The Nebraska Early Hearing Detection and Intervention Program
Advisory Committee Meeting
December 8, 2016
Meeting Minutes
12:07 pm – 4:05 pm

Eugene T. Mahoney State Park, Riverview Lodge

Attending:

**Members**
- Nina Baker
- Jenna Browning
- Linsay Darnall Jr.
- Nancy Hengelfelt
- Brenda Hoover
- Cindy Johnson
- Kim-Jae Kang
- Kelly Rausch
- Stacie Ray
- Pete Seiler

**Guests**
- Laura Beshaler, Children’s Omaha
- Jenny Corum, NCDHH
- Kristal Platt, BTNRH
- Nicole Pond UNL Student, HearU

**Staff**
- Jim Beavers
- MeLissa Butler
- Brenda Coufal

**Teleconference**
- Sara Peterson

**Liaisons**
- Cole Johnson
- Joan Luebbers

**Interpreters**
- Kelly Brakenhoff
- Frances Beaurivage

**Newborn Screening Staff**
- Krystal Baumert
- Julie Luedtke

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**Meeting start time** – The meeting was called to order by Committee Chair, Linsay Darnall Jr, at 12:07 pm.

Julie Luedtke, Program Manager for the Nebraska Newborn Screening & Genetics Program introduced Brenda Coufal, new Program Manager for the Nebraska Early Hearing Detection and Intervention Program.

**Open Meeting Act** – Presented at the beginning of Advisory Committee Meeting by Linsay Darnall Jr.

I. **Welcome and Introductions**

Linsay Darnall Jr., Chair for the Nebraska Early Hearing Detection and Intervention (NE-EHDI) Program Advisory Committee, welcomed all Committee members, staff, and guests.

II. **Review of Agenda**

MeLissa Butler stated that Dr. Rick Kang is unable to present information on CMV today, as he had several surgeries added to his schedule this week. He will present information on CMV at the next meeting.

III. **Review of Minutes**

The Meeting Minutes from the June 9, 2016 NE-EHDI Program Advisory Committee meeting were distributed via e-mail prior to the meeting and printed copies were available upon request. A motion to approve the Minutes, as published, was made by Pete Seiler, seconded by Kelly Rausch, and unanimously approved by the Committee members.
IV. Presentation – Genetic Counseling and Testing for Individuals who are Deaf or Hard of Hearing

Kristal Platt, Genetic Counselor and Vision Program Coordinator at Boys Town National Research Hospital presented information on Genetic Counseling and Testing for Individuals who are Deaf or Hard of Hearing.

The objectives of Kristal’s presentation were to: describe the benefits of a specific hearing loss diagnosis through genetic testing; understand why families seek genetic counseling; and identify factors that add to the complexity of genetic testing. The details of these objectives are outlined in the PowerPoint slides included in the handouts.

Kristal stated that there will be a new genetic test available at Boystown beginning in January, 2017. The test, called Otoscope Experience, looks for 152 genes known to cause hearing loss, most of which are non-syndromic. Kristal also shared that there are many benefits to genetic testing, including strengthening the wellbeing of the family, and helping families to manage guilt and dispel misconceptions. From the Deaf perspective, there are also many benefits of genetic testing, because those who are identified with certain genes are able to learn more about themselves, which results in a greater sense of group identity. Individuals who are unable to obtain a definitive diagnosis are often less secure and more anxious about being deaf or hard of hearing.

In cases where a genetic diagnosis is unable to identify the etiology or the hearing loss, it is beneficial for the child to continue to be seen by a geneticist about every three years. This is because features of certain syndromes may become more apparent over time, or more testing and new research could be available. Continuing consultations with a genetic counselor can also help families rule out other health concerns over time.

Kristal added that the two most common questions she gets from parents are: what is the long term prognosis and is there anything else associated with the genetic condition that the family needs to be aware of from a medical standpoint.

Kristal stated that when she submits the preauthorization to insurance companies, especially Medicaid, she often gets a rejection stating that there is nothing to be gained by genetic testing. The Otoscope Experience discussed earlier in the presentation currently costs around $1500, and the price will increase to $1650 very soon. This is a significant out of pocket expense for families seeking genetic information about their child’s diagnosis. Part of the problem with insurance coverage is the legislated parameters for health insurance coverage. Julie asked Kristal if she has been able to discuss the benefits of genetic testing with the directors of Medicaid health plans. Kristal stated that she has not approached them about genetic testing. Julie responded that it would be worth discussing the benefits of genetic testing with the people responsible for making decisions about insurance coverage. Medicaid seems to be looking at certain services from a more holistic perspective and taking into consideration the long term benefits. Kristal stated that another thing she struggles with is determining what coverage is rejected or accepted due to legislated mandates vs. what coverage is accepted or rejected due to company policy. Often times when she receives a rejection, it is difficult to tell what type of argument she should make.

Linsay told Kristal that he appreciated the presentation on genetics, and he is glad that she recognized that the Deaf perspective on genetic testing is different for this group. Deaf people celebrate their deafness and don’t want it to be “fixed.” Some members of the Deaf community will pursue genetic testing out of curiosity, while other members of the Deaf community avoid genetic testing. Linsay shared his families’ viewpoint on genetic testing, stating that his parents are both Deaf, and both come from hearing families. Linsay and his brother are also Deaf. His family could pursue genetic testing to determine if the cause of their deafness is genetic, but there is also fear about the way the information obtained will be used. There is a lot of research.
going in to preventing genes causing deafness from being passed on to future generations, and members of the Deaf community do not want to see deafness eradicated. So, genetic testing is controversial for some Deaf people, because they don't want science to “fix” them.

Kristal responded stating that when families come in for exploration of the etiology of their child’s hearing loss, the point is not to obtain information regarding deafness, but to obtain information from a medical standpoint so they can make the best decisions about healthcare for their child.

v. NE-EHDI Budget for FY 2016-2017

Julie Luedtke, Nebraska Newborn Screening and Genetics Program Manager and previous Interim Program Manager for NE-EHDI presented information on the NE-EHDI budget for the fiscal years 2016-2017. Julie reminded the committee that she had sent a memo to the committee over the summer about some budget discrepancies, and had assured the committee that she would give a more detailed explanation of the budget at the next Advisory Committee Meeting. Julie apologized for having to restrict the number of meetings due to budget issues, adding that she takes responsibility for not more closely overseeing the prior program manager's budgeting and expenditures.

Julie explained that in July of 2016, UNL inquired about the HearU bill which had been submitted for payment in May. Julie could not see that the invoice had been received, so she processed payment in accordance with the contractual obligation. The payment was rejected by accounting because there was no money left in the FY 16 budget, so the payment had to be made out of the next year’s FY 17 budget. Melissa also identified around $10,000 in additional expenditures that had not been charged to the prior year's budget, which left the program around $40,000 short for FY 17's budget. The budgets were carefully examined, and we found that the budget did not account for salary increases, benefit increases, and rising indirect costs. Due to the shortages, the EHDI program had to make significant changes to cover the shortages. There were some situations that helped to save the program money including the nine week time period between the previous program manager’s retirement and the new program manager starting. The indirect cost rate charged to the budget also dropped from 46.3% down to 33.2%, so that helped make up for some of the shortages, but, there was still not enough money in the budget. As a result, additional changes were made.

Julie discussed the changes made to the CDC budget, including changes to reflect the 13.1% reduction in indirect costs. She also adjusted the salary calculations for personnel to account for the actual salary and time positions were filled. For the UNL interns, changes needed to be made to the percentage of costs split between the CDC and HRSA budgets. Other changes included reducing the Advisory Committee meetings down to two per year, and reducing funds budgeted for travel.

Pete asked if travel funds have been reduced, will EHDI staff still be able to attend the EHDI Annual Meeting. Julie stated that for 2017, the EHDI staff will be able to attend the meeting, and one parent scholarship will also be granted. In the past, there has been funding to send more people, but with budget reductions that is not possible for the 2017 meeting. Linsay asked to have the budget spreadsheets sent out to the committee via email. Julie stated they will be sent out, adding the caveat that the HRSA budget is proposed, but not approved yet.

Pete asked if the Advisory Committee Meeting should be moved to the Nebraska State Office Building in Lincoln to save costs. Julie stated that EHDI is looking for a no cost place to hold future meetings. The advantage of Mahoney was that it was half way between Omaha and Lincoln, but due to the lack of funding
we can no longer afford the fees for the meeting space and the park permits. Julie added that people can send questions to her after they review the spreadsheets.

VI. Changes in HRSA Grant Funding
Brenda Coufal, Program Manager for the NE-EHDI Program thanked the committee for the warm welcome she has received since starting in August. She has read and heard about their continued support and collaboration of the program throughout the years and stated it is greatly appreciated and looks forward to working together. She also thanked the committee for the support letters sent in October for the HRSA grant.

Brenda C. discussed new grant objectives, adding that the focus of the HRSA grant was shifting from reducing lost to follow-up to focusing on early intervention and family support. One aspect of the “3” goal outlined by the JCIH is referral to early intervention by three months of age, and this is one area where Nebraska could use improvement. Brenda C. asked the committee for ideas on how we can more efficiently offer Early Intervention services to children who don’t have a diagnosis by three months of age due to medical issues or conductive hearing loss. Cindy stated that this goal is very difficult to achieve because NICU babies are often hooked up to noisy equipment, which makes it difficult to test them. Also, babies who are born premature cannot have a hearing evaluation until they are closer to their gestational age. Jim stated that the data is calculated based on date of birth, and there is no allotment made for adjusting the calculation date to the corrected gestational age. Nina added that babies in the NICU can’t be enrolled in Early Intervention until they are discharged. Jim stated that he was shocked when he saw the objectives in the new grant, and so were other states. Due to the apparent lack of understanding of real world barriers, NE-EHDI has determined that we will just have to improve where we can, and if we can’t meet the outlined goals, we will have to provide a detailed explanation in the data report.

Cole Johnson asked for clarification regarding whether there was a distinction made between referral and verification, adding that you can still make the referral by three months of age. The services coordinator could contact the family and hang on to the referral until the child is medically stable and ready for enrollment. Jim stated that the referral is often made based on the confirmatory diagnosis, which can’t be obtained until later for babies in the NICU or children who are medically fragile. Cole stated that anyone can refer at any time, even without a diagnosis. Julie suggested that a work group be formed to establish criteria for referring children before diagnosis so the Early Development Network (EDN) is not overwhelmed with unnecessary referrals. Nina added that parent permission is needed for EDN referral, so the family needs to know ahead of time why it’s valuable to enroll and consent to the referral. Brenda C. stated that if anyone wants to volunteer for the work group, they can contact her to sign up.

Brenda C. highlighted the major changes in the next funding cycle provided by HRSA:

- The previous grant did not state a specific percentage of funds that can be allocated toward activities that support birthing facilities, however, the new grant specifies the expectation that only 5% of funding can be allocated towards activities that support birthing facilities.
- The previous grant did not state a specific percentage of funds that can be allocated toward evaluation and quality improvement activities, however, the new grant states that a minimum of 15% of funding must be allocated towards evaluation and quality improvement activities.
• The new grant also requires that a minimum of 25% of funding ($62,500) must be allocated toward family support organizations or programs that provide family support.

Brenda C. discussed the impact these changes will have on the EHDI program, including:

• The loss of one position that was previously filled by a UNL audiology graduate student with these duties being shifted to GBYS, which increases collaboration with GBYS to provide follow up services.
• Extremely tight budget, by year three for staff payroll so no extra funding for additional projects.
• Reducing the Advisory Committee Meetings from four annually to two.
• Not having enough money in the travel budget to send the Community Health Educator to future EHDI Annual Meetings.

The EHDI staff is concerned how all of these changes will impact the program, but we are excited about the opportunity to work closer with GBYS to have the family support element directly integrated into our follow-up process. The more streamlined process with contacting families means families can work with the same staff for follow-up, family support, assisting with care coordination plans and connecting with EI, resulting in less confusion and more timely contact.

Brenda C. stated the NE-EHDI has allocated the 25% of funding ($62,500 if HRSA grants the maximum award of $250,000) to GBYS; trainings for empowering family leadership and assisting families with care coordination plans; parent training workshops through Boys Town National Research Hospital; and HearU Nebraska. Kim-Jae asked for clarification on the requirement to allocate $62,500 to family support organizations, asking if the $62,500 is spread over three years, or to be allocated each year for three years. Brenda C. responded that $62,500 is to be given each year of the three year grant. Pete asked for clarification on what organizations can apply for a portion of the $62,500 allocated for family support, adding that the Nebraska Association of the Deaf (NAD) offer workshops to families. Brenda C. stated that the grant allocations were already submitted with the application, so we have not budgeted for that, but we can look into the possibility of partnering with NAD in future funding cycles.

Brenda C. asked for input from the committee about future advisory committee meetings. After much discussion, the months of April & October were agreed upon. A motion was made by Pete Seiler, seconded by Brenda Hoover, and unanimously approved by the committee to hold future meetings in the months of April and October. Linsay asked when the new meeting schedule will start. Brenda C. stated that the changes will be effective for the meetings held in the 2017 calendar year.

Brenda C. asked the committee for feedback regarding what time of day is best for everyone’s schedule, and if three hours is still a sufficient amount of time for the meeting. Linsay recommended that we set up a four hour block for the April, 2017 meeting and see how it goes. If necessary, the meeting time can be adjusted after a trial run in April. The committee agreed with this recommendation, adding that if there is anything additional that needs to be conveyed to the committee members, information can be sent out via email. The committee also agreed that an afternoon meeting usually works best with schedules for the majority of the group.
Brenda C. asked the committee for feedback regarding the location of the meeting, adding that Mahoney was a good location because it’s half way between Lincoln and Omaha. NE-EHDI would like to include Western Nebraska in the meetings, however, mileage reimbursement costs are too expensive, especially with the current budget. Nina shared that the Ashland Public Library has a nice community room that can accommodate up to 30 people and can be used free of charge for non-profit organizations, however, a $25 damage deposit is required. Kim-Jae added that all libraries have community rooms that are free for non-profit organizations to use. Pete stated that the Autism Center of Nebraska charges $100 for their room, and the Nebraska Association for the Deaf uses that room for large meetings. Brenda C. thanked the committee for the suggestions, adding that she will look into these options for the April, 2017 meeting. Brenda C. added that, due to budget cuts, NE-EHDI will no longer be able to provide lunch during the meeting. However, we will try to provide refreshments during the meeting if the budget allows. Kim-Jae stated that we could look at the possibility of doing a pot luck. Stacie suggested Hy-Vee sack lunches or Jimmy John sandwiches as less expensive alternatives. Brenda C. stated that she will look for less expensive options for providing lunch, and consider the pot luck idea.

Brenda C. stated with the changes for the future Advisory Committee Meetings that the NE-EDHI Advisory Committee Charter needs to be updated. After much discussion, a motion was made by Pete Seiler to make two changes to the charter:

- Change quarterly meetings to bi-annual meetings
- State that members must attend at least one meeting per year

Kelly Rausch seconded the motion, and the committee unanimously agreed to the changes.

Kim-Jae Kang added an amendment to Pete Seiler’s motion, recommending that the charter state that nominations for chair and vice chair would be held at the last annual advisory of the term. Brenda Hoover seconded the motion, and the committee unanimously agreed to the amended changes.

Brenda C. stated that the updated charter will be sent out to the committee when the changes were made, and it would also be posted on the ELDI website.

Brenda C. stated that a suggestion form was included in the handouts packet. She stated NE-EHDI is a successful program and is nationally recognized, but it is important to always evaluate and search for possible ways to improve. She would like feedback from the committee about what works well and if there could be any changes to improve the meetings. The form also asks for presentation suggestions at future meetings. Brenda C. added that Dr. Rick Kang will present at the April 2017 meeting. Completed forms can be left on the table at the end of the meeting or emailed to Brenda C.

Pete asked for clarification on how the funds are distributed for the family support requirement for the HRSA grant, expressing concern that Deaf organizations are not being supported. MeLissa stated that some money has been allocated for Roots and Wings, and the agenda each year includes information on Deaf culture and the Deaf perspective. Linsay added that he does a short presentation at Roots and Wings, but his participation is very limited. Kelly stated that, as a parent, she agrees with Pete and Linsay. Looking back on her experience, she feels that input from Deaf adults right away would have greatly benefited her when her daughter was first diagnosed. Julie stated that she recognizes the importance of Deaf mentorship, however, the grant guidance did not specify Deaf community; it specified family support so that was how the funding was allocated. The grant budgets have already been submitted and commitments have been made. Brenda C. added that even though funds have been budgeted in the grant for training workshops focusing on empowering family leadership and we plan to work with LEND and PTI-NE, it was
not delegated in the grant how we would split this allocated amount to organizations, so this a possible area where the NAD workshops could be included. Linsay asked if there was a Request for Proposal (RFP) process in the grant. Brenda C. stated that there was not an RFP because the grant turnaround was so quick that we had to build on what we already had. Pete added that NAD doesn’t promote modality, it focuses on literacy development. As a child, he grew up wondering where he stood between the hearing and Deaf community. Workshops offered through NAD can help make parents aware of the issues that deaf children may face.

Brenda C. stated that another area that needs to be addressed is sustainability. Therefore, NE-EHDI is exploring collaboration with Children & Youth with Special Health Care Needs (CYSHN) regarding medical home and care coordination plans, hoping this collaboration could justify using MCH Title V Block Grant funds for the EHDI program. Brenda C. asked the committee for other ideas to help the program become sustainable. The committee did not have any recommendations at this time. Brenda C. added another possibility for sustainability is if collaborative partners would be interested in pursuing stronger legislation, which may provide justification/need for utilizing state funds for the program, but there are no guarantees. Brenda C. suggested that the pros and cons of stronger legislation needs to be discussed and weighed before anything is pursued. No discussion was initiated at this time regarding pursuing stronger legislation.

Brenda C. shared two staff updates with the committee. She stated that MeLissa and Jim are experienced, hard-working, and extremely knowledgeable regarding EHDI. They both have great vision, take initiative, and are driven to find ways to improve the program. Brenda C. expressed state program managers are limited in ways to show staff appreciation, but believes it is important and is committed to finding ways to retain valuable staff. She also stated that she recognizes how staff retention benefits employees and the families we serve, which leads to a successful program, therefore, Jim was approved to begin home-office two days a week, which will reduce the time he spends commuting from Omaha to Lincoln. Also, a request to reclassify MeLissa’s position from Community Health Educator to Community Health Educator Sr. was submitted, and a decision will be made the week of December 19th. The reclassification aligns better with MeLissa’s current work and would result in a pay increase. Brenda C. added that, due to MeLissa’s work with implementing new follow up procedures, lost to follow up has been significantly reduced since she started with the program.

VII. HearU/Hearing Aid Bank Update, HearU International
Nicole Pond, UNL Graduate Student and HearU Graduate Assistant, presented the HearU quarterly statistics for January 1, 2016-November 23, 2016, as detailed in the handout.

Laura asked if they are able to anticipate how long the current stock of 55 Hearing Aids will last. Nicole said their last order, which was a similar size, lasted about five months, so they ran out of hearing aids quickly.

Stacie Ray, Associate Professor of Practice in Audiology at UNL and Manager of HearU Nebraska and HearU International presented information about the Nicaragua 2016 trip. Stacie and four graduate students went to Nicaragua in August 2016, and visited three different communities in Nicaragua in seven days. They saw a total of 140 patients and dispensed 117 hearing aids. They also were able to train two local individuals to provide hearing aid maintenance, and plan to continue training them more on hearing aid maintenance when they return to Nicaragua on future trips.
Stacie thanked NE-EHDI for their hard work and contributions, and for continuing to support HearU, adding that she doesn’t know what HearU would do without NE-EHDI’s support.

Pete thanked Stacie for her efforts in the community, both in Nebraska and Nicaragua. He asked how the people in Nicaragua are able to keep the hearing aid batteries dry with the heat, and how the recipients of the hearing aids are able to maintain their devices. Stacie stated that a one year supply of hearing aid batteries was given to each recipient, and they also received a bag of rice to place their hearing aids in when they were not being used to try and keep the devices dry. She also stated that HearU will continue to do follow up and provide maintenance until the individuals trained in Nicaragua are able to maintain.

Stacie added that the spoken language in Nicaragua is Spanish, and she is not fluent in Spanish. She was happy to meet people who used Nicaraguan Sign Language since it is very close to American Sign Language, which she is fluent in. She was able to communicate better with the sign language speakers than she was able to communicate with Spanish speakers in the country.

IV. Training Task Force Update
Melissa Butler stated that there are no updates on the Training Task Force at this time, but work on the project will resume early in 2017.

V. Western Nebraska Tele-Audiology Initiative
Melissa Butler stated that progress has been made on the Western Nebraska Tele-Audiology Initiative. The kick off conference call was held in November, and another call is scheduled in January.

Western Hearing Clinic in Scottsbluff has volunteered to be the pilot site in Western Nebraska, and more information about the work plan and expectations will be developed.

Funding is being explored with Brenda C. and Melissa attending a funding workshop December 13, 2016 in Kearney. The workshop will provide information on funding opportunities for rural outreach through the USDA and HRSA.

Brenda C. asked if there are any updates on CMV since Dr. Rick Kang could not present today. Cindy said the pilot project is still in the data gathering phase. Once they run out of money for tests, Dr. Ann Anderson-Berry’s team will analyze the data and report back to the committee. The Task Force does not have plans to meet again until the data is available to discuss. The only pending action items for the group are securing funding to produce educational materials for OB/GYN’s, and they are hoping the data collected will help to make a case for developing educational materials.

Brenda C. asked the committee if everyone had a chance to see the article on CMV in the New York Times. Not everyone on the committee had seen the article, so Brenda C. stated she will e-mail a link so everyone has an opportunity to read the article.

VI. NE-EHDI Statistics and Lost to Follow-up Information
Jim Beavers reviewed the handouts titled Nebraska 2014 DOB 1-3-6 Statistics, Jan-Dec 2015 DOB NE-EHDI Status Report, and Nebraska "Lost" for DOB 2007 through 2015, noting how Nebraska has improved in the 1-3-6 statistics, and dramatically improved in the “Lost” category.
VII. Jim Beavers 10 years of service on 06-26-2016

Melissa and Brenda C. presented Jim with a plaque to recognize 10 years of service to NE-EHDI, and expressed appreciation for the years of hard work he has dedicated to the program. Jim has been with the program longer than any other NE-EHDI employee. Melissa added that she feels Nebraska has one of the best data systems she has seen for an EHDI program, and this is due, in large part, to Jim’s hard work and skills. In addition, Jim has worked tirelessly with the CDC to improve the way data is calculated and presented so it gives the most accurate picture of what is going on in the EHDI follow-up process. Melissa also recognized how much Jim helped her through her learning curve when she first started with the EHDI program, and because of his mentorship, now both Jim and Melissa are able to provide support for Brenda C. as she learns about EHDI.

Linsay stated that when he first started serving on the Advisory Committee, he had qualms about the verbiage used to describe deaf and hard of hearing. After one meeting where that subject was discussed in great detail, Jim approached Linsay and asked for his feedback regarding what the best verbiage to use to describe deaf and hard of hearing. Linsay stated that he appreciates how much Jim respects the Deaf perspective, and how he has shown that he is a friend to the Deaf community by wanting to learn what is acceptable.

Jim said that over his ten years with the program, he is amazed at how consistent the numbers are, and he is happy to see all the ways the EHDI program has improved. Jim added that he had known Brenda C. for many years before she accepted the position as program manager, and was excited when she accepted the job. He shared that before she applied, Brenda C. asked him about the job details and he told her that it was a pretty low-stress position. Unfortunately, a few days before she started she was told there was a budget problem, and then a few days after she started as the EHDI manager, the HRSA application came out earlier than anyone expected. Brenda C. laughed, and stated that with her over 17 years of experience in public health, she knows there is no such thing as a “low stress job”. Jim also added that, during the grant application process Brenda worked more hours than she has ever worked in her life, but he feels like NE-EHDI submitted a good application. Julie added that Brenda C. was supervisor of the year in 2016, and the EHDI program is so lucky to have her.

XI. Other

Nina Baker commented that PTI Nebraska will soon be the state center for the prevention of bullying. Kids at schools throughout Nebraska made bookmarks, and she brought some of the bookmarks to share with the committee.

Jim asked the group for input on how to meet the confirmatory diagnosis within 90 days requirement. He asked for input from Nancy Hengelfelt, OB director for York General Hospital, wondering how realistic it would be for hospital staff to make an appointment for the first outpatient screening before the baby is discharged from the hospital. Nancy stated that at York Hospital it is possible to help make the appointment, although they have never provided this assistance to parents in the past. They do inform the physician that the child needs to be referred, and the referral typically occurs at the child’s two-week checkup. Laura commented that the hospital she worked at in Iowa set up the rescreening appointment before discharge and that helped a lot. Cindy added that at Children’s, the discharge planners set up an appointment for a repeat screening before discharge if they do not suspect permanent Sensorineural Hearing Loss (SNHL). If permanent SNHL is suspected, an appointment for a diagnostic evaluation is set up.
xii. **Adjourn**

A motion to adjourn the meeting was made by Nina Baker and seconded by Pete Seiler. The meeting was adjourned at 4:05 pm.

2017 Meeting Dates:
- April 13, 2017
- October 12, 2017

Respectfully submitted by MeLissa Butler, Community Health Educator