairs at a new CD. Linda

Hello everybody. Like John said, I'm Linda Rousseau from the University of Alabama at Birmingham where you sit in the land.

In addition to serving as the secretary treasurer this past year I've been involved with the ACD councils and I'm glad to see them highlighted and welcome to our new board members and new council chair.

So for the next slide, we will like to discuss the highlights the financial year highlights for fiscal year 2023. The AUCD revenue signing was 12 out 12 million down 20,577. That shows a minor reduction over last year's 13 million. This numbers reflected, following a few of the leftover COVID grants wrapping up.

We'd also like to show the the year end, unrestricted net assets were over \$4 million, which was a little bit less than the prior year. But you think about that, as our extra money in the bank are normal dollars that we can use. And that is great. I'm sorry, it's an increase of \$558,000. So and I also like to highlight the AU CDs reserve fund now exceeds four months. And I think that's slightly above the national average for that. And that wouldn't be available for us, you know, if a CD ever had any catastrophic events or something that happens. So we're great to have that excess for us for all of our programs.

And the next slide just kind of shows that those numbers in a chart, and it's great to see the increases. So the other highlights AUCD has passed to its members 5.6 million in funding, and as compared to 7.6 million in the previous year. And again, it's due to some of the expiring grant awards that we saw during COVID from the CDC ACD. The fiscal year 2024 projection is over 3.9 million that will be passed to the members shared throughout the network. And also like to say that membership dues will remain constant for the year 2024.

And the next slide, again, shows that on a graph form, so you can see and glad to see everything is on the rise and on the increase. And I think that is that is all for the financial.

Right. Thank you very much, Linda.

Next, we will hear from Cindy Smith, our Director of Public Policy, who will give us an update on everything happening in Washington. We're a little bit behind schedule. But Cindy, looking forward to your comments. Thank you. Good morning. Good afternoon, everyone. Um, for those I've met, I'm Cindy Smith, I'm the Director of Public Policy I joined AUCD in November of 2021. Things are changing rapidly here in DC with the election finally have a speaker for the House of Representatives yesterday, being Mike Johnson, who is a Republican from Louisiana. So we're gonna talk a bit about budget appropriations, and we'll tell you kind of where we are at the moment. So next slide.

So where we are at the moment is both. Back when we had speaker McCarthy as well as the Senate, we did come to agreement both in the House of Representatives and the Senate, on top line spending agreements, what we call 302 B's for fiscal year 2024. What the difference is, is that those numbers are different in both the House and the Senate. In the Senate, they are at \$1.5 billion, which is the cap that was in the Fiscal Responsibility Act that resulted when we increase the debt ceiling back in the spring

of last year in the house set those top line agreement numbers at 1.47 1 trillion 119 billion less than the spending caps outlined in the Fiscal Responsibility Act. So the Senate is marking up its appropriations bills to higher numbers in the House of Representatives is at the moment in those top line agreements will stay in place. And another reminder to is something that grows out of the Fiscal Responsibility Act is that if both the House and Senate do not come to agreement and pass the appropriations bills through both the committees as well as floor action by January 1 of 2024, then the fiscal year 2023 spending levels will be cut by an additional 1% until they're able to pass all bills. And this is applying to both defense and non defense funding. And defense funding right now is set to get a 4% increase for next fiscal year. So this would be a huge shift in particular for defense spending, but also a huge cut for non defense spending.

Next slide.

So, as I'm sure everyone has seen a continuing resolution was passed at about 10pm On September 30, which extends level funding for federal government programs discretionary programs through November 17. And that did continue the prior year appropriations at the same level. As I was just talking about top line agreements, there is no top line agreement between the House and the Senate, as I said, so there is still a lot that needs to be worked out, even though they came to agreements individually of what both chambers are going to mark up to, there is no agreement between the two. So what next, we will see over the next couple of weeks what happens with the new speaker coming in. This new speaker did in his opening remarks yesterday talked about wanting to get government back on track. And he also talked about wanting to create a debt commission to look at how we can find savings within the federal budget. And he has talked about wanting to start to try to move the appropriations bills now through the House of Representatives. The Senate also is in the process of the Senate did pass all 12 of the appropriations bills before they went on August recess through the committee process. And now they are starting to move those bills to the floor and will be called mini buses where they're pairing up two or three of the different appropriations bills and trying to move them to the floor. The other piece that is happening at the moment is that the President sent over a supplemental funding request to provide aid to Israel humanitarian aid to Gaza, aid to Ukraine and other national security priorities about a week ago. So about now the House and Senate will also have to figure out how they want to take up that supplemental funding request that came from the White House for national security efforts. What we know at the moment in terms of funding, and there was a large chart and Menorca send it out afterwards aren't gonna be able to pull it up or I can just read off the numbers.

Where we are in terms of funding for the programs we care most about is that the autism and developmental disabilities line for fiscal year 23 was funded at \$56,344,000. And the Senate has proposed the same for fiscal year 24. The lend programs are always funded in the report language each year. And that was at \$40 million for fiscal year 23. And that will be the same amount of funding that we expect to see in the report language for once there is a combined bill with both the House and the Senate, the report language at the moment state support for the lead programs, but we've been told that that will be at \$40 million.

In terms of the House of Representatives because the labor HHS Bill has not moved through the full committee, we don't typically see funding levels for disability programs until the bill moves through the full committee. So we actually don't know what numbers the house has proposed for various disability programs. At the moment, we only do have numbers for the Senate for the use says the funding was just over \$43 million for fiscal year 23. And the Senate were expecting that the order was the same number included for fiscal year 24. And then for the ID DRCs. The funding for NIH CD overall was just over 1.7 billion. And it's essentially the same for fiscal year 24. So I would say at the moment, if I had a crystal ball that, you know actually told me what's going to happen, we're probably going to be seeing at best level funding, there's a very good chance that we would be seeing that 1% Cut go into effect, they cannot come to agreement by January 1. And then more critical as what happens in the next few weeks. As they try to come to agreement on how to fund the government past November 7, I still think it is likely that we could see the possibility of a government shutdown for some period of time, November 17. If they are not able to come to agreement between the House and Senate and the White House, and how to fund the government passed November 17. But I think we'll start to have a better sense of what that looks like in the next week or so as the new speaker starts to lay up more of his priorities.

Next slide.

So for those that are coming into town for conference, or also generally we do really need some help right now. And I appreciate all the partnership of all those emails that I send out at time saying I need to find out some information from your state as they do work on appropriations each year. And we have included in here who are the members of Congress who serve on labor, HHS appropriations, here's a list for the Senate, this will go out afterwards. There's also a list in the house.

And these are the folks that I would target really that really need to hear about what the impact would be in your state or territory if there were to be cuts, or even level funding for disability programs. I was talking to one of our champions last week, and they said they would really like it'd be helpful to them to hear, for example, how many individuals will not be able to get clinical services, if there were to be cuts to programs. So please, if you have some of that information, please share it because I'd also like to be able to pass it on to our champions in Congress. The other piece in here is that there are the lists of the members who serve on the Energy and Commerce Committee, the Subcommittee on Health in particular, as well as the members who serve on the

The Senate Health Education, Labor and Pensions Committee, because those are the two committees that will also be working on every authorization of the Autism Cares Act this year, and that's where that reauthorization will go through. As most of you probably know, the Autism Cares Act does have an expiration date in it that it expires at the end of this coming federal fiscal year. And if it's not reauthorized, Menlo programs that are included in the Autism Cares Act would go away. So we are working very closely with our colleagues over at the Autism Society of America. Autism Speaks the Autistic Self Advocacy Network, and other partners. I also co chair the consortium constituents with disabilities, developmental disabilities Task Force, to try to move forward and start to have conversations around how to be reauthorized the Cares Act. I know from meeting with our champions a few weeks ago, on the House side, they are in the process of looking at drafting language and figuring out what they want to do to move the bill through the House of Representatives. And on the Senate

side, our sponsor continues to be Senator Menendez. And we're also still looking for a Republican co sponsor to work with him on the reauthorization. Other priorities for us besides budget and appropriations, and the Cares Act this year, are continuing work around home and community based services actually just introduced yesterday, and they just got the bill information this morning. And Senator Casey did introduce a new bill related to home and community based services called the HCBS Access Act that looks to increase the FMAP. It's a smaller version of what was the better care better jobs act to try to move forward. Some improvements to home and community based services and additional funding, we continue to work on trying to phase out some in what wage and passage of the transformation to competitive employment Integrated Employment Act. Also, I'm sure most of you have seen ODEP is doing a comprehensive review of the 14 C program. They are holding their informational sessions to gather information from stakeholders, we'll send out an email to the policy committee later with information. But they're holding a series of open forums to hear from individuals about what they're thinking around the 14 C program, and what they should be doing when it comes to the 14 C program over the next few weeks. And then we're also spending a lot of time just generally working on administrative actions and opportunities we have with this current administration right now, such as submitting comments and thinking through what our updates would be through the regulations on section 504 that are being updated for the first time in about 50 years. And I each have now has a new mission statement that they are trying to look to update to remove some ableist language referring to people with disabilities. And then this 1414 C review I just spoke about. So lots going on. I'm always happy to answer questions. And if you're coming to town, please let us know because we're happy to work with you to get you into the right offices.

Thanks, Cindy. And if you could put your email in the chat if folks have questions. That would be great. And I would encourage you all to join our public policy committee conversations as well.

Those are always advertised within our disability policy newsletter that I hope you have all subscribed to those policy committee meetings take place on the second Tuesday of every month, around four to 5pm. Eastern time.

Some brief highlights. Before we get into our moderated discussion with our federal partners, we could go to the next slide.

And I won't read all of these to you. But I do want to hit several of them. And as Cindy has mentioned, we will be providing these slides to you. It will be updated in the Outlook invitation shortly after this meeting ends. So internally importantly, we have added some additional FTE capacity with a new chief strategic and business development role. Rodney Semafo, who came from within the network at the Baylor College of Medicine IDRC is serving in that role, which really is twofold to develop partnership and revenue development opportunities, and also showing the value added or the AUCD network. So the partnership and development opportunities will be viewed in that context. But it's also looking at our data both internally what we hold within the central office, and what data we have across the network what we're collecting nears, for example, and how can we use that data to better tell the story of the ACGME. Org our accomplishments or outcomes but most importantly, our impact. We've also added a new manager on the community inclusion team

I just formally referred to as the URC team or the you said team. That's Chase Mulvaney. And we've added a junior accountant, Brittany Swann, I would also encourage you to go to our AUCD staff page on a city website. We have had some staff turnover in the past year. And We've restructured that page to give you a good understanding of who those staff are and what their role is what team they are on within the organization. We implemented a new year's bootcamp that took place over multiple days to aid both the use ad and the land programs. We hosted an event for our land pediatric audiology trainees at the 2023 Edie conference that was at the request of HERSA, and MCHP. And we were also awarded a with foundation grant, to evaluate inclusive medical education curricula across the country. Many of you on this call that received those grants through the with foundation when they wanted to do really a meta analysis of those previous grants to understand the role of individuals with disabilities who were involved in the development of that curricula, and also the uptake of that curriculum as well.

Next slide.

We are partnering with the University of Connecticut in an equity context on a federal grant that they have related to early childhood intervention and then training the new personnel and recruitment of those personnel who will be entering the field. We've established a new special interest group around home and community based services at the demand of members to do so. And all of those special interest groups are member LED. They are AUCD staff facilitated from a logistics perspective. And all of those things are going to be meeting at the conference on Monday and Tuesday over the noon hour, so I look forward to joining some of those. And also in an equity context, we've completed our second season of our podcast series network narratives, which focuses on elevating the voices of emerging leaders and especially those from diverse backgrounds, always looking to add resources in an Equity Diversity and Inclusion context. We have added more additional resources to that hub, focusing primarily on equity, given the priority that you've heard from both Derek and Carol. Next slide.

Our vaccine initiative that is CDC funded in this first bullet point, here are some of the outcomes and impact that is expiring at the end of this calendar year. But we have a government funded partnership with us aging, to increase shots in particular, the previous initiative was focused on information and resources that were available and usable to the disability community with large in this next effort that we've recently undertaken with us aging and that funding also comes from ACL we are partnering with seven of our new sed centers, who will receive significant sub awards under that project. We have two additional funding opportunities from ACL The first is a collaboration with the Assistive Technology Act programs across the country. There is also a large sub award going to a center at ICI Boston and the second which is actually a contract opportunity for UCL. a planning grant to explore the efficacy of peer support models for augmentative alternative communication users. Please watch your email. This is significant RFP that will also go out to the entire network in the very near future. So this will be a competitively awarded opportunity. And finally we began the redesign of the ACD website. That was started in earnest we contracted for that at the beginning of the year. We have gotten as far as mockups for a new site and are diligently working on our content migration back end infrastructure. We are hoping to launch that in late winter of 20.

If you have any questions related to that, please feel free to email me at Jay G to A new cd.org I would welcome conversation about any of those and of course that's just a sampling of our

Our accomplishments within central office and across the network with your input and partnership over the previous year. So now we are going to transition to our federal partners panel. As we begin to pin those members onto the screen, I will give them a brief introduction.

Joining us today are Dr. Allison Cernovich, the deputy director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development at the National Institutes of Health, Dr. Jennifer Johnson, who is the Deputy Commissioner of the administration on Disabilities at the Administration for Community Living, Dr. Karen Remo, Director of the National Center on birth defects and developmental disabilities, at Centers for Disease Control and Prevention. Finally, Dr. Michael Warren, who is the Associate Administrator of the Maternal and Child Health Bureau, at the Health Resources and Services Administration, of course, all of those operational divisions are located within the US Department of Health and Human Services. So welcome to all of you. Thank you very much for joining us today. We do have a series of questions that all of you will be answering and Dr. Warren, why don't we start with you? With our first question, and it is equity related. The Biden administration has made equity, a top priority with multiple executive orders and clear direction given to each federal agency to make meaningful progress in this area. We've heard from you all over the past few years on specific initiatives to address this and listen to some of the progress made. We like to hear specifically about next steps. And if you could look into the future just a bit and help us understand what impact these efforts have had and where you're headed with your agents.

Thanks, Shawn. And good afternoon to everyone or good morning, if you're joining outside to the East Coast, really appreciate the opportunity to be here. As always, you know, equity, as we've shared with you all before remains such a central focus for us. It's one of our four goals of our NCH strategic plan. And is really woven into programs across the bureau. There are a few new things since we met last year that I wanted to share that that are going to have some movement moving forward. So in terms of sharing next steps, happy to share those with you. And those are around engaging minority serving institutions thinking about how we strengthen our support for children, youth with special health needs, updates to our Title Five information system, and then the internal work we're doing here at MCHP. Last year, when we met, I mentioned our ongoing engagement with minority serving institutions as we think about strengthening the workforce. I'm happy to share that in the last budget and the FY 23 budget, there was new funding \$10 million in new funding from the Congress for MCHP to develop a minority serving institution research network. So in September, we awarded 16 awards to develop research collaborative centers, as well as a National Coordinating Center. And those are all focused on identifying community driven solutions to address maternal morbidity and mortality. We also were able to supplement our nutrition training program to be able to think about how we increase diversity among nutrition professionals, we know that that is one of our MCH professions where there is less diversity than others. And so thinking about how our training programs can partner with minority serving institutions to think about recruiting and supporting nutrition professionals and students. And then finally, and most recently, we partnered with our NCH Workforce Development Center at the University of North Carolina Chapel Hill, to be able to support and coordinate fellowships for early and mid career faculty and minority serving institutions. So really excited to have made good progress and all of those are just getting started and look forward to reporting on those for you all next year. Within our children, youth with special health care needs space, we continue to work on implementing our blueprint, which

was launched over the last couple of years. Aap was awarded funding over the summer to develop a national center to be able to support implementation of that blueprint with with State community partners across the country. And that National Center includes a consortium of organizations and AUCD. Of course, as a part of that, I mentioned our Title Five information system. This is the block grant information system. So if you go, you can access the applications and reports, profiles performance data for all of our 59 state and jurisdictional block grant recipients. As we continue to think about how we infuse equity into the block grant work, a couple of things to share. One is that in the most recent updated block grant guidance that we published just a few months ago, we have increased the reporting that we're asking from states on how specifically they're addressing inequities in maternal and child health outcomes through their block grant. And then we report on national performance and outcome measures on our Title Five information system. We've been providing that data to states since 2015, to make it easier for them. And just recently, we have added stratify errs by race ethnicity, by rural urban status and by income status for each of those performance measures and outcomes to help states plan in their equity work. And then lastly, I'll just say the work we're doing internally, I've shared this with you all before, we've got a number of staff led initiatives that our deputy Laura Kavanaugh and I have have supported from the beginning, we continue to look at ways to advance dia, very concretely, we have really focused on bringing in additional fellows and interns and in the most recent fiscal year, we brought in our largest cohort of health equity fellows and interns to date, we've launched across MCH B, equity Community of Practice, thinking about how we can learn from divisions and offices across the Bureau, and what we might be able to do collectively. And then we have strengthened across all of the job plans or performance plans and MCHP requirements around DEA training and how folks are integrating dia strategies into their work with some very specific requirements for our senior leaders and some additional training their rights. Thank you, lots happening.

Thanks, John. And thanks for including us on the panel today. It's great to be here and sitting alongside virtually my federal colleagues to share updates. It's always a good a pleasure to be able to join you all and tell you a little bit about what we're doing. So in terms of the area of equity and intersectionality, we I think you all know, and as you said in the intro to this question, you know, we've been providing updates on the work that we've been doing. Like we have long standing work and our grants and our programs to ensure that they are reaching a diverse population and approaching the work in a culturally competent way. And again, we have supported that work over the years. But clearly, this administration, as you said, has really raised expectations for the federal government and that we were really seriously thinking about diversity, equity and issues of intersectionality. And everything we do. So we're very pleased that the are being held to these high expectations and that we are carrying out a variety of activities to support that. We have a line of work in a od a priority on health equity. And so we have a number of funded projects to support improving health equity for people with disabilities. Our longest grant that we have right now, where we're starting to see results is the path grant. And that is with Russia University. And they are working with a number of partners to integrate content on the IDD population into medical education training programs and start a similar to the work you mentioned earlier, John, and the grants that you all are receiving. So again, this was great that we've had for, I believe, for years. So we're starting to see more results coming out of this project, which is really promising. One of the things that Rush University did is develop and advance in our professional service learning experience that is getting incorporated and they're piloting it not only at Rush, but at other institutes of higher education. But the aisle courses, it's called for short, was developed in

collaboration with a community based organization that provides residential services and day programming and employment services for people with IDD who live on the south and west sides of Chicago. And the course is based on the social model of disability and does address issues of it. directionality. And with this grant focusing on training and medical education programs, it's important that they base a course on the shift social model of disability and not the medical model to start introducing that to students in medical education training programs. But through this course, the students are engaging in a service learning work, and where they're working in teams with in least two disciplines, and they're partnering with community health mentors, who are residential service users supported by a staff person. So the community health mentor develops goals with action plan over three telehealth visits. And so again, it's offering some real life experience that is community based, but also integrates health. So over three trimesters, we've had 59 students from 10 disciplines, partner with a 20, a total of 21 community health mentors. And so you know, that number of students getting that exposure to that kind of training experience. There are an additional 15 students currently enrolled and they are partnering with five community health mentors. And the evaluation results from these activities are showing improvement in competency to provide health care to people with disabilities.

But then some of the other partners, Villanova University, and the University of Illinois partners develop simulation pair experiences with people with IDD acting as standardized patients. And so these programs were implemented last spring, we have the patients with the the people with IDD are acting as patients. You're simulating basically an opportunity for people to interact directly with patients with IDD, but in a simulated way, so they can kind of practice and understand again, how to interact with people with IDD.

So through that training and experience, we've had more than 80 medical, dental and nursing students participate in this training. And a very similar program has now been implemented at Temple University. So we're seeing this starting to replicate. The path grant also has a website with videos of people with IDD talking about their advocacy work and about why health is important to them. So that's a resource that is available. We've also been funding a grant to empower youth to manage their health care transitions. And this is a grant that's a little bit earlier earlier on. So we haven't been able to totally see and evaluate results yet. But one of the things that's really promising and what we're really glad about through this grant is they've put together a steering committee of youth, that is represent a very diverse population, which is something we've been pressing more and more, we've always expected that from our grantees. But in our notices of funding opportunity, and we're getting a lot more explicit about that. And we're seeing a lot more diversity in in terms of the people that our grantees are working with, including this one on the youth health care transitions. We also continued to fund the National Center for Disability equity and intersectionality. Again, that was that's a new grant relatively new so the their work is getting underway. And last year, we also launched the link center, which again, is a relatively new center, but doing a lot of work in thinking about culturally competent mental health services, but they also have an advisory committee of people with lived experience. And this the link center is addressing the needs of CO occurring mental health disabilities and IDD. And again, very diverse people who are on their advisory committee.

We also continue our partnership with federal and non federal partners to improve the availability of prevalence and health surveillance data on the IDD population. And that, we this year we awarded a contract to HS ri to provide logistical support, but also to support a planning process to look at establishing center for excellence and iddt data. And we're doing that project in collaboration with NCB Triple D. And finally, just to highlight real quickly, as you all know, we are working on with our grantees, having them start to collect Soji data so that we can understand the extent to which our programs are reaching and interacting with people with various gender identities and sexual orientation. So we're, as you know, in the process of starting that with the grantees, but it's another way in which we're reaching out and understanding how our programs are interact interacting with diverse participants.

That's it.

Great to hear, especially the planning grant for the Center on data in partnership with the CDC, so I know there's a lot happening at CDC as well, Karen, tell us about all right, in the interest of time, because I know we got a lot of questions, I'm going to highlight three different things we're doing. But I want to just start off by saying everything we do in our center, equity is foundational, it was started because of the inequities that existed amongst children with birth defects, infant disorders, developmental disabilities, and people with blood disorders. So it really is foundational to what we do. And whether we're collecting data to be used for surveillance, or to be used as part of programs or to implement policy, we always try to make sure that we have an eye towards equity. Some examples, there would be the work we've done around atom that many of you are familiar with for many years. This is the first year where we had when we identified children who were eight years old, we looked at the incidence of autism, we had actually equal are a little bit higher for children who are Hispanic and African American and Pacific Islander compared to white. It's the very first time in history where we've seen that. And that really is a celebration, because what it is, is it's it's evidence that children are getting the services they need and the diagnosis they need earlier in their time period, so that we can really make sure that all children get the behavioral supports and services they need with autism. We also are planning to link that atom database with our CDC social vulnerability index. So we can really start to overlay different ways to identify what might be very specific social vulnerabilities that impact children and families with autism. Another one of our key equity goals is to expand our surveillance systems to include missing disability status measurements. And so we're working with ACM and other partners to define test, implement, and evaluate a new minimum question set to reflect disability status as a demographic and to do that in at least one national survey. The good news here at CDC, we've been able to get measures in more public health surveillance system, our National Immunization Survey, our COVID modules, the pope pulse household survey, which goes out to ask very specific questions to families fairly quickly, our prams survey. So that looks at pregnancy. And we're working we'll keep working one one senator at a time to get those questions in. I think as Jennifer mentioned, we've been working with ACL, the disability and health data collaborative to improve adult IDD surveillance. And we also really are working with our state partners to understand how are they collecting data? How are they using that data? What did they learn from COVID in terms of being able to identify or not identify the work that needed to be done to help make sure that people with disabilities are prepared, protected and can and can have be part of the response? We are addressing ableism, both here in our own agency, whether it be for employees, whether it be for the people we serve, but how do we talk about it? How do we think about it? How do we re energize in that space. And thank all of you for that

engagement. And then also want to thank many of you who've been involved in our CDC Learn the signs act early, which is a check sheet for parents or caregivers of small children to identify if those children might be delayed developmentally. We've had great success with that. And it's such an exciting program. We're partnering with Maternal Child Health Bureau and Bright Futures to make sure that we're aligning together so that parents and families not only can identify if their children might need additional evaluation or support, but nowhere to go to get that. And then how do they continue down that journey. And then lastly, I want to remind everybody, we're in the Fall Winter respiratory season, we're doing a lot of work making sure that everyone in the disability community understands their needs to get their COVID Booster this year, I hope you all have your influenza vaccine for the year. And if any of you happen to be pregnant, you have an opportunity to get the maternal RSV vaccine, or if you're over 60, or if you're a small, small baby and that first few months of life to get the RSP antibody. So that is something that we are working very closely with our colleagues in the infectious disease space. I think they again learned a lot about how do we communicate many of you were very instrumental in that work we did through COVID. How do we leverage that and use that as we talk about our seasonal vaccination programs. And I'll stop there and turn it back to you, John.

Thank you very much.

Right. So I'm partially going to talk about an ICD but I'm also going to partially talk about NIH writ large. And I'll probably start there many and I think this was mentioned at the top we currently have a record As for information out for our mission statement as an organization, one of the recommendations that came from the advisory council to the director of NIH, as part of their work, the disability subcommittee that was led by members of the community was to recommend that we change our mission statement. And so we currently have a request for information out I really would love to have the community weigh in writ large on this, we're trying to remove ableist language, and I'll talk about how we're going to do that writ large. We also had a major change in that the National Institute of Minority Health and Health Disparities, did with in partnership with the Agency for Healthcare Research and Quality designate people with disabilities as a health disparity population. And this opens up some authorities for us to fund research for individuals with disabilities as it relates to disparities in health outcomes. So very much in line with what Karen said, you know, we know that even though a lot of folks with disability have very good insurance coverage, they do not get the preventive services that they need. This designation really does help us think about how to enable health in people with disabilities and think about their health outcomes rather than focusing on the disability itself or the underlying condition only. So that's a really nice change for us at the NIH and a big announcement this past month. The other is that I have been asked to and have the privilege of working with the community to implement some of the recommendations and our new NIH wide diversity, equity inclusion and accessibility strategic plan.

And so what we will be doing their three co chairs at the senior leadership level myself, Kevin Williams, who's our Director of equity, diversity and inclusion at NIH, and Ellen Rothfuss, who is a specialist in administrative services. She's an executive officer here sort of working on human resources and contracts and, and all of those fun things. The three of us are joining forces with a community internally and we're going to be looking at one how do we do better as an agency for our employees? How do we strengthen our services for employees with disability? How do we look at our policies and procedures to make sure that there's no ableist? Language? How do we strengthen our Accommodations Program?

And then, you know, from the other pieces of this, how do we make sure that all of our externally facing information and external systems where you all are interacting with it? How do we make sure those are accessible, that they're all compliant? That we're, we're following, you know, both the letter and the spirit of the law for 508?

And we're also looking at our science, how do we promote inclusion and people with disability and studies, and provide frameworks that help to integrate people with disabilities partners in the research?

And so we are really thinking about that writ large, we have really started to emphasize a requirement for plan for enhancing diverse perspectives. These are requirements with our grants. How do we encourage diverse teams of researchers and diversity and population studies, we're also trying very hard. And there was a new announcement about our scientific review criteria, where we're trying to reduce implicit bias in peer review and take out some of the ways that folks may be perceived as as investigators to make sure not only one are we training for bias awareness, but also that we mitigate based on scientific reputation so that you're getting this based on the merit of your science rather than the name that you can drop.

And then we have a few scientific initiatives that I just want to highlight. We do have an New Request for Applications that's out from an IC HD, specifically the National Center for Medical Rehabilitation Research, to look at the impact of ableism on health outcomes, which is a kind of different way of looking at the health outcomes. So how does that impact health of persons with disability and then also looking at potential interventions to address this? The National Institute Minority Health and Health Disparities has a an announcement out looking at innovative research focusing on health and health care, persons living with disability and the intersectionality piece similar to what Jennifer talked about, looking at race, ethnicity, SES, as well as sexual gender minority status.

And then there's a number of other efforts that are going on through the NIH Common Fund, one of which is community partnerships to advance science for society. And this is really about community led health equity, structural interventions to reduce health disparities.

And so, you know, I think those those are going to be new opportunities that you can use for applications. So, you know, I think the the fun part of this is we're looking at both the internal work at our agency.

See to make it more welcoming to people with disabilities either as employees or a scientist, as well as looking at our external facing policies and communications and our actual scientific initiatives. And it's it's been a really interesting time to be here at NIH, for sure.

Thank you very much.

Next question, Jennifer, why don't we start with you the theme of our conference this year, is emerging leaders shaping the future, electing the 1000s of emerging leaders that we welcome to the ACD network each year. So so how is your agency working to cultivate and strengthen this next generation of experts to ultimately move our network? Or? And also, what advice would you have to our senators

and directors leaders within the network working to cultivate and strengthen this next generation on a daily basis forgot to me unmute myself.

So we do that in a variety of ways, some of which is fairly straightforward in terms of funding our programs, you can look at the numbers of people who have been trained and built their leadership and advocacy skills through the DD programs. That includes the DD councils, the Protection and Advocacy systems, and of course, our university centers. And this work has been done for decades. But we need to make sure that it is happening in our programs are connecting to and engaging with the leaders of tomorrow. And sometimes it takes require us taking a critical look to make sure we are doing our best and asking if there are better ways to be reaching people who may not be currently connected to our programs or to our networks. And so we're certainly always in thinking about that, and working on that with our with our grantees. And as I said earlier, you know, really encouraging them to reach out to diverse people to make sure that we're bringing in people with various backgrounds and experiences to help inform and shape the leaders of the next generation. We also continue to invest in projects that are cultivating the next generation of leaders. And we have one new exciting one that we just funded at the end of September. And this project is focused on building from the grassroots level, and building up from there and really building the capability of advocates at the grassroots level, who understand how federal and state programs are impacting their lives, and then building their advocacy skills to affect change, which is, you know, a lot of what our programs are about, but again, this is really focused on getting to those folks that are at the grassroots level, and building their advocacy skills, and also building more of an infrastructure for peer to peer connection to happen. So that they can support each other in their advocacy work, but also in navigating complex systems. You know, we go out, and I'm sure you all hear it, help people just don't know about services don't know about support and how to access them. So this project is really intended to do that. And ultimately will be leading to building that next generation of leaders. And doing so by identifying them and building up that grassroots advocacy. And so we'll have more information coming out on this project soon, but very excited to have that getting started.

In terms of advice to center directors, I don't know if I'm wanting to be giving the that advice. It seems like this is a group of experts that really know about this. But I guess if I did have to get some advice, I would be, I guess asking yourself if we are cultivating the next generation of leaders to address the challenges of the future. So in other words, what will it take to be a successful leader in the next 50 15 years? We know that there is so much changing in our world, always is, you know, constant change and information travels so quickly. And you know, the use of technology and social media is really changing our world. And you know what? Those coming up through the pipeline expect to know and how they interact. You know, what does that again look like for leaders down the road in the next 50 15 years? We also know that people are more divided than ever. So where does disability fit into all of this and what does the next generation of leaders need to be successful in an environment that they will be seeing that probably looks a lot different than what it looks like today, given the rapid changes that are happening in our world. Thanks, Jennifer, you're about the CDC and Emerging Leader.

But you know, I'll speak again for our senator because there's so much going on. But I think two important things we've done this year one is we've had the voices of people, people with disabilities, who work at the CDC, be interviewed and tell their life story. And, you know, have that be posted on our

connections, some of the most views of anything that's on our CDC connection. So really a way to be able to bring to life, the lived experience of leaders at the CDC who have disabilities that a lot of people would never realize. And I think in a way to try and encourage and help people be more thoughtful and think about what to do, we also had an opportunity, many of you may have participated, it was a very large, I think there were over 2000 people from HHS, that participated, we had an influencer talk about lived experience with disabilities and what she had experienced and what goes on. And then I think, within our own center, we've had a number of people who've gone through the LEAD program, because we want to make sure we're walking the walk and talking the talk and understand what it is that we're working with people to do, and really just trying to raise the voice around CDC, as we talked about earlier, getting data getting information, how do we do it as the center where, you know, collecting data about people with disability lives, how do we, I want don't want to say infiltrate, but that's really the right word that out into the rest of CDC, whether we're talking about, you know, HIV data, or we're talking about cardiac care data, or we're talking about many other things, how do we make sure if we don't collect the data, we don't measure data, we can't change policies and programs. So that's sort of our main goal is to really get people in within the CDC to understand the value of hearing lived experiences, engaging and being involved, collecting the data, and then hiring emerging leaders.

That's great. Thank you. I think infiltrate is the perfect word. Everywhere I go, I continue to meet lung trainees, and they talk about the impact of the program and love to see that spreading across the federal government, Allison, and I lose.

Certainly, so, you know, I think for us, The you know, the ways in which that we're training, and I think we're having a lot of opportunities right now, through many of our networks.

We do have...I'm sorry, all. I'd like a minute. Let me just swallow really quickly. My apologies.

We've had some interesting internal programs. So in our 21st Century Scholars training program, we've had extramural workforce, opportunities to make sure that we can build a culture of mentoring and support at NIH and we also provide supplements to enhance the diversity of the research workforce internally.

Externally, we support diversity supplements for individuals with disability who are working on our sponsored research, and we really do encourage people to take advantage of those they're under utilized right now.

The National Center for Medical Rehabilitation Research also has a mentorship program for training young researchers in grantsmanship. And another program focused on training in diversity education for Rehabilitation Research. And that's really a cohort development program for scientists underrepresented in rehabilitation research. For individuals with intellectual and developmental disabilities. There is through the IDD AR C's and early career workgroup and they develop resources, a seminar series job board and mentoring activities for those early in their careers, and then include the investigation of CO occurring conditions across the lifespan to understand Down syndrome. There are a number of initiatives through that to support trainees across all phases of their career, many of which are going to emphasize folks from underrepresented groups, and that's really to train the next generation of Down syndrome investigators, and we are really trying very hard to think about how we

improve the experience and I will tell you, one of the big things that we're working on is at the postdoctoral level across the NIH and this is not specific to the disability

A community of scientists that we work with, but postdocs writ large, we are really thinking about the experience of postdocs, the salary level of postdocs, they haven't changed in many, many years. And to keep people in sciences, we really have to think about how are we? How are we supporting them.

We also have the childcare benefit for our trainees, which is another way we're trying to think about innovative ways to support people staying into the scientist usciences Sorry. And I guess my advice for center directors,

you know, I think that, you know, investing in the people that you have with you, mentoring them, thinking about how to develop them knowing full well, you know, you might be mentoring somebody who's going to leave and go somewhere else. I always think of the fact that I want to develop my folks well enough that they are ready for anything, but happy enough that they stay. But know that if they do leave that I've got a friend somewhere else and a colleague somewhere else that I can rely on.

You know, and I think that if they have the support and the guidance that they need, they will be successful in advancing the science. And so, you know, I think that that is how we build that next generation of researchers is through, you know, through mentoring, through support, and through really making people feel like they're kind of practicing their research at the highest level they can based on their skills and abilities. So that would be my advice to the center directors at this point.

Thank you, the power of mentorship. Like so a few thoughts on that in terms of like how we're supporting the next generation of leaders, I think one of the things that we have worked on for many years are MCH leadership competencies, those have existed for the field, those are incorporated into all of our training programs, including our lead training program. And those are not meant to be static, those evolve over time. And so our team has recently updated those over the past year, with a real focus on how we infuse equity into those leadership competencies. So for example, expanding cultural competence, to better acknowledge systemic discrimination and how historical trauma impacts MCH populations. Thinking about how we integrate concepts of cultural responsiveness and health equity and social determinants of health into our work, are examples of how that that was done. Several folks have mentioned the LEND program, I think folks love lend and we're certainly proud of of the LEND program. And when we think about building that next generation of leaders, leadership is baked into the title of this program, right? It is, it is one of the main reasons this program exists. And apart from sort of doing the the rah, rah, cheerleading, round for Lynn, the data actually support that folks are doing just that. So when you look at folks who participated in Linn five years out, 87% of them are in positions of leadership in the field, they are working, the vast majority of them, 94% of them are working in interdisciplinary settings. And nearly 80% of them are working with MCH populations. And so we continue to be really proud of what this program is turning out. And I think that's a reflection of all the leaders who are on this call, and your commitment to this program over time. I also want to make sure I mentioned when we think about leaders, the Bureau has had for many, many years a strong focus on engaging families, families with lived experience, and supporting families, family members as leaders and supporting their development in a very deliberate way. So we actually have a national TA center

that works on family engagement and leadership and systems of care. Right now Family Voices is the recipient of that grant. And they're being able to provide training and TA broadly to families and family organizations, and also specifically to our family and family health information centers. And there are 58 or 59 of those across the country.

When I think of advice to Senior directors, my colleagues have all given just brilliant advice. Things I would have I was thinking back just on my own journey and what has been helpful, I think not forgetting to bring folks along on experiences, pull folks into projects, pull folks into meetings, have folks have those opportunities, have trainees have those opportunities to see different perspectives on the work that you were doing every day, life outside of those clinical or classroom settings to be able to understand what career options are out there. We've all had folks at one point or another in our career who have done that for us. So think about how we can pass that along and do that for others. And then I think importantly continue to think about how we move folks beyond the clinical and classroom walls and understand the impacts of social determinants and structural determinants on outcomes for MCH populations. Think about how we continue to engage folks with lived experience and our training programs and our LEND programs with their lead faculty, including family members do a tremendous job of this already. But really making sure that folks get exposed to that broader set of influences on overall health care. Right, thank you, we've got a little less than 10 minutes left, which leaves about two and a half minutes for each of you for the final question. And Allison, why don't we start with you two sides of the same coin? What do you see is the biggest challenge facing your agency today? And what's the biggest opportunity? And what can our network disagree?

Yeah, I think the biggest thing that we need to do, number one, is to make sure that we can and I think we're partnering, you know, especially with Jennifer and others, we we need to really emphasize getting, you know, better data for people with disabilities across the federal government. And I'll yield to her on that. But you know, I think we need also that not only at the Science level, but we need it in the workforce.

Without scientists with disabilities, we really miss diversity in our research workforce. And it's something that we have to do a better job. We also need to build a culture a culture of safety and understanding. For us, that means that people have to feel comfortable reporting that they have a disability as an investigator, investigators have to be comfortable bringing people with disabilities into their research. And we have to make people feel safe participating.

And so I think that these challenges are something that we have to work really hard with the community one to build that trust, to make sure that we have the policies, practices, and you know, recommendations from the community about how to do this and how to engage.

And then make sure that we're addressing those needs so that we establish that framework. And then I think that the the thing that you can do is, you know why don't use your voice. The way that agencies hear that we have to do things is for you to raise your voice and say this needs to happen. And I think the disabilities communities had a huge impact at NIH this year. And I hope you continue to challenge us, help us to connect, I may be reaching out to you all, as I moved this year, and I hope that you're you'd be willing to partner with me. And also disseminate research findings that we you know, if there's

evidence based practices or things that we have that can benefit you, you know, feel free to share those and build the awareness that we share with you, right, we have these programs, take advantage of them, please, I don't want to under you about lies, my diversity supplements. I don't. And so, you know, that's my ask for the community.

Thank you,

Jennifer, why don't we go to you?

So I think Allison identified a lot of challenges that we're also experiencing. So to add to that list, I think one of the things that we face is a challenges is what we're kind of been talking about today. And that's where are we finding the next generation of leaders. I do worry about that. We need strong savvy leaders within the federal government space, both career and appointed leaders. And we really struggle with that. But that I think, is also an opportunity for us collectively. And certainly appreciate the conversation that we've had today around that and the focus on the next generation of leaders. And with the focus right now in federal government on equity and collaboration that's really being supported. I think it's a great opportunity to really have more people. And I think you heard examples today of fellowship opportunities, or opportunities to intern within the federal government space to really give them firsthand exposure to leadership and working inside the federal government. But, again, sort of a challenge and an opportunity they see for us and within ACL.

Thank you, Michael.

Sure. So I think one of the challenges we have right now and this is certainly true in our equity work is that our grantees are in vastly different places as you move across the country in terms of their ability, not only to, to incorporate equity in their work and advance it, but in some cases to even apply for it, if our funding opportunities mentioned it, and I think there is a patchwork of varying approaches, by jurisdiction across the country, that are starting to raise questions for some of our awardees, for example, on very basic things like data, data reporting around race and ethnicity, and as folks are trying to increase diversity among their training programs, maybe prohibitions around that, or concerns about prohibitions around that at the state level. And so I think, trying to navigate that space, and overall, move the needle on equity, I think about the the quote about the the, you know, the arc is long, but eventually bends. There, I think there's a real urgency among lots of folks to, to bend that more quickly. And yet, there is resistance in places. And so we have to think about how to navigate that and, and make sure that this important work is sustained. I think in terms of opportunities, we're at a time, if I think about our programs in the bureau, where there is an increasing recognition of and focus on the importance of mental and behavioral health, in ways that we have not seen before, particularly in children. And so I think making sure that we capitalize on that opportunity, I think, coming off of COVID. There's also so much attention on telehealth and the ways that folks were able to pivot during the pandemic response and thinking about how do we take what was good about that and be able to apply that we know that many of our lead programs, for example, are using telehealth. And how do we build on on that moving forward, in terms of what you can do to support us.

It will be a busy year with the the work as you heard at the beginning about the reauthorization and sunset in the autism legislation. So so that will keep a number of us busy. I think, as you've heard from my colleagues, keeping the lines of communication open, we're all public servants, our inbox, our offices are open to you, you pay our salaries at the end of the day, right. And we want to hear from you and you are far and away the subject matter experts, the thought leaders in the field, and the more we hear from you, the better we can support the work that you're doing every day.

Thank you, Michael. And Karen, you get the last word. Here I find it's especially the last for but what I would say is my biggest challenge is that everybody has left COVID behind, it's in their rearview mirror now and they're moving to whatever the next thing that's out there, we need to make sure that people with disabilities, children with developmental disabilities, the lifespan issues that occur, remain front and center. And then it's not just oh, Karen in your center, you can deal with that. But that everybody across the CDC is there collecting data as they're thinking about their programs and policies, incorporate this in? So my ask is, you know, don't just think about us think about how do you advocate for you know, that intersectionality how to get advocate for the fact that people with sexual with disabilities may be sexually active and need to think about reproductive health, all of those issues, how do I and I'm here to try and introduce you guys over and over again, to other center leaders in those areas. So they see that this work goes across the centers across all the work that CDC does, because I think that's where we're really going to get the momentum to move things forward.

Thank you, a great place to close. I want to thank all of you for joining us today for your continued partnership or a recognition of the value of all the leaders that are on this call today and everything that you're doing to support them and ultimately to impact programs, policies and systems that our folks with disabilities have to engage with and navigate on a daily basis. In closing, I'd also like to thank our board of directors for their support, and all their hard work over the past year. Looking forward to continuing to work with our soon to be new board as we welcome our new board members at our November meeting, and a little less than 10 days here. And thanks to our outgoing board members and a final thank you to all of the AUCD staff for all the work that they do in support of all of you to ensure that you're able to get all of the information the technical assistance release sources and information that you need from all of us. So, thanks again, for everyone on the call today and I look forward to seeing many of you in downtown DC at the newly renamed Westin Hotel. It's no longer the Renaissance beginning on Saturday with our board meeting on November 4. See you soon.