

ROUGH EDITED COPY

AUCD
UCEDD PRODUCT DEVELOPMENT AND INFORMATION
DISSEMINATION
JULY 23, 2020

CART/CAPTIONING PROVIDED BY:
HOME TEAM CAPTIONS, LLC
WWW.CAPTIONFAMILY.COM

* * * * *

This is being provided in a rough-draft format. Communication Access Realtime Translation (CART) is provided in order to facilitate communication accessibility and may not be a totally verbatim record of the proceedings

* * * * *

>> Hello. Welcome to the installment for the product development and information dissemination. I want to thank you for joining us today. Before we begin, I would like to address a few details. Before the program, we will have a presentation. Following there will be time for questions. Your telephone lines will be muted through the call. You can submit questions via the chat box. You may send a chat to the whole audience or presenters only. You may compile and address them at the end. Please note we may not be able to address every question and may combine questions. This webinar is being recorded and will be available at the library. There will be a survey at the close of the webinar. We invite you to provide feedback and suggestions for future copy. As I mentioned, we are hosting a multi-part series on the use of core functions and categorized. We'll start off with a quick overview of how the act mandates, followed by the deaf nation of the information dissemination based on the model. We will then have presenters from two different, spanning upon how their program addresses the core function and through their program TVs. We will then complete for the period of questions and answers. Previously we held our first seven installments, continuing education, training, technical assistance, model services, demonstration services, and research. The archive of the available and a tip sheet has been developed for each. This particular installment will focus on the next core function, product development, and information dissemination. We have a final installment scheduled for over a month. Mark your calendars if you are interested and be on the lookout for more information. The developmental disability assistance and disabilities rights act, called the DDA Act. It is the activities undertaken to address the purpose of the title, especially dissemination, and that includes specific areas of expertise that may be accessed and applied in the settings and circumstances. They said the information dissemination core function. Further OIDD issued a final rule in 2015 providing guidance on implementing the DDA act. In the guidance they specifically mentioned to have a written plan for how their program will implement the core functions. This will also be the topic of our next and final installment of the series as I've mentioned earlier. This is also further echoed in the use of finding opportunity and

each must provide the use for the core functions and outlined in the DVD packet. Finally based on the OID clarifying model and the definition provided for information dissemination is as follows. Distribution of knowledge-based information and developing the products. First we have Dana Yarbrough. She's with Virginia's UCEDD. One of her many goals is to help womens and families for leaders and system change. Dana holds a masters in secondary transition. Please join me in welcoming Dana .

>> Thank you. We are not using video today. I'm advancing the slide, so you know who you are talking to. I'm glad to be here. As was introduced, I work at Virginia Commonwealth University. We have about 140 staff and somewhere around 40 projects. All of us are involved in disseminating information to people with disabilities, families, and a variety of health, education, and community professionals. I thought today that I would just share a slice of that work and would focus on our work in the center for family involvement. I want to share with you a few product and what we believe to be successful dissemination avenues and strategies. Later there will be times for questions. So the center for family involvement has 24 people with disabilities, parents, siblings, grandparents, family members who work together to provide 1-1 informational support, emotional support, systems navigational support, and the average a little over 5,000 families each year. Some received enhanced support, and some received training and education. We also have about another 5,000 professionals that receive support. Either one on one telephone calls or participant in the creating events. We also disseminate and handout over 20,000 products each year. We have a host of products that we produced in the center for family involvement over 40 different products that we are pretty popular that we frequently give out. We give out over 120,000. That's hard copy of the products. When I just looked at the data before, we support the families. We have a cultural brokage initiative that allows us to reach out to the Hispanic, Korean, and newly in the Chinese community. That certainly helped us broaden that demographic pool of what we normally would have seen years ago. I'm going to focus a little bit on what we've done in reaching -- the examples that you have today are really the from the work that we're trying to do to improve our information dissemination to diverse communities. I think just before I get there, I would hope that we agree the demographics of the community are changing. That when we don't have information that is adequately translated, that increases health care disparities, it hurts relationships between professionals and families, and it disrupts the notions of co-powering with families and people with disabilities and their informed decision making. I'm going to share the process that we've been putting in place and play attention to diverse communities. So the idea of localization and really this comes from the work of lion bridge and a lot of work in Europe. They kind of -- equivalent to the CDC in the U.S. with the work they do in Europe. It really is looking at the semantics and language and making sure the right thing is being said, and making sure the product works functionally for the intended culture. It is not really performing the direct translation of documents into Spanish. As each Spanish speaking nation as -- to some degree different cultures, phrases, and preferences. Messages and nuances can get lost in a direct, generic Spanish-word translation. When you look at the semantics and you look at -- more than just converting text into another language. You are taking into account the customs and

traditions and performed formats for how information is shared. According to the rules of their country. So that kind of is where Weigert to this idea of localization. And really translation and localization are not the same thing. Translation is a subtask of localization. The other part of this is product adaptation. There are really five steps to the process. The first step is -- it is the material that you are interested in effectively informing and motivating and guiding English-speaking families. Would that material once adapted fill a gap in existing available information and resources. Then you would to know what do they think about the materials? They are culturally and technically inappropriate recommendations within the materials removed. Are there challenging issues or concepts or terms that need to be identified and explained before you do what I want to say quote unquote translation is the source document relevant and compatible for those end users? Your third step would really look into what again I would say quote, unquote translation it is kind of the quality check. Are these hard to understand concepts in terms can they be easily translated. Is there jargon or idioms or terms that may be difficult to translate. In the fourth step we would want to test this. We want end users of the adapted document to gather some feedback. Make sure that the information meets the needs. And then the last one is really where you get into then what is that performed format for sharing that information. Is it a photo, video format? What does that look like and all of this is done with a group of people from -- if it is a Hispanic community, if it is air Arabic-speaking community, bringing people together. In our case it is families. Children with families and adults with disabilities and Puerto Rican and having conversations of people from Sudan and bringing them together and having conversations. Here's what we want. Here's what we currently have. We want to get it into the perfect context for your community. You tell us how that should happen and how it should look and what word should be brought forward from the English version. Let me give you a couple of examples. They put out a lot of products. We tend to like the big handbooks or resource guides and notebooks. They tend to be 50 to 60 pages long. They are chalked full of information. Really heavy text often. And we have done a Spanish direct word for word translation. We have done Spanish direct translation. Often that brings the documents to 85 to 100 pages long. When we add in the direct word-to-word translation from English to Spanish. They are dense, big products. We give them out. What they are learning is they are not being used. We brought together some folks to look at. In the example you see we want the to talk about a process of the baby being screened at birth for hearing loss and making sure they come back within three months to have additional screenings and diagnostic evaluations and then by or before six months they have been hopefully secured early intervention services if transparencies a diagnosis of deaf or hard of hearing. This is a really big book. This is an example of one we're doing right now. Where the group of mothers who identify as Latinas. They are helping us go through to get the primary message. We are also in the process and laying it out in a different way. In a conversational way. We have graphic designers who are working with them to think through and their continuing to massage the message and what the characters will look like in the case. Advance my slide. Sorry. Here's another one. This is another product. It is a very popular book of ours called it is about me. It is a guide for creating your own IEP. Students and families. A big book written in English. We have a direct word for word translation to Spanish. Another one is really dense. A lot of words and

language on the page. And what we did was something similar. We spoke to a group of parents with one of the support groups. One of the cultural brokers works and runs. And the families said to us we're not going to use this book. And so we worked with them to come up with something that would interest families in wanting to have a little bit more control of their -- they and their children running and owning their IEPs. So we ended up with a photonovela. It doesn't mimic the same material in the book. But it gets them to be interested in the book and which sections they want to look at. It was really paired down to a short photonovela. We're work, the Arabic community right now on some localization. What is that going to look like? We're still just touching our toe into that conversation. Currently what the group has done of Arabic speaking moms and dads is that they've helped us take -- a little card that describes just who we are and our services and they have done one side is in English and they have done fairly direct word for word translation into Arabic. We are trying to explore what this would look like. We're having some conversations that are going to be recorded by video. As they talk through another one of our products that's a fact sheet on Medicaid. They are talking through. I think we're going to record the video and what does the fact sheet in English mean to them and how they support and educate each other about what this fact sheet says. I think we're going to use that as another product. It will not be a hard copy. It will be a video of someone explaining in Arabic this information they are reading that's been produced by the government agency in English about Medicaid. So once we have kind of started the process, and this localization and adaptation process is not as quick as I could send this off in the translation company and pay 3 or 400 to have them convert English text to Spanish. This can take five months. It can take a lot of negotiations with a graphic designer where we go back and forth. We may not do the written product. We may be doing videography. They want quick turn around. They want to stay true. This is the process they are using. I warn you it does not happen very quickly. As we think about launching our project. Each has their own information dissemination plan. As we think about what we're doing with the center for family involvement and what we have found to be successful is that we are really thinking through primarily generational preferences. We're engagement arms for four of the state agencies. And we have a couple of federal contracts to do family-to-family and parent-to-parent type work. We're work, families who are 60 parents or 16 to 20 years old with infants. We have parents who are 55 and 60 years old who have adult children who are navigating some of the adult services. We have a lot of parents that are between 20 and 50 whose children were in the school system. So we're seeing a real difference in generational communication preferences. We're paying attention to that. The other thing we're paying attention to is branding. As you saw some of the examples that I shared. For the last 11 years, we have been using this -- these circles for our logo and these colors and the orange and green and blue. Every one of the products has some variation of the colors and the circles built into them. Intentionally. When they see that, the family says we know who this group is. We have some of the products and reviewed their stuff. That was intentional. The other is we link everything. For example, we are in the midst of re-doing our web site. Our university was no longer sponsoring the platform. The web site is not where we have it right now. Traditionally where the web site looks like is everything is connected. We have -- we developed -- we have a person who is a specialist and aging and elderhood specialist

and grandmother that worked with us. She has a card that explains about what she does. We have a podcast that they produce to run and talk about disrupting aging. We have based on that we have a video that's what is a burning question around aging. So we have a short video that is on our YouTube channel. We have a blog. A story from this elderhood specialist and the grandmother about what life has been like raising her grandchild that was shaken as a baby at 18 months old. Every single thing is linked back. We're touching millennials and catching baby boomers who may be interested in reading hard copies. We have materials that are in Twitter and Facebook feeds. Instagram, SnapChat. Everything links back. The one topic of aging and elderhood can be done in multiple different ways on multiple platforms. Before COVID, we've been practicing with Facebook live and come in and have it shared as a Facebook live event. It is for parents and educators. It is meant for everybody. We have state legislators and a number of people do a quick short video answerings one question in less than two minutes or less than three minutes. We're seeing a dramatic increase and a lot more people coming and doing our information. That's it for me. That's where I'm going to stop and turn it over to our next presenter. We'll have time for questions at the end.

>> Thank you so much. I think the question in the chat. Welcome everyone to continue type in your questions. We'll get to them at the very end. Next we have Marlene. She's the director of the health, education, and community law. She was the only medical legal partnership with Maryland to provide services with low income families and children with disabilities who receive services. They earned a bachelor degree in psychology at the University of Southern California and a concentration on children's legal issues. Prior to law school, they worked as a clinician in the behavior unit. Please join me in welcoming Marlene.

>> Good afternoon, everyone. I hope you all remain healthy and safe. I appreciate you taking the time for the webinar today. It is my pleasure to be able to share some of the work we've been doing with developmental disabilities. I look forward to the question at the end of the presentation. Thank you for the kind introduction. The Maryland Center For developmental Disabilities I would say is significantly smaller than Dana's program. While we're an older program, we're one of the first university centers for excellence in the country. We're smaller. I have about 16 full-time staff that work with me. What we have developed a number of strategic partnerships across the state of Maryland. Of course we work closely with our developmental sister organizations. We have very strategic collaborating relationships with the Maryland Development of the Administration and State Department of Education and the Maryland Department of Health and Genetics and people with Special Health care Needs. We have a number of partnerships in the community that has required us to look really strategically at the product development and dissemination efforts. The medical legal partnership that I found in 2005 has partnered with four law firms with offices in Baltimore. Additional we have some unconventional partners with green acts advantage which is a financial supporter of the medical, legal partnership as well as three of the local universities. Universities of Baltimore School of Law and the University of Maryland. I will talk about how these partnerships have played out in the product development that we have created in the way to tell our story to the community at large. Our mission is simple. To provide leadership that advances inclusion for people with intellectual,

developmental, and other disabilities. We adhere to all of the core functions, but today we'll be focusing specifically on the product development and information dissemination efforts within the Maryland Center for Developmental Disabilities. In terms of product development, we have developed a very strong collaboration with Kennedy Krieger Institute's with public relations and marketing. Brandon has been critical in telling of our work. And so for those of you that are unfamiliar with Kennedy Krieger Institute, we're a pediatric hospital providing inpatient and out-patient clinical services for children, young adults, and adults with intellectual and development communities. We're affiliated with the Johns Hopkins University. We're very large institution. We serve about 25,000 unique patients each year from 38 countries and every state in the U.S.

We have 15 campuses across the State of Maryland. Within the institution we're proud to be the home not only to Maryland, but also the largest land program in the country. Part of our efforts have been about establishing ourselves and making it known to the institute who we are and what we do. As you'll see in the information that I share with you this information. It is instructal and we have carved outside out for the institution. We use green as the primary color and yellow as the secondary color. For all of the information and materials. The logo looked similar to the Kenny Krieger photo, we do have our own name and tag line. We've worked hard to develop accessible products that include fact sheets that we use for the various programs. We develop brochures for various aspects of the programs. We have -- as you see here today, a very specific slide back for the -- we have three variations of the slide deck. But again the same branding colors, the same logos on everything. It is just some options in terms of the what the sides themselves look like. They were very, very similar. All of the posters that we present for the professional conferences have a similar design in layout. All of the signage across the campus across the state look to see them in the form and format. In terms of the accessibility and data with accessibility, we review the materials with the community advisory council. We're fortunate to have a 28-member community member advisory council with state agency and representatives, individuals with disabilities, and family members raising individuals with disabilities. And so we use our CAC to review our products. And to provide feedback. To the extent that we can, both online and within our actual Kuwaitly meeting. Additionally, we are partnered with Maryland's largest statewide self-advocacy organization which is named People on the Go. Three of People on the Goes leadership stats are on my staff. They are funded by the Maryland center for developmental disabilities and the administration and Krieger Institute. Those report directly to me. We have the privilege anding opportunity to use them for accessibility reviews, peedback regarding at the clean language, feedback regarding the acronyms which, of course, we try to minimize to the maximum extent that we can. Lastly I'll go into a little bit more detail about this. We did participate in the embedding the cultural and linguistic competency project in the fall of 2008. After sharing the products, we tell you more about that. So this slide shows you the cover of three of our most popular brochures that we disseminate in the community. The first is project HEAL which is health, education, advocacy and law. This is the brochure that I made in 2005. This provides information for families and through the local partnership. The second brochure. And this brochure touches on hot topics. And alternatives to guardianship and other issues that are well with the

patients. It is health care and financial health and financial decision making. The other one is called life after high school. S in an eight-page brochure that entitles return to guardianship. This is something that they disseminate to all of our patients when the young adult is going to start thinking about transitions to health care and decision making. In a letter, we enclose the brochure and send it to all of our families. So they can start thinking about, oh, these really important decisions as we transition to adulthood. This one gets disseminated most frequently across the state. The next couple of slides are I'm sorry it is difficult to see. I wanted you to see the materials that we develop and the green is the primary and yellow is the secondary color. The logo on all of the materials help set the stage. They know who to go through should they need assistance. This is a fact sheet we developed about ten years ago. And it is how to advocate the cause in Maryland. This is a document that's written in the same language. That we disseminate to all of our patients and families. You disseminate to all of our different sites. To help families -- patients and families understand the importance of advocacy. So it is the double-sided document. It is written about an eighth grade level. It is really to try to engage families in the efficacy movement. The next document is our legislative guide fact sheet. This is basically a very easy to understand fact sheet that explains the reg straitive process in Maryland. The Maryland general assembly which includes January through April and understanding the players and process with the visual on the backside of the sheet. So we give these out at the Maryland Developmental Disability Day at the legislature. We disseminate them throughout the year and various policy and events. Of course we disseminate them in all of the lobbies and campuses. They match the shift example of one of our professional posters that we present with this one. This is the last one and I was trying to develop the theme and the consistency in the way that the products are created with the assistance in the market. In terms of the increasing of cultural competence, I did apply for the Georgetown University's Center for bedding the linguistic project in the fall of 2018. So as well as two of the colleagues from the national center came to Baltimore and sent three full days with us with a goal of trying to embed the widely accepted cultural and linguistic competencies, policies, and structured. Across all of the core functions and across all of the aspects of the work. Including the training program. So as I mentioned we do have a large training program. It is the under graduate and graduate trainees. Or a semester or summer experience working with us. We asked them to look at the efforts surrounding the training program and as well as all of our products and sol of which I shared with you this afternoon. Including looking at our web site. And looking at the fact sheets and the brochures and the presentations and the posters that we've presented at local, state, and national conferences. We also engaged members of the senior management at Kennedy Krieger for on site technical assistance and support. We thought it was critically important that it was in our youth desk and translated across the institute and within the other clinical departments and programs with work on the daily basis. Then we engage with our community advisory council who had an opportunity to meet with the consultants from the national center and share their experiences with our youth and the efforts that we're under taking surrounding the cultural and linguistic confidence and work with the community advisory members. In terms of our product dissemination, once vetted through the cultural and linguistic, and through the self-advocacy lens, and

through our community advisory council. We disseminate our products to a variety of different media outlets. We're as I mentioned situated within the Kennedy Krieger Institute. For the Facebook, with, and the intranet. Kennedy Krieger has 2,600 employees housed within the clinical departments and programs. They have the daily work and interactions that we serve. There's an internal newsletter for employees. They spotlight all of the letters within the institute. Both online and in print. So at every quarter when the connection magazine comes out, they had a huge, prominent role in the newsletter highlighting all of the community-based work that we're doing. Kennedy Krieger has daily distribution e-mails that allow us to share the work that we're doing in the community with all of the clinical staff. Then we do patient -- as I mentioned, we mail transition planning brochures to all of the transition patients and then it is disseminated with all of the Kennedy Krieger students. It is a great opportunity for us to share our expertise with the patients and families. Additionally they have the own media outlets, including the quarterly newsletter, the community advisory council who as I mention the state agencies and organizations and the family members and self-advocates. We do a fairly large amount of professional and community-based training across the State of Maryland. When we were doing those trainings, we are doing our best to disseminate our information, fact sheets, brochure, all for the training. Additionally, we are unique in that we have resource finder/center. This is how we have the information and dissemination core function. The photograph that you can see on the screen is family who is in the actual center. And the resource center is physically located in Kennedy Krieger's outpatient center on the campus. So the resource center while physically within the outpatient center, the doors to it are adjacent to where our families center and on our parking garbage. We have to past the center in order to access security to get into the building. So it is a really great location for us. There's a library of resources. They have the access for the material and use the computer and the print documents. The door behind the family is where you can see my staff person works full time. She's there to assist with any questions that any of the patients or parents of the patients may need. Anyone can access the resource finding. Most of the time folks are contacting for service provider and special information. They are looking for the community-based resources, housing, and it is a big topic. Now going into the elections period, it will be voting questions regarding the voter rights and other information regarding the election. We include all of the legislative and advocacy materials on -- both in person center and on the web site. Professional publications and presentations. So my staff person here included in the box. When you go to the web site, you can look for community-based resources, diagnostic information, information regarding the providers and government agencies. You do not need to be a Kennedy Krieger patient or family member to access. If you are listening in, you you can contact Jenni Jones. She will be available to exist. Or other factors in terms of the accessing the appropriate community resources. They can talk to the person.

They can receive information. They can do it in person.

They can do it by phone. Just a quick little thought for caregivers that are accessing resource finder. A lot of professional internally and externally looking for resources in the community, and training, and then, you know, individuals with disabilities themselves. They -- as you can see the chart in the right. They are looking for

information regarding service providers. They are looking for information regarding Kennedy Krieger internal resources and referrals, request for reimbursement and public benefit related to school or educational services and financial resources, et cetera. We have to collect the data and really analyze the data and then response to the community based on the request being made. One of the request that they ask of us is presenters which is really look at the successes, the challenges, and the recommendations that we have in terms of our product development and our information dissemination efforts. I just wanted to reflect briefly some of the successes that I think we have had and coming up with the priority for us. Sometimes figuring out how to get information out there and making sure it is discussible and making sure it is translated into other languages and making shoe it is on a level that folks can understand and free from acronyms is time consuming. We have created a priority. I have dedicated a staff person to work on the dissemination plan and efforts for all of the media outlets. Then in terms of really thinking about embedding with Kennedy Krieger and have an entire day dedicating and among the faculty and staff who are focused on the work. There's the priority. I think it is the challenges to make the mistake. There will be documents disseminated that have errors in them. They may not meet all accessibility features. There may be documents disseminated and the language that may be offensive to one disability community and not another. And the product development is equally important and ming that lessons learned can be really helpful with moving forward. If you don't have someone that you work with, I would recommend contacting the film. The one that I work with is absolutely a member of my team. He participants in the leadership team meetings and participates in the retreats. And we really need to understand who we all are as individuals, what are our strengths and weaknesses, how that department can help us in leveraging our impact in the community. I see a huge value in having a strong charactering person on my team. Again using the lines of embedding the cultural and linguistic competency into the work. The colleagues came to Maryland in all of 2018. I have embedded exercises on the competence and every single one of my team meetings. I do not leave those exercises. I allow my staff to meet those exercises. It has been really, really very helpful in constantly bringing the concept to the forefront of all of our faculty and staff and trainees and thinking about the importance of this work. They just contracted the line items and adding the cultural competency. A way to do that that you were doing. Ever since she told me e that, I've been doing it. Running accessibility checks on your products. It is so much easier now than they used to be. Sometimes people have forget to do it. I do have someone that's visually impaired on our team. It's been something that I've learned. It's been really beneficial. Monitoring your web site. I think it came out earlier. It comes time and effort to monitor the web site and look for outpatient information and materials. I think it is critically important that you want to ensure at the materials that you are sharing with the team are accurate and up to date. If you have the opportunity to have a writer and editor in the material for all of the reasons that you discussed and ensure they are full of acronyms and ensure there are no errors. I encourage you to do so. This is our contact information for the MCDD and more importantly for the audience for the resource finder. Thank you for the opportunity to present.

>> Thank you, so much, Maureen. That was an amazing presentation. Thank you for the amazing work that you have. We now have sometime for questions and answers. If you have questions, please type the chat box next to the slide. I'll read them aloud for the presenters. I see the question. You have a large CAC, 28 member, how do you engage them for product development and review? Do you do this as part of the regular CAC meetings or recruit members to serve on the subcommittee and connect outside of the regular meeting?

>> Yeah. Great question. We actually do use the subcommittee of the CAC. I will say I'm very fortunate that we have an outstanding chair. We are very lucky to have her. She's been serving in the position for several years. And she's an outstanding leader and has developed strong membership for the subcommittees and grant review committee and those kinds of things. We do use a smaller group. We do share products -- we only have quarterly meetings. Then we also do a lot outside of those meetings via e-mail. Sending them information to review. Sending them materials to review. Then getting the feedback. That's a great question.

>> Just a question during the COVID and regard to the priorities for dissell nation and practice element. For the upcoming semester.

>> Sure. I'll start. One of the priorities that we saw immediately was a need for not only members of our community but also internally faculty, staff, and training needing to understand how to create advance directives, and advance directives for mental health which we have in Maryland. We created an advanced tool kit. What it meant to develop those documented and what was required by law and how to assist them. That was one thing we've always done training around the advanced directives. I had the faculty member to educate around the issue. In the wake of the pandemic, it was critically important that we developed an online tool to acyst the community around importance of these issues. The other issue that we developed, anyone can access that I should have shead this. We did a disability discrimination digital flier and walked folks through all aspects of the disability discrimination in the wake of a pandemic and created a very concise, visually appealing document that can be shared, you know, across the network. Actually it has disseminated. Those things I don't think that would have been a priority would have been in the normal day-to-day world. Because everything is happening visually whereas it typically would have been a training opportunity or clinic opportunity, it become a mass product development and dissemination effort to get those things out to the community.

>> And the children and family services is not quite as agile to meet all generational performances. We'll say we do a better job at many of the products in the office. They are mostly supported people in professional audiences. So they are fairly used to doing things in a different way. For us we haven't changed some of the processes. I do think that information changes rapidly right now. Than the demand from our stakeholders from families and from people with disability is they want instantaneous information. It has required me to rethink some of the budgeting of how we're paying some of the personnel. We have a lot of part-time people that work within the center within the UCEDD. There's the benefit for that. We can have more capacity and boots on the ground. They are all using social media and getting trained every day in how to use all of the social media platforms that they may not have been using before. But I think one of the challenges that we've run into is outside of the State Department of

Health most of our other state agencies are putting out information for families about COVID things relate to the education systems or disability and Medicaid systems. They are only putting it out in English. That's a real challenge for us. Because we're one of the loan voices out there in the disability community asking for information to be 1, family friendly. Because it is not. It is not person friendly. It is only in English. That's a huge bias for us. It just continues to create more additional disparity. That's where we're focusing is really asking how can we help you get that information out to families and can we do a quick podcast or video or something with you that they can certainly be speaking English. We're going to have our cultural brokers providing some of that translation back to families in their native language. It is not working perfectly. We need to be able to move really quickly and be really agile.

>> Great. Thank you. That was really amazing. Useful information as well. If you have any questions, type them in the chat box.

>> This is Dana. I did not follow rules well. I wrote in the chat box earlier. I'll be glad to share some of the budgets and in depth about how we did some of what we're doing. Absolutely. Don't hesitate.

>> Definitely. Seeing no other questions, thank you all for attending the webinar. This webinar has been recorded and will be archived in the webinar library at AUCD.org. Feel free to contact us on the e-mail listed here. Please take a few moments to complete our survey. Thank you all so much.