

## **WEBINAR VIDEO TRANSCRIPT**

DHHS / Office of Population Affairs

### **Minority Fellowship Program – New Fellows Orientation**

18 November 2020

INA RAMOS: Good afternoon, everyone. My name is Ina Ramos, and I'd like to welcome you to the Minority Fellowship Program New Fellows orientation webinar. This webinar is brought to you by the SAMHSA Minority Fellowship program coordinating center. Our first presenter today is Dr. Anita Everett, Director of the Center for Mental Health Services. In this role, she provides executive leadership for federal efforts to improve the nation's mental health service systems. Dr. Everett will provide words of welcome and an overview of the SAMHSA. She will also take questions immediately following her presentation, so feel free to submit any questions you have during her presentation using the questions box. Dr. Everett, the floor is yours.

DR. ANITA EVERETT: Thank you. I want to begin by extending my gratitude to everyone for being here with us today. This is such an important program. We're so excited to have you here. And we look forward to you in your roles, what you'll be learning and experiencing as Fellows yourselves, and we also look to you to provide leadership for the field at large. With regards to, one of the terms we think of sometimes is force multiply, or think of yourself as what kind of ripple effect you and your experience here can help us have to address one of what is one of our nation's biggest problems, and that is under representation of minority ethnic groups in the health professions in general. So we're so glad that you're here. So glad that you have this special interest. And want to do whatever we can to support you in that role. So thank you and welcome.

I do have a few orienting slides to SAMHSA itself over the next time period that you're Fellows with us. You'll learn a little bit about SAMHSA. But what I want to talk to you about is just a little bit about SAMHSA at large. And SAMHSA by the way, stands for Substance Abuse Mental Health Services Administration. I have a few little statistics from some of the national surveillance data that we collect at SAMHSA. We're going to talk just a little bit about how public policy works, and then review with you some of our current high level priorities. And also I'll say, as we sort of mentioned, I'll try to pay attention to the dialogue. Unfortunately I have to step off at 2:30, but if there are questions in there I'll try to answer them before I leave. And Deborah or some of our staff can certainly get me questions back, so I'm happy to do that. I suspect that Deborah, who's been working with this program for a long period of time, will know the answer to a lot of your questions.

OK. So SAMHSA itself is an agency, as I said Substance Abuse Mental Health Services Administration. It's a 27, maybe 28 year old, agency. It is one in a family of agencies that fall under the Health and Human Services, or HHS, set of agencies, so other brothers or sister agencies that we have that we work with are the CMS, the Center for Medicare and Medicaid

Services, the FDA, the Food and Drug Administration, NIH, the research institutions. NIH is actually composed of 27 different research institutions, and we work with the ones that are particularly oriented toward mental health and addiction. And then HRSA, the Health Resources Services Administration, which runs many different programs that relate more generally to primary care, including the community health center programs. So we have some very important neighbors in our family, and SAMHSA is one among those agencies.

Our main mission is to fund programs through block grants that we administer, regular grants, which we also refer to as discretionary grants, and contracts, as well as a cooperative agreement. So that's a level of detail at this point you don't need to know, but what is important for you to know about that is that there's several mechanisms that we have access to to support programs and initiatives, most of which is directed to us by Congress, by elected officials in Congress. What I have there in the little blue diagram is one of the ways I like to think about SAMHSA. So there is a center office. The square in the middle is where the Office of the Assistant Secretary sits, as well as the Policy Lab, and a couple other officers that are around her office. And then below that sphere of offices, there are four main centers within SAMHSA. And the darker one there is a center that I'm the Director of, the Center for Mental Health Services, but our companion centers are Addiction Treatment, CSAT, The Center for Addiction Prevention, CSAP, and the Center for Behavioral Health Statistics and Quality, CBHSQ, we call that.

So those are sort of just a broad lay of the land for what SAMHSA is and how it's organized. One of the things that SAMHSA does through that one office we call CBHSQ is conduct a national survey annually, and we've been doing this for many years, maybe as long as 20 years or longer, on our nation's addiction and substance use disorder related health. And then more recently, in the last several years, we've added in several questions that relate to behavioral health. So the NSDUH is the name of that survey, National Survey on Drug Use and Health. A long time ago it was called the Household Survey. And what it does is enable us to get a nationally representative sample of individuals, with regards to what's going on with the prevalence and incidence of these conditions. So in this diagram that I've brought to show you today, you see that, from the most recent NSDUH, that 7.6 million Americans have difficulty with substance use disorder. So 7 out of 100. What I want to call your attention to is, that although in the air and what we talk about and think about a lot these days, is our tremendous problem with opioid use disorder itself and opioid use disorder associated deaths, still alcohol remains our biggest problem with addiction. So that 75% of the 7.6% of the population, or of those 18.7 million, have a persisting problem with alcohol use disorder.

So of course that means we don't want to forget about that. And in the addiction domain, we're all very worried about increasing prevalence of marijuana as marijuana laws have changed in the states. We're very worried about increasing prevalence of marijuana use disorder. And there are some racial and ethnic differences that maybe we can talk about another day with regards to marijuana use and marijuana misuse. And then the blue sphere there represents the percentage of the American population that has any mental illness. For this survey's purposes, a subset of any mental illness includes what we call serious mental illness, and serious mental

illnesses has to do with a diagnosable condition that also results in disability, such that a person can't carry on with their regular activities, like work, family roles, attending education, things like that. So in the United States, 46.4 million or about 18% of us have a mental illness, and within that subset, about one in four of us have a serious mental illness. That's just to give you sort of a ballpark about what the lay of the land is nationally.

The NSDUH itself, if you're involved in or need to do any sort of research project or things like that, the NSDUH itself, as is the case with almost all federal databases, many of which are maintained and operated by the CDC, the Centers for Disease Control and Prevention, are publicly available. So if you, as one of our Fellows, have an interest in looking at the NSDUH information, and you can't answer questions that are available in the public facing part of the NSDUH, we're happy to help you with that. That's a very important service that we provide to the American public. I'd like to talk, I think, just a little bit about, and many of you are right now in your training period. Training sort of teaches us to think about things rationally. To think about there's a problem, how we diagnose someone, or how we categorize them for the benefit, or for the intention of, how we're going to target a treatment for that particular thing.

Sometimes it seems to us like the way that politics works, or the way that public agendas work, are not organized the way we, as the clinicians, and or clinician scientists, like to think about logical sort of answers to things. But I want to suggest to you that there is, if you think about things this way, you'll see this pattern here that's depicted by this arrow. So right now I think we've widely recognized that we have a problem with, to use it as an example, with racial and ethnic disparities in our population. So that's sort of an example of a big social problem. Typically in the process from moving from problem to result is a variety of solutions that are presented that could address the problem. These are presented often through forms of testimony. Maybe some of you have had the opportunity to testify, either at the state, or maybe even county or local government entities, where you might have gone to ask for services, for crisis intervention services, or for other sorts of things that relate to neighborhoods, or needs that you've identified. So that's sort of where an array of solutions is discussed.

And then in the political science arena, often the politicians or our elected officials, will come about with a mechanism that will be part of the solution. In this example for us, the Minority Fellowship Program was created as one part of the broader picture of addressing the concerns that we have about mismatch between our population need and the providers that are trained and available to provide services to that population. And then the result is often sort of what happened. So in this particular case, using Minority Fellowship as an example, we have received ongoing money from Congress to administer this program, so that we can train at least a core of what we hope, again, are very activated leaders, who are going to help us force multiply in the field. So that we do whatever we can to encourage broader participation in health professions, and health professional training.

So what you're doing is very important. Your engagement with us is very important, and we're delighted to have you here. One other thing that you'll sometimes see, is governments kind of

organize themselves. and we're in the executive branch of the government, we at SAMHSA. We sort of organize ourselves around a plan that helps us keep, sort of on any given day, there's a lot of different things that we could be engaging with, but we try to keep ourselves focused on a strategic plan. In some ways it's somewhat like a treatment plan in a clinical sort of setting. It serves to sort of reorient us with regards to what our goals are and get, so to speak, everyone on the same page, much as the same way that a complicated patient or a client might result in, who is doing what parts to address the person's needs as a whole.

So the five priorities of SAMHSA at large right now that is in our documented strategic plan include, number one, addressing the opioid crisis, which we have a number of programs, which are designed to sort of address the opioid crisis to get more evidence based treatment out into the field. Number two, and that's in green there because my center is responsible for this set of initiatives, and that is to address serious mental illness and serious emotional disturbances, which is a term that we use. That's an SMI, or serious mental illness counterpart, in the childhood domain. So that is sort of our main, and there's sub elements within that number two goal there. But anyway, just for our purposes today, just wanted you to get a feel for the idea that that's how government sort of works, to sort of identify priorities and work toward them. Then number 3 is advancing prevention treatment and recovery support services for substance use. Number four, improve data collection analysis dissemination programs and policy evaluation. And number 5 is strengthen health professional training and education.

That's sort of what I brought. I was hoping with those remarks to give you sort of a broad overview to SAMHSA, and what kinds of. We're part of your mother ship while you're Fellows in our program. We'd like for you to think of us sort of as a resource. And the federal government is a very complex bureaucracy, has a lot of things that it does extremely well, and a lot of services and resources that it provides to the American public. And I believe each one of us is very proud to be a civil servant working in that domain, and we hope, we're looking forward really to partnering with you over the course of your Fellowship with us. Are there any questions?

INA RAMOS: Thank you so much, Dr. Everett. We have not received any questions at this time. If there are any questions, you can go ahead and submit them in the chat box now. And if not, we will save questions that come in later again to be addressed by your colleague Ms. Deborah Rose. We thank you again, Dr. Everett.

DR. ANITA EVERETT: All right thank you so much. And again, I can't say enough how excited we are that you're with us, and our chance to be with you as you pursue your training. Thank you.

INA RAMOS: OK. We did just receive one question. As soon as we were letting you off the hook there was one question. How do we have access to the database to conduct research?

DR. ANITA EVERETT: Well, so I would suggest that first you look and see what's there, what you can get access to right now. There's a lot of it that is public facing, a lot of tables and things like that. And when you design a question that you think you could get from this survey, I think

probably the best thing to do is either contact Deborah or Deborah can pass it along to myself. And I'll help you get to the right person who can answer some of those questions.

INA RAMOS: OK. And one final question is, for those who want to have a career in SAMHSA, what do you recommend so that they can take advantage of what they've learned in the MFP to national government?

DR. ANITA EVERETT: Well, that's great. We're always looking for great people to join us. And I think as your Fellowship develops along the way, maybe Deborah or I, or some of our staff, could arrange to have a special session on, careers in the federal government. I don't know. Deborah is that something that we could probably think about together to offer to our Fellows?

DEBORAH ROSE: That is something that I will share for its resources as far as the internships that we have at SAMHSA.

DR. ANITA EVERETT: That'd be great. Yeah. So I'm happy to do that. And if we want to have a separate time to do that that involves me, or some of my perspective beyond what Deborah applies. You know, Deborah is your go to, but I will certainly be willing to help in any way, with folks entering into federal services. It's a great place to work.

INA RAMOS: OK. Thanks so much again, Dr. Everett. We'll now hear from Ms. Deborah Rose, the NHS Public Health Advisor and Project Officer, who will provide an overview of SAMHSA resources.

DEBORAH ROSE: Great. Thank you, Ina. Good afternoon, and welcome to our new Fellows. SAMHSA provides public and health providers with a wealth of free resources. This afternoon I will share a few key resources that are available. The Behavioral Health Treatment Services Locator is an online source of information for persons seeking treatment facilities in the United States, or the US territories, for substance use, addiction, and/or mental health problems. The Behavioral Health Treatment Services Locator is a product of SAMHSA's Center for Behavioral Health Statistics and Quality, which we call CBHSQ. The locator is compiled from responses to people's annual surveys of treatment facilities, the National Survey of Substance Abuse Treatment Services and National Mental Health Services survey. If you are interested in connecting with the locator you can just follow the links that we have attached to this slide.

The SAMHSA store offers free publications and tips sheets, many of which can be downloaded, on topics such as substance misuse and disorders. The SAMHSA Public Education Platform, or the PEP, has created three mobile apps to provide on the go access to resources that can help address bullying, suicide, and disaster behavior health. These are the mobile apps. Suicide Safe is SAMHSA's suicide prevention app for primary care and behavioral health providers. The app helps providers integrate suicide prevention strategies into their practice, and address suicide risk among their patients. No Bullying by SAMHSA provides information and guidance on ways to prevent bullying and build resilience in children. And the other mobile app is the SAMHSA Disaster app. The SAMHSA Disaster app provides responders with access to critical resources,

like psychological first aid and responder self care, and SAMHSA's Behavioral Health Treatment Services Locator to provide support to survivors after a disaster.

We have the SAMHSA Technology Transfer Center. The purpose of the Technology Transfer Center, or the TTC, is to develop and strengthen the specialized behavior healthcare and primary healthcare workforce that provides prevention, treatment, and recovery support services for substance use disorders and mental illness. The TTC program is comprised of three networks, the Addiction Technology Transfer Center, or the ATTC, the Mental Health Technology Transfer Centers, the Mental health TTC, and the Prevention Technology Transfer Centers, which is the PTTC. Each network is comprised of one national coordinator center, 10 regional centers, one American Indian and Alaska Native focused center, one Hispanic and Latino focused center.

Then we have the SAMHSA Clinical Support System for Serious Mental Illness. This initiative supports the use and implementation of evidence based screening and treatment for serious mental illness through education and consultation. This initiative, called SMI Advisor, supports the use and implementation of evidence based treatments for serious mental illness. The American Psychiatric Association engages in and leads more than 30 plus national mental health organizations, who help guide this interprofessional project. SMI Advisor supports real world clinical practice with education data and consultation. The SMI Advisor website consultation for mental health professionals, including psychiatrists, nurses, psychologists, social worker, and peer specialists, on the implementation of evidence based screening and treatment for SMI. If you go to [www.smiadvisor.org](http://www.smiadvisor.org), you can access the system.

Mandated by Congress, SAMHSA block grants are non competitive grants that provide funding for substance abuse and mental health services. What is a block grant? A block grant is a non-competitive formula grant mandated by the US Congress. Eligible entities must submit an annual application to demonstrate statutory and regulatory compliance in order to receive the formula based funding. SAMHSA is responsible for two grant programs. One is the Substance Abuse Prevention and Treatment Block Grant which provides funds and technical assistance to all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, six Pacific jurisdictions, and one tribal entity. Grantees use the funds to plan, implement, and evaluate activities to prevent and treat substance abuse and promote public health.

Then we have the Community Mental Health Services Block Grant, which is the MHBG. The MHBG program provide funds and technical assistance to all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and the six Pacific jurisdictions. Grantees use the funds to provide comprehensive community based mental health services to adults with serious mental illnesses, and to children with serious emotional disturbances, and to monitor progress in implementing the comprehensive community based mental health system. And we have discretionary grants, which provide funding to support community defined behavioral health needs and community based programs to serve targeted areas across the United States and other jurisdictions. And you can get more information about the grant program on the SAMHSA website.

SAMHSA announces grant funding opportunities through Funding Opportunity Analysis. Each FOA contains all the information you need to apply for a grant. To apply for a SAMHSA grant, you must register on grants.gov. And you could see funding announcements are posted online, and you go to SAMHSA.gov/grants and grants.gov. If you're interested in finding out the different types of discretionary grant programs that SAMHSA has, you can sign up for the SAMHSA email updates at SAMHSA.gov. For more information or questions about specific grants, you can contact the Division of Grants Management, or contact the individual listed on the funding announcements. For information about serving as a grant reviewer, you can visit the SAMHSA website. And just an FYI, we do pay our grant reviewers, if you're interested.

The SAMHSA internship program introduces students to the important role SAMHSA plays in ensuring a productive life in the community for everyone. Interns gain practical experience through projects, special assignments, or research that supports federal, state, and community based programs, policies, and best practices in the prevention and treatment of substance abuse and mental illness. Students selected as SAMHSA interns will use their specific skills and knowledge while experiencing the value of their education. For 15 weeks, 40 hours per week at the SAMHSA headquarters in Rockville, Maryland, each intern will be able to work under the guidance of a SAMHSA manager in a SAMHSA department, whose function closely matches their course of study and field of interest. And if you're interested in an internship program, you can go to the link that's attached.

And as Dr. Everett was talking about opportunities at SAMHSA. We also have the Presidential Management Fellowship program. And of course, we have the MFP program. But if you're interested in SAMHSA opportunities, like she said, you can definitely contact me, or you can always go on usajobs.gov. SAMHSA has programs and campaigns that offer information, training, and technical assistance to improve the quality and delivery of behavioral health services across the nation.

The Evidence Based Practice Resource Center provides communities, clinicians, policymakers, and others with the information and tools to incorporate evidence based practices into their communities in clinical settings. And we have the links that are attach if you're interested in getting more information about the different programs. I encourage you to go to the SAMHSA website and to take a look at the free available resources that are available for public use and for practitioners use. I can't emphasize enough that these resources are free. And if go on the website for the publications, it will take you through the steps of how you can order the different hand outs, brochures, or flyers, that may be useful for you for in your office or for school.

So I think that's good as far as some of the key resources that we have right now. So I'm going to hand it back over to you, Ina.

INA RAMOS: Thank you so much, Deborah. All right. Our next presenter is Dr. Freida Outlaw, who will provide the background and historical overview of the MFP program. She will be

followed by 2 Fellows who will share brief reflections on their MFP Fellowship experiences. Dr. Outlaw?

DR. FREIDA OUTLAW: Thank you, Ina, and greetings, everybody. I am so happy to be here to talk about the history, because I am one to think the history is very important. Because it informs us of where we've been, and it helps us to understand where we are, and give us some perspective about where we want to be. And I have to say that I feel particularly excited about doing this because I am an alum of the amnesty program, and can give testimonies to say that I know that had it not been for this program, I would not have been able to fulfill all of the goals and objectives that I've been able to fulfill. I'm not done yet, but thus far in my career about service and giving back to communities for mental health and substance abuse, these services have not been what we've hoped they could be for the people that we serve.

So let me just give you a perspective. This program is 46 years old. And that's very, I think, a lot of years, and it speaks to the robust, successful, and sustaining properties they have come out of this. It's the Fellows they have come out of this program, and the contributions that the Fellows make, that have helped these programs be as robust and sustaining as they have been. Because we don't speak to people who are our funding, who want to fund, because we have been successful, and the Fellows out of this program have provided much to the communities that we are focusing on serving.

So the program started, the germ of the idea of the program, actually started in 1973 out of the Office of Minority Health at the National Institute of Mental Health. The staff were looking around, and this is why data is so important. The data was showing them that there was a lack or scarcity of ethnic minority providers, and that the outcomes for minority patients were not very good, in terms of mental health and substance abuse. And so they said, well, look the data is speaking. And there was some research emerging, even then, that people could look from a cultural competence need and work with patients, that the outcomes were better. So they said, well, we need to increase our ethnic minority workforce. So they started to look around.

And at the same time the American Psychological Association was also pressing government agencies about that same matter. So in '74 the American Psychological Association was given the first training grant from the National Institute of Mental Health for the Senate to support doctoral study. And we know that our colleagues did some really good sociological research that could be applied, but they also to put what we were trying to do, what we call the applied profession. And so they also decided to give grants to, in 1974, to what they call the four core professional associations that had a focus on mental health and substance use. And they were the American Nurses Association, the American Psychiatric Association, the American Psychological Association, and the Council on Social Work Education.

And the core professions were identified because some of us who are old enough to have worked back then in some of the agencies knew that we had back then what we call interdisciplinary teams. And those images from those teams were comprised primarily of these groups. Now we know that as things go, that's the beauty of history, in knowing that we had



those four core groups. And as time has evolved, the practice of providing mental health and substance abuse services has grown, and expanded, and we know more, and we are doing things better and better as we know more. And we've also expanded who we are, in terms of our core professionals.

In 1992 the National Institutes of Health said that they thought that SAMHSA, which Dr. Everett spoke to, was a young government office, or a young entity. They thought that SAMHSA was a better entity to house the Minority Fellowship program. So it moved from the NIH to SAMHSA. And we have grown and become more even robust as we have been a part of SAMHSA. So it was also expanded. The MFP expanded then in '07 to include the American Association of Marriage and Family Therapy. And some of us were also cross pollinating. We were, like, I was a member of the American Nurses Association. I'm a nurse, but also at one point got to work with the American Association of Marriage and Family Therapist for more training about entities. I was really interested in family and children, and so worked and did a lot of training with them. And then in 2012 the National Board for Certified Counselors was added.

In 2014 the Association for Addiction Professionals was added. So again, the history shows us how we learn and we grow if we are wise. And we use data, and we use what's happening in the field, to admit how we approach the treatment, which is a wonderful and exciting thing. Now in 2014, we had had previously the Minority Fellowship Program. Now at the time was a program that was expanded to compare core disciplines, because it was realized that we needed entry level providers to help us with all the behavioral health services that we needed to be providing, especially for underserved minority youth, adolescents, and transitional aged youth, so young people who are transitioning from childhood and adolescence to adulthood. So we created a massive program to increase the number of masters level addiction counselors and counselors to provide those entry level services.

But in 2018, again, as we learn, and we grow, it was decided that the master's program really needed to expand their focus to recruit people across the lifespan. Because a lot of the educational programs for the discipline were also educating that way. No more interspecialty unit, but educating masses across the lifespan. So the program opened up so that you could get a master's and you can have a focus on children and adolescents and transitional ages if you wanted to. But you could also were not constrained by that. You could get a masters and look at populations across the lifespan. So that's been an exciting addition also.

Our newest, drum role I suppose, our newest grant, which is really new and hot off the press, is the Interdisciplinary Minority Fellowship Program that was awarded to the American Psychological Association. And the purpose of this grant, this Fellowship, is to increase knowledge of mental health professionals on issues related to prevention, treatment, recovery support for individuals who are from racial and ethnic minority populations, just like the mother MFP, who have a mental, or co-occurring disorder. What is very novel and creative about this grant is it is a partnership. There was only one grant, and so people had to really come together and talk about who was going to apply, and all of those things. So that was the first modeling of collaboration.

And the grant was awarded, as I said, to the American Psychological Association, but there are five other disciplines that are working collaboratively with the American Psychological Association. And those other five disciplines are the American Association of Marriage and Family Therapy, the American Nurses Association, the Council of Social Work Education, the National Board for Certified Counselors, and the Association for Addiction Professionals. And really the core of what this grant is right there in the title. It's interdisciplinary, because we know, in the field of mental health and substance abuse disorders, that we have worked successfully with lots of data to support this work when the work is done with an interdisciplinary theme.

So the idea is to have young Fellows, who are in this program, really work ethically after this disciplinary theme to focus on all the things that I've talked about here, in terms of prevention, treatment, recovery support, et cetera. So we are very excited about this new award. And we're excited about what we all can share and learn from it. And with that, I can pass it on to the next presenter.

INA RAMOS: Thank you so much, Dr. Outlaw. So we will now have MFP Fellow reflections from Ms. Debbie Manigat, a current doctoral Fellow at the American Association of Marriage and Family Therapy, followed by Dr. Emily Wu, a doctoral alumna who completed her MFA Fellowship with the American Psychiatric Association.

DEBBIE MANIGAT: Good afternoon, everyone. And thank you for having me. I'm honored to be here to represent the 2019 2020 MFP Fellowship with AAMFT under the leadership of Dr. Stephanie Brooks, Mr. Jermaine Lowery, Grace, and Lachey. My research was on exploring the reduction of mental health stigma to addressing social determinants of health adverse childhood experiences and the sole care of African-American youth.

As a returning Fellow, I had the opportunity to lead a new quantitative study focused on the fifth SAMHSA strategic objective of strengthening health practitioner training and education as I explore the construct of planning and designing trainings to build the capacity of providers and making an impact on infant mortality rate among African-American families. And that's why AAMFT Research and Education Foundation exists; to fund systemic and relational research, scholarship, and education, in an effort to support and enhance the practice of systemic and relational therapies, advance the health care continuum, and improve client outcomes. We are the leading advocates for marriage and family therapy worldwide. Welcome to our world.

We began this journey with passion, purpose, and the courage to lead. Family therapists from across the United States ventured to San Diego, California to transform the landscape of behavioral health, substance use, policy, and research. Family therapy looks at the behaviors of a symptom and not the individual as the problem. We make an impact by recognizing the patterns and themes discovered through completing a genogram, narrative therapy, a Satir model, solution focused, or other models, to use a whole life view of the person. With MFP we embody visionary research and best practices to strengthen clinicians.

For instance, pictured here at the 2019 intensive training Institute, I had the opportunity to learn what does it mean to provide social justice leadership, as well as contextualizing adolescent substance use, to encourage hope and agency, led by Dr. DeAnna Harris-McKoy. The promotion of education in systemic and relational practices was also highlighted throughout my experience. We learn from Dr. Shiricka Fair on substance use treatment and family therapy, Dr. Mudita Rastogi cheered on parenting support for immigrants using evidence based culturally sensitive interventions, and Dr. Jo Ellen Patterson took us on a journey exploring global mental health. They inspired us to be the change makers in diverse communities as well as with the national and international organizations.

Dr. Zephon Lister continued by taking us through a case study in Sierra Leone to learn about effective community based mental health services, family therapy and the tech world for improving health outcomes with smartphone apps, and projects highlighting the community resiliency model. He taught us that neuroplasticity means the brain can change and family therapy means we can help in that process. At the core of family therapy is the resilience zone, a space for well-being in mind, body, and spirit. Stress and trauma can affect the brain and body, but so can protective factors, like the power of relationships. By the end of our experience, so many new professional relationships, and even friendships, were formed.

To conclude my reflections, and true to our field, we ended our training institute by leading with community service. We prepared and served breakfast at Father Joe's Village for the homeless. Then we went to Barona Cultural Center and Museum to learn about their Native American culture in that community, as well as best practices on being culturally responsive. Lastly, we moved from being student to the speaker, as we shared research plans and projects for the year. All in all, the MFP experience was beyond incredible. Even in the midst of COVID, this pandemic, and racial disparities being our reality, our MFP leadership provided a safe place for us to process and gain peer support with inspiration.

From the AAMFT MFP program, I created training partnerships with national speakers on autism in the black community, reproductive justice, community trauma and systemic thinking, substance abuse prevention, and reflective practice groups to process racial trauma. I also joined the department level diversity committee at my school and was elected as state president and co-chair for the Florida Family Therapy Alliance. Recently, I coordinated a National New Song Mental Health and the Church Conference which was held virtually this past October 28 for World Mental Health Day. In conclusion, as you can see the AAMFT Minority Fellowship Program is phenomenal. We are committed to research, service, and leadership, and we thank you for your time and sharing our world. At this time I turn it over to the next presenter. Thank you.

DR. EMILY WU: Hi. This is Dr. Emily Wu. I am one of the staff psychiatrists currently at Menninger Clinic and Assistant Professor at Baylor College of Medicine. I had the pleasure of being a stem cell Fellow during the years of 2017 to 2019. So I just want to briefly let people know about my experience of the Stem Cell Fellowship through American Psychiatric Association. So it was a two year Fellowship that we received. And during our SAMHSA

Fellowship with APA, each Fellow was receiving somewhere around \$25,000 to \$28,000 federal funding at the time that we can use the money to conduct research that's aiming at developing innovative projects to alleviate substance abuse or mental health disparities for underserved communities.

We also sponsored to attend American Psychiatric Association's annual meeting and APA's September component meeting, in order to develop leadership skills in the field of psychiatry and to advance understanding of the life experience of racial or ethnic minority communities. As an MFP Fellow, each one of us was assigned to a different American Psychiatric Associate Councils based on our academic and research interest. So personally, I was assigned to the Council for Minority Mental Health and Health Disparity for two years. Through the council, I worked on the APA workshops, APA position statements, and I also developed an APA for Asian American mental health guidelines.

So the picture here is showing that during my term, I said I was elected as the Chair for the Minority Fellowship Program in APA, I had the opportunity to serve on the APA Board of Trustees as a non-voting member. I think that an earlier speaker Dr. Anita Everett, as you guys can see on the picture on the left, she was on the Board of Trustees together with me at a time as an intermediate past president. So it was a pleasure to being able to work with a lot of national leaders through the organization.

During my leadership term, I also joined the task force by collaborating with the American Medical Association organizing the doctors at back to school project. It is a project that is a community psychiatry outreach program for the underserved school districts. We attempt to go to the underserved high schools in different areas doing APA conferences by educating people about what it is like having mental illness, what health services look like, how do you seek local resources, or treatment in order to help with your psychological distress. In addition to being able to participate in all kinds of public health advocacy, as I mentioned earlier, I think another great highlight is gaining incredible mentorship through the APA (Program) and through the SAMHSA Fellowship.

So in a picture here we're showing, the top left picture are some of my SAMHSA co Fellows, who are taking a picture with the APA president Dr. Stewart, and also the APA CEO Dr. Evans in the picture. And the picture underneath, the psychiatrist in the middle is Dr. Francis Lu. He is a well-known guru for cultural psychiatry and a writer for the DSM 5 cultural psychiatry session. So it was great for people like us, as Fellows, able to gain mentorship and guidance from those top leaders in the field of learning how to improving the quality of mental health care with diverse and underserved population.

Another group embedded within the SAMHSA MFP Fellowship is called the National Minority Mentors Network and it is both a national network and also has multiple local branches in different states. So the picture on the right was the breakfast session for the National Minority Mentors Network during that APA conference. So me and one of the Fellows, who is an alumni,

had the opportunity to be the speaker, calling for new Fellows and medical students from minority background to gain mentorship at a national level. So it was a great experience.

In addition to all of that, there are plenty of opportunities to gain research collaboration. So we are able to meet with a lot of like minded Fellows through the APA [INAUDIBLE] as the Fellows. So here I use my SAMHSA brand and funding to develop a virtual guided interactive smartphone application, which implements compassion based mindfulness to encourage engagement of mental health services among the minority population. So the picture on the right lower corner is the poster that I presented at APA conference about the smartphone application that I developed. And in addition to that, I worked with some of the co Fellows at the National level to develop a workshop that used to discuss the impacts of digital psychiatry in the development of community mental health services and how can we use a mobile applications to increase health seeking, access to care, medication adherence, and safety monitoring.

So the picture on the top left is me and two of the other Fellows who developed this workshop. And the other pictures here are showing other SAMHSA and MFP Fellows who are also collaborating with each other to develop different kinds of research projects. So while my friend/co Fellow on the left lower corner implemented a cultural competency training program within the residency program. And we did a pilot study and presented a poster on that. And last, but maybe also one of the most important things, is we do try to have fun. We are one of the largest Fellowships within the American Psychiatric Association, since there are other Fellowships available as well.

But as MFP Fellows, we really try to get to know each other, socialize, and we're developing a really good peer network. Even up until now that I have finished the Fellowship with SAMHSA for two years, I still have good connections with a lot of my co Fellows at the time and we're still sharing our experience and how to help improving access to care in different local levels. And the picture on the right lower corner is a fun good picture for the co Fellows who attended the APA 175 Anniversary Gala. So we had a little fun, but we also got our work done. And by here that I've finished my whole presentation, and I just want everybody to know that what I can say is my three years of SAMHSA Fellowship through APA was an absolutely great experience. I learned so much from my mentors and learned so much from my peers. So I highly recommend the program. And I hope you guys get to enjoy that as well. Thanks.

INA RAMOS: Thank you so much, Debbie and Emily. And we'll now hear from Deborah Rose who will provide information on the program objectives and expectations for MFP Fellows.

DEBORAH ROSE: Thank you, Ina. As we've gone through today's presentation, we know the purpose of the Minority Fellowship Program is to reduce health disparities and improve health care outcomes of racially and ethnically diverse populations by increasing the number of culturally competent behavior health professionals available to underserved populations in the public and private nonprofit sectors. And SAMHSA goals and objectives for the Minority Fellowship Program are increase the number of trained professionals, reduce behavioral health

disparities, improve outcomes for ethnic minorities, provide financial support for Minority Fellowship Program Fellows, provide access to cutting edge training opportunities, provide resources for MFP Fellows, and collect program data to validate the MFP program.

And finally, SAMHSA's expectations of Fellows. One, we need to make sure you work to improve behavioral health conditions of ethnic and racial minorities. SAMHSA is here to support you in completing the MFP program and we commit to working and for you to commit to working in underserved communities. Two, to assist SAMHSA in maintaining program funding. Complete the program. We definitely encourage you and support you to complete the program. The more Fellows coming through the program and returning to underserved communities teaching or doing further research in the area will allow us to be able to justify the importance of the Minority Fellowship Program. Three, strengthen your professional foundation. The MFP will allow Fellows to network with other professionals and be mentored by professionals in your discipline. Four, give back. Yes, when we say give back to the community by supporting and working in underserved communities by teaching and continued research.

And five, help SAMHSA. Helps SAMHSA to promote the Minority Fellowship Program. The way Fellows can do this, talk about the program, share your experiences, and encourage others to become a Fellow. And participate in the MFP community of learning. We ask you to be available to participate in webinars, read the newsletters, and various training and technical assistance that is available to you. And seven, complete all Minority Fellowship Program surveys. These surveys will be done through your different organizations and we just encourage you to support those surveys. So when they get that data they share that data with us and this is how we again can use that data to justify the importance of the program. I'm going to pass it back over to you, Ina.

INA RAMOS: Thanks again, Deborah. So we'll now hear from Kelly Wagner, the MFPCC's Project Director, who will provide an overview of the Minority Fellowship Coordinating Center.

KELLY WAGNER: Thank you very much, Ina. Thank you all for joining us today, and I just wanted to do a brief welcome from the Minority Fellowship Program Coordinating Center. The MFPCC Center is operated by the MayaTech Corporation. And the purpose of the Coordinating Center is to provide support, both to the grantee organizations that provide the Fellowships, as well as provide technical assistance and resources to the MFP Fellows. Our mission is to strengthen communications across the MFP program, improve operations by supporting the Fellows, as well as working with SAMHSA and the grantees, assess effects of the MFP, and increase cultural competence of behavioral health workforce in underserved communities.

The MayaTech Corporation, as I've mentioned, who operates the MFP Coordinating Center, we have over 35 years of experience in providing training and technical assistance, specifically for racial and ethnic minority populations. But also, more importantly, around behavioral health, substance use, mental health, as well as health disparities. There are a number of training and technical assistance activities that we provide through the MFPCC and Ina will go into them in

more detail. But the overall idea is to assist in identifying, disseminating, and encouraging the adoption of promising best and evidence based practices that support resilience and emotional health of underserved minority communities. So as I mentioned, there are teleconferences that take place with the grantees. We have a listserv that I believe all of you are members of and receive information through. There'll be a number of webinars. We also publish a quarterly newsletter and we'll hear from Angelle Tolliver about the resources available on the MFP website.

So I just wanted to do a quick introduction of the staff that support the Minority Fellowship Coordinating Center. There is myself. Ina Ramos, who you have heard from a number of times today, truly does lead the day to day operations of our training and technical assistance team and putting together informative newsletter articles, as well as webinars and identifying resources, that will hopefully assist you as you move through your Fellowship and then further into your career. Gretchen Vaughn is also on our staff and she's a Senior Behavioral Health Specialist and works with us oftentimes around issues related to cultural competence or evaluation. Asya Louis and Imani Thompson are our MFP Technical Assistance Specialists and our TA Assistants and so you may get information from them. They work most often with the grantees, but they are a very, very important part of our team. And on Angelle Tolliver is the lead for our web and IT support activities, mostly focused on maintaining the website, which we'll hear more about. And there was one person on this list that I neglected to include, and that is Steve Luckabaugh who provides support for all of our web based trainings and provides support for the webinar today. So I just wanted to thank you as well, Steve.

So this slide used to have a phone number on it, but as many of us have been experiencing, the MFPCC team is working remotely. And so the best way to contact us would be through the email address, which is [MFPCC@mayatech.com](mailto:MFPCC@mayatech.com). And you can also send information through the MFPCC website. I would like to turn that back over to Ina. Thank you so much. And I look forward to working with all of you through your Fellowships.

INA RAMOS: Thank you so much, Kelly. As mentioned during Kelly's presentation, there are several training and technical assistance activities conducted throughout the year and I'm going to talk a little more about a few of them. First is the Fellow of the Month profile. So each month we highlight current and alumni MFP Fellows. This is an opportunity for Fellows to share about their current research and the work that they are doing. Oftentimes in the community we encourage grantees and Fellows to nominate a Fellow of the Month and we just ask that you not be shy. Feel free to nominate yourself so that we can highlight the work you're doing. So what you see on the screen is just the landing page, the home page for the MFPCC website, where you can see the Fellow of the Month is highlighted, as well as the actual landing page for Fellow of the Month that lists each of the Fellows that we've highlighted in the past.

Next is the MFP E-newsletter, which is published quarterly and posted to the MFPCC website. It's an opportunity to share news or current events and topics within the MFP community. It typically includes two SAMHSA related articles, MFP highlights or contributions to the field by grantees and Fellows, professional development opportunities such as conferences and funding

opportunities, as well as news and views. And we also work to incorporate the Fellow voice by opening submissions directly from Fellows about, for example, how they're engaging in their communities and managing the day to day requirements of their Fellowship. You're able to access the archived newsletters on the MFPC website under the newsletters tab.

And so what you'll see here are screenshots of previous MFP E-newsletter, the September 2020 issue. This newsletter included Fellow submissions on practicing self care, as well as how they were engaging in the community. We also highlighted two MFP alumni and their contributions to the field. And the last pictures are of the professional development opportunities included and the news and views section. These sections are included in each quarterly E-newsletter. And so additional articles topics that we included last year we provided Fellows an opportunity to talk about how they were maintaining during pandemic times. That was the title, MFP Resiliency During Pandemic Times. Other articles included Making the Best of Your Fellowship: Practical Advice for New MFP Fellows What Practitioners Should Know About Telebehavioral Health, and Understanding and Addressing Implicit Bias.

So we also have the MFPC webinars between February and July of 2021. A monthly webinar is held the last Wednesday of the month from 2:00 to 3:30 PM Eastern time. These webinars provide an opportunity to hear directly from expert practitioners in the field of mental and substance use disorders. This year we're excited because we're going to host our first Fellow led webinar, which will provide an opportunity to learn about the current and recent alumni Fellow community engagement efforts. In 2019 and 2020 we had some very engaging webinar topics and really look forward to continuing to enhance and provide the MFP community with current and relevant educational content. Regarding webinar notices, they'll be sent via the MFPC listserv and you've heard us talk about the website address, MFPC@mayatech.com. This is where the emails will come from. You probably have received some already, but if by chance it is going to your spam, please be sure to add it to your safe list.

And so at the end of each webinar there will be a brief feedback form. You will also receive an email one hour after the webinar with a link to a feedback form, as well as a link to download a certificate of participation. We do not currently offer CEUs for our webinar content. And You may also access archived webinar materials on the MFPC website under the webinars tab. And the last thing I think I'm talking about is the MFPC listserv. So listserv messages, you'll receive them maybe you every one to two weeks. Topics include substance abuse and mental health, professional development, and news and views. And the notifications include the Fellow of the Month, each time we highlight a new Fellow you'll receive that on a listserv, the availability of webinar materials, and also solicitation for E-newsletter input.

So what you'll see here are just some examples of the messages that will come up. They'll often be titled MFPC News Alert or Fellow of the Month, et cetera. So, again, be sure to add the email address to your safe list. OK I'll now turn things over to Angelle Tolliver, who is the MFPC Web and IT Lead.



ANGELLE TOLLIVER: Thank you, Ina. And welcome, once again, to the new Fellows. We are happy to be working with you in the near future. So let's start by doing a quick run through of the MFPC website, beginning with the MFPC splash page, which is what you're looking at right now. Now, MayaTech does not manage the content of the splash page. This webpage is actually maintained by SAMHSA. But if you were to do a Google search of the SAMHSA MFP program, this is probably the first webpage you'll probably see in your search results. The webpage provides an overview of the Minority Fellowship Program. There is also information about related SAMHSA resources. You will also find general information about how to become a Fellow. And there is very basic information about the MFP Coordinating Center with a link to the MFPC website that you see in the far right corner. And that's the website that you all will be interacting with.

This is the MFPC log in webpage. Now the MFPC website has the public facing and password protected features. The password protected features are restricted to MFP Fellows, alumni, and program administrators. Therefore you must have and use your credentials to log in to the website. If you don't have credentials, please contact us and we'll get you set up. Now at the moment, we are currently setting up new accounts for the new Fellows. I anticipate having all the accounts set up no later than the first week of December. So if it becomes the first week of December you find that you still don't have access to the website, feel free to contact us and we'll get you set up. Now if you do have credentials, but have forgotten your password, just click the click here button that you see on the screen towards the bottom and that will start an automated password recovery process. Now if you go through this process and you're still needing further assistance, there is a contact administrator link that's located on the password recovery webpage. That's not shown here, but once you go through the process the link will show up and you'll be able to contact us and we'll get in touch to work with you to resolve your issue.

So this slide is a screenshot of the profile webpage. That's my profile we're looking at at the moment, and this is the My MFPage. Once you have logged into the website, please take time to review and update your profile. I can't stress this enough. To get to this profile you would click the My Account link that's going to be located on the top of the navigation bar. You will not see the My Account link until you've logged into the system. So it's important to realize that this is pretty much the foundation for networking with other Fellows and program alumni via the website. Take time to go through your profile. Go back to it frequently and update it if there's other information you want to add. If your areas of interest have changed, you have the option of selecting areas of interest on your profile, and that will match you with other Fellows that share common interests.

So on the left side more you'll see that under my matches I have about 77 matches, and those are based upon the areas of interest that I've actually selected. You can also change privacy settings on your profile. You can select the information that you wish to display on your profile. If you wish to hide some of the information you just simply uncheck the information you wish to hide. You also have the option to update your bio on your profile. There is a way for you to change your password via your profile. And view MFP calendar events. Those are all links on the

left sidebar. This is important to note that after you've updated your profile, you have it to your liking, there will be an option for you to click update my profile status. You must check that little box to set your profile to searchable. If you don't, other Fellows won't be able to search for you in the database. So make sure that you do that.

So this is the MFPC Resources webpage. There is a wealth of searchable information on the MFPC Resources webpage that includes webinars, you can find archived newsletters here, or articles relevant to the MFPC training materials. We also have outcome tools here and just a wealth of other information. So this actually is public facing. So you don't have to wait for your credentials to use the resource library. You can just start using it right away. You also have the option to search by keyword. If you look at the left sidebar there you can search by keyword. You can search by topic area. There's a manner for you search by SAMHSA strategic initiative. If you want to search by profession you can as well. If you just want to find information relative to nursing, you'd click nursing under explorer by profession and all that information would show up for you.

There's also quick links. If you want to get to the E-newsletters that we have archived really quickly or the webinars, you can use the quick links to do so. And last of all on this page there's a manner for you to suggest a resource. So if you have a resource that you want to share with your peers, this is basically a web form that you could fill out to submit citations and links to resources. Now please note when you're submitting a resource that you have to include an abstract, or a brief introduction, or you won't be able to submit the form. So if you come up with a resource, make sure you draft an abstract or get your intro prior to attempting to submit the resource. And the feature I will be going over is the MFPC Directory of Fellows. This will allow you to search for an MFP Fellow by last name. You can search by first name. If you just want to search of a list of Fellows by discipline, you can do that as well. Search by state, so a list of all the Fellows in a particular state. Or if you want to browse the entire directory you just hit that browse all link and it will bring down the whole entire directory, which may take a minute to download, but that information is available to you.

And that completes a brief overview of the website. I invite you to visit the website and get familiar with all of the features. And if you have any additional questions or require assistance logging in, I said before, please contact us and we'll be able to assist you. Thank you.

INA RAMOS: Thanks so much, Angelle. And so we'll now have a brief question and answer period. We'll answer as many of your questions as time allows. So one question we received is, how do we nominate ourselves or someone else for Fellow of the Month. I've included this information in the chat box. There are two links, one for current Fellows and one for alumni Fellows. And just so you don't have to worry about keeping up with this, this information is also included in each of the listserv messages that you receive. There is a link for Fellow of the Month, as well as MFP highlights, so if you're doing some research or if you've written an article conducting any type of program, we'll be happy to highlight you. So be sure to use those two features.

This next question is for Deborah. Does the SAMHSA internship offer a stipend for the interns?

DEBORAH ROSE: Hi. This is Deborah. Yes. I'm not sure of the exact amount, but yes there's a stipend involved.

INA RAMOS: OK. Thank you, Deborah. There's another question probably for you, Deborah. And how can we transition from a Fellow to a government employee with one of the agencies?

DEBORAH ROSE: What you'd need to do, as stated earlier, you can go on USAjobs.gov and you can apply for the position that you're interested in in whatever government agency. Because if you go on USAjobs.gov you have all the different federal government agencies. If you're interested in SAMHSA, of course you would plug in SAMHSA, and then you would apply for that position. They have a process that they would go through. You meeting the search, meaning that you qualified for an interview, and then they would set up interviews, but I would suggest that you go to USAjobs.gov.

INA RAMOS: Thank you, Deborah. And one more question for you. What types of synergies, or are there synergies, that exist between SAMHSA and the other various agencies, opportunities to work together? And then how does SAMHSA work inform planning and vice versa of those agencies?

DEBORAH ROSE: Yes. We do try to partner with other agencies. One of the agencies in Rockville on Fishers Lane where we are is HRSA. And we have done projects with CMHS. What would happen is just if something comes up, the person responsible for whatever project they're working on, they may try to collaborate with the other agency and that's how it comes together. I hope that's helpful.

INA RAMOS: Thank you so much, Deborah. A question came in about the website to go to again and that information was provided in the chat box as well. Someone said I'm not sure I'm receiving the listserv for the MFPPC. So current Fellows have been added. If you can email us at MFPPC@mayatech.com, we'll look into that to make sure we have you included. But we have included the current Fellows, the list that we've received. This question is, given the pandemic will the internship still be available? So Deborah, that's a question for you.

DEBORAH ROSE: Yes. The internship will still be available. But most likely once you apply for it, if you're accepted if we're still in the same situation we're in now, most likely it will. Be remote. Because SAMHSA right now is working remote 100%. But they still can happen.

INA RAMOS: Thank you, Deborah. OK. We've received the question, how does the MFP differ from the IMFP.

DEBORAH ROSE: As Dr. Outlaw stated, it's really not that much of a difference. The only difference is that with this funding announcement the requirement was to do a partnership with other organizations. So that is basically the only difference because we still recruit Fellows.

You still have all of the same requirements. It's just that it's five other partners with the American Psychological Association that focus on recruiting Fellows into the program and providing the support in the services required to complete the program. I hope that's helpful.

INA RAMOS: Thank you, Deborah. You have another question. How long is the SAMHSA internship program.

DEBORAH ROSE: I think it's for 15 weeks. I would suggest that you go to the website, on the SAMHSA website, and get more information about it. I think it's 15 weeks.

INA RAMOS: OK. Thank you. Another question, can I apply for both IMFP and the MFP for my doctoral program?

DEBORAH ROSE: Well you should be in only one Fellowship program at a time. If you complete one, then you can apply for another one, but you can't be in two programs at the same time.

INA RAMOS: Thank you. And the link for the internship program has been included in your chat box as well. There is a question for Angelle. Can the link for the Fellow directory be shared?

ANGELLE TOLLIVER: The Fellow directory is actually password protected. So there is a link to the actual website, but you have to have a log in to access it. So once you've logged in, then another URL or link will show up in your navigation bar that will take you to the Fellow directory. But that is not a public facing feature. It's a password protected feature. And once we get all of your logins created, which we're working on soon to be done, you'll have access to that information.

INA RAMOS: Thanks so much, Angelle.

ANGELLE TOLLIVER: Thank you.

INA RAMOS: So we have about two minutes left if you have any last pressing questions, go ahead and send them in now. OK. So here's a question. So is the only difference for IMFP, compared to the current MFP, is that our peers will be from another discipline?

DEBORAH ROSE: Yes. The other discipline with the IMFP program with all the different partners, there will be Fellows from the Marriage and Family Therapy, American Nurses Association, the Council for Social Work Education, National Board of Certified Counselors, and NAADAC. So they will be recruiting Fellows from all those different disciplines plus the American Psychological Association. That's the only difference is that they will have a diverse group of Fellows instead of just focusing on one discipline.

INA RAMOS: Thank you. Deborah. A question for Angelle. When should we log into the MFP website?

ANGELLE TOLLIVER: OK. So for the new Fellows, we are actually creating all of your login accounts now and I anticipate having those all completed by the first week of December. So we're actually sending them out for each of the grantee organizations, to Fellow organizations, so some of you will receive your logins a little bit sooner than others, like even the end of this week or next week. So if you don't receive those within the next 10 business days, definitely send us an email to make sure that you're all set up.

INA RAMOS: Thank you, Angelle. And there was a question. When is the next deadline for the SAMHSA Fellowship? And I can speak to this one. The deadlines will vary depending on the organization. And so what you can do is visit each organization's website. They are located on the home page of that MFPC website. A link that will go directly to their website, but they have varying deadlines. And Deborah, did you want to add anything to that?

DEBORAH ROSE: I think you covered it all. And like you said, it depends on the organization when its application deadline is due.

INA RAMOS: Thank you. So thanks so much to all of our presenters today. We especially want to thank you for joining us. And thank you to our Fellows who presented today. This is the first year that we incorporated that and we really appreciate all the information that they shared about their Fellowship experience. Again, our contact information is here. If you have questions, please feel free to reach out to us. We look forward to working with you this year and this concludes today's webinar.