



ACEs Aware Initiative Unveiling Transcript

December 4, 2019

Hilary Haycock: Good afternoon everyone, and thank you for joining us today for the ACEs Aware initiative unveiling. My name is Hilary Haycock, and I am with Harbage Consulting, and we are very proud to be supporting the California Department of Health Care Services and Office of Surgeon General in this initiative. We're going to start with some housekeeping and a sound check. If you can hear me okay, please click the raised hand icon on the right hand panel. All right, great, sounds like folks can hear us alright. If we run into any technical difficulties during today's webinar and get disconnected, please know that you can just dial back in to the webinar using the existing links and call in, and we will be with you as soon as we resolve any unforeseen technical difficulties.

Hilary Haycock: We also wanted to let you know that participants will be muted throughout the webinar. We will be answering questions at the end of the presentation, so go ahead and submit any questions you have about the presentation at any time during the chat feature, using the chat feature on the GoToWebinar panel on the right hand side. Also as a reminder, this webinar is being recorded and available on ACEsAware.org. So with that, I would like to hand over to Dr. Nadine Burke Harris, California's Surgeon General.

Dr. Burke Harris: Good afternoon, and thank you, everyone, for joining us. I am so thrilled for the launch of the ACEs Aware initiative, with a focus to screen, treat, and heal the impacts of adverse childhood experiences and toxic stress. I'm very pleased to be joining you as our state's first Surgeon General, and it's been a pleasure to be partnering on this effort with the Department of Health Care Services and my colleague, Dr. Karen Mark?

Dr. Karen Mark: Thank you. Good afternoon everyone. I'm Dr. Karen Mark, I'm the medical director at the California Department of Health Care Services, and I just want to share my excitement that we're undertaking this work



and supporting Dr. Burke Harris in implementing ACEs training in Medi-Cal.

Dr. Burke Harris: Thank you, Dr. Mark. And as we understand, adverse childhood experiences represent a significant public health threat for the state of California, and for that reason we are so excited to be launching this initiative. The objectives of this, of our goals today, really is to start by sharing why individuals should screen for ACEs, what the ACEs Aware initiative is, how Medicaid providers can participate and most importantly get paid, and how we're moving this forward. So I'm thrilled to start with an overview of adverse childhood experiences and how we're addressing this for the state of California. Next slide please.

Dr. Burke Harris: So as we're getting started on this webinar, I want to start also with a recognition that as we're talking about adverse childhood experiences and what our public health response is in the state of California, a recognition for everyone on the line that we are talking about difficult and traumatic experiences that happen in life. So I just want to give everyone an opportunity to put that oxygen mask and think ... And offer an opportunity for self care, so if people need to pause or anything like that, please feel free. But as you all know, the term adverse childhood experiences refers to the 10 categories that were identified in the Kaiser and CDC research, including physical, emotional, and sexual abuse, physical and emotional neglect, or growing up in a household where a parent was mentally ill, substance dependent, incarcerated, where there was parental separation or divorce, or domestic violence.

Dr. Burke Harris: And if we move forward in the next slide, what we see is that the key findings of that landmark study was that #1, adverse childhood experiences are highly prevalent. Here in California, 62.7% of Californians have experienced at least one adverse childhood experience, and 17.6% of Californians have experienced four or more ACEs. Next slide please. The other major finding is that adverse childhood experiences are not only common, but they're consequential. That for individuals with four or more ACEs, we see a dramatic increase in the risk for 9 out of 10 of the



leading causes of death in the U.S., right? So we see double the risk for heart disease, more than double the risk for cancer, accidents, chronic respiratory disease, and on and on.

Dr. Burke Harris:

But the important thing about recognizing and the prevalence of ACEs and the risk that's associated, right, is that ACEs are not destiny. Although adverse childhood experiences represent a public health crisis, we in California can respond with a coordinated public health response, and that includes screening for early detection and early intervention. That is why we're so thrilled to be launching the ACE-Aware movement. Because what the science shows us, next slide please, is that we now understand that the mechanism by which early adversity leads to long term health, mental health, behavioral, and social outcome has to do with the toxic stress response, which is repeated activation of the biological stress response in absence of adequate buffering caregiving systems can lead to long term changes in brain development, the development of the immune system, the development of hormonal systems, and even the way our DNA is read and transcribed, and that can play out in terms of life course health.

Dr. Burke Harris:

With this understanding of the biological mechanisms, that allows us to be able to target a thoughtful public health intervention to address and mitigate ACEs. So I am proud to announce that in the state of California ... Next slide please ... We have set a bold agenda to cut adverse childhood experiences and toxic stress in half in one generation. Just last month, the Centers for Disease Control and Prevention released the morbidity and mortality weekly report, that reports that ... Next slide please. If we look at that, eliminating ACEs can lead to a dramatic potential reduction in negative health outcomes in adulthood, both in health conditions, health risks and behaviors, and socioeconomic challenges. Next slide please. And as we look to the science to think about how we can strategize to address these issues, we see that the National Academies of Sciences, Engineering, and Medicine recommended, in a consensus report issued earlier this year, "Adopting and implementing screening for trauma and adversities early in life to increase the likelihood for early



detection." So we recognize that screening is a critical part of addressing ACEs in a systematic level. Next slide please.

Dr. Burke Harris: Here in California, a comprehensive public health approach to addressing ACEs and toxic stress includes establishing primary prevention by addressing systemic and structural factors as well as deploying a coordinated public education campaign, systematically deploying broad scale screening to enable early detection and early intervention, interrupting vertical transmissions by advancing screening in children and adults with a special focus on the prenatal and early parenting years, coordinating and strengthening our network of referral and treatment systems to make them more effective, accountable, and easy to navigate, and advancing the science of toxic stress to identify potential therapeutic targets and improve efficacy of our intervention.

Dr. Burke Harris: So we want to highlight that this screening initiative is not the end all and the be all, but rather an important component of a coordinated public health effort. Next slide please. And we're grateful to the vision of the governor, and that for once this is not an unfunded mandate. The governor Newsom, in his budget, allocated \$40.8 million to reimburse providers for screening children and adults for ACEs, and that the Department of Health Care Services will provide a \$29 payment to Medi-Cal providers for trauma screening beginning in January of 2020. In addition, we're deploying \$50 million plus the match over three years for a robust provider training program to help our providers understand how to screen and how to respond with trauma informed care. Next slide please. So this initiative is really focused on offering Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs, so that we can do the early detection and early intervention that the evidence demonstrates are important for healing. Next slide.

Dr. Burke Harris: So I want to start by thanking our incredible group of experts who have been advising on this initiative. We've had a group of cross sector experts convened on how to deploy screening for adverse childhood experiences and implement trauma-informed care, and particularly the clinical



protocol that was developed that I'll walk through in just a moment. I really want to acknowledge the clinical experts who have years of experience in screening for ACEs and sharing the best practices. What our clinical experts are really charged with doing, with taking the best of the existing clinical tools and pulling them together in a simple clinical protocol that builds on existing clinical practices that providers are familiar with, right? So we were not interested in completely inventing an entirely new wheel. It was really about, how can we build on our current best practices in clinical care to include screening in a way that feels simple and doable for clinical providers? Next slide please.

Dr. Burke Harris: So you'll see here an example of our ACE questionnaire, our ACE screening tool for adults, and our ACE screening tool comes in two versions. It comes in an adult version and a pediatric version. The adult version is an ACE questionnaire, the pediatric version is the PEARLS Pediatric and Adversity Related Life Events tool. Each of those tools come in an identified and a de-identified format. So here, you'll see the de-identified format of the adult tool, where patients are asked ... The 10 original ACEs are listed on the form, and patients are simply asked to report their score at the bottom of the page rather than being asked to report which ACE they've experienced. Similarly, the identified version asks patients to identify which ACEs that they've experienced. Next slide please.

Dr. Burke Harris: What you'll find on our ACEs Aware website is a simple, clinical workflow on who should give the screening tool to the patient, what happens if you have an incomplete screen, and then how folks can enter the information in the electronic health provider. A simple clinical workflow that providers are familiar with for any other common clinical practices that we implement on a routine basis. So again, using existing framework and overlaying that with the science around ACE screening. Next slide please. And we've also developed a very simple clinical algorithm for assessing for risk of a toxic stress response, right? So what we understand is that the ACE score helps the provider be able to understand what the



likelihood is that a patient may have a toxic stress response that might impact their risk of health problems currently or in the future.

Dr. Burke Harris: So for a patient with an ACE score of zero to three, they're at low risk. Recognize that's not no risk, because the 10 traditional ACEs are not the only risk factors for toxic stress. We also recognize that conditions such as homelessness or discrimination may also be risk factors for toxic stress, but we use the traditional ACEs as part of the risk algorithm because we have such robust data about their relative risk of health conditions. So we characterize patients by low, intermediate, or high risk, and the clinical algorithm gives clear guidance on what a provider should do when they've identified their patient's risk for toxic stress. Next slide please.

Dr. Burke Harris: And you'll see the clinical algorithm also includes an assessment for ACE associated health conditions, and our clinical experts have pulled together a list, have scoured the literature, to bring together in one place a list of ACE associated health conditions, and the relative risk, right, or the odds ratio, for these health conditions for individuals who have significant ACEs. So a provider can get an ACE score, refer to the list of ACE associated health conditions, for example asthma or diabetes or anxiety, and understand what is the risk that toxic stress may be playing a role in the condition that's in front of them. Next slide please.

Dr. Burke Harris: And once a provider really understands the role, that their patient may be experiencing a toxic stress response, right, treatment planning includes applying the principles of trauma informed care, including some of the best practices that we know, establishing trust and safety and collaborative decision making; identification and treatment of ACE associated health conditions, and we recognize that often times if a patient has a mental health or behavioral condition associated with ACEs, that link is recognized. But sometimes for conditions like asthma, for example, it's not as clear and as helpful to have that guidance that asthma is an ACE associated health condition. As well as patient education about toxic stress, right, and buffering interventions including



sleep, exercise, nutrition, mindfulness, mental health, and healthy relationships.

Dr. Burke Harris: In addition, we want to ensure that we're validating existing strengths and protective factors and referring patients to resources as necessary, including educational materials, community resources, social work, and or mental health care as necessary. And then, of course, following up. And all of this is laid out in the trainings that we've pulled together that all providers to go through in order to become eligible for the reimbursement. So now I will hand it off to Dr. Mark to walk through how Medi-Cal providers can participate.

Dr. Karen Mark: Thank you, Dr. Burke Harris. So as you can see on the slide, providers can follow four steps to participate, and the first step is to get trained, and we'll talk more about the training. The second step is to start screening for ACEs and implement trauma informed care, and then the third step is receive Medi-Cal payment, and then ultimately that work will help advance our health care system. Next slide.

Dr. Karen Mark: So this slide shows the operational implementation of the screening program within the Medi-Cal program. So the payment effective date is January 1st of 2020, and providers have to attest to having completed the training by July 1st, 2020. So there's essentially a six month grace period. Providers can screen and get paid for the first six months of the year, but by July, they have to have taken the training and adapted to the training in order to continue to get paid for the second half of the year and ongoing. They target the population for screening of children and adults up to age 65. Screening is not mandatory, but we certainly encourage it and we are providing a supplemental payment for the effort put forth toward screening. Virtually all provider types are eligible for the supplemental payment, and the rate is \$29 per screening. This includes FQHCs, Rural Health clinics, and Indian Health Services providers where the supplemental payment is in addition to the PPS3.

Dr. Karen Mark: Then we also outline on the slide the code that providers will need in order to get the payment. One code if the ACE score is four or greater,



and the other code if the ACE score is zero to three. And billing does also require a documentation in the medical record that the completed screening was reviewed by the billing provider, the tool that was used, documentation of the results, interpretation of the results, discussion with the beneficiary or family, and any appropriate actions taken, and that would be documented in the medical record just like any other screening test and subsequent clinical action. Next slide please.

Dr. Karen Mark: So this outlines the screening tools that were touched on earlier for children and adolescents. The PEARLS tool is required to be used. It comes in a few different forms for children ages zero to 11, completed by the caregiver. For teens, there's both a version for the teens to fill out or a version for the caregiver of the teen to fill out. And then adults, the ACEs assessment tool must be used for ages 18 or older. There are a number of different versions of the ACEs questionnaire. As long as it contains the 10 original questions, that's an acceptable tool to qualify. For pediatric providers who may be taking care of 20 year olds or 21 year olds, they can actually use the top of the PEARLS questions. The first 10 questions on the PEARLS questionnaire are essentially the ACEs questions, and so they can use that. For people ages 18 to 19, either the PEARLS or the ACEs can be used. Next slide.

Dr. Karen Mark: And DHCS will provide payment for the periodic re-screening for members under 21 as determined appropriate and medically necessary, but not more often than once per year per provider, per managed care plan, so we recognize that one provider may not have the screening results of another provider and may need to screen that patient themselves. For members over 21, DHCS will provide payment for screening once in an adult lifetime up to age 65 per provider, per managed care plan. So with this, I'll turn it over to Dr. Burke Harris for the next slide.

Dr. Burke Harris: Thank you. So Medi-Cal providers should go to www.ACEsAware.org to learn about how to screen, how to respond with trauma informed care, and how to receive payment. I skipped over this slide before, but we



recognize that the benefits of screening for our providers, right, are to better determine the likelihood that a patient has increased health risk due to a toxic stress response, to better identify ACEs associated health conditions that may benefit from a trauma informed intervention, to identify which patients may be at risk for vertical transmission of ACEs and toxic stress and target prevention efforts, and also to empower patients to achieve better health by addressing a potential toxic stress physiology. So providers can take a free 2 hour online training to learn about ACEs, toxic stress, the screening tools, and trauma informed care, and providers will receive CME and MOC credits upon completion. And in 2020, we'll be offering additional in-person trainings. Next slide please.

Dr. Burke Harris: Because we recognize that the ACEs Aware initiative is going to be implemented in a phased approach. Phase one is just the minimum requirements for reimbursement, the online training and adaptation, that will allow providers to be able to bill Medicaid for the \$29 reimbursement. Phase two is really a deeper dive, partnering with organizations to provide certified training opportunities that are targeted to specific provider specialties, and they're also offered in different modalities such as in person trainings that will be offered on a regional basis. All of these trainings will need to meet a minimum criteria developed by the Office of the Surgeon General and the Department of Health Care Services. Next slide please.

Dr. Burke Harris: And phase three is really about advancing our learning and quality improvement. So the state of California will be investing in the development of a learning and quality improvement collaborative to implement a data driven and iterative evaluation and quality improvement process. We'll draw these inputs from diverse hospital and clinics across the state in different regions and provide technical assistance in identifying, improving upon, and implementing evidence based best practices. Then we'll take those best practices and disseminate them and make them widely available for any provider who would like to use them. Next slide please.



Dr. Burke Harris: I'm also very please to announce that yesterday, the California Initiative to Advance Precision Medicine announced a nine million dollar RFP to advance the science in how we can use precision medicine approaches for screening to improve screening for ACEs and to improve our detection of a toxic stress physiology. Next slide please. And finally, I'm really pleased to be convening, as California's first Surgeon General, an ACEs reduction leadership team, a collaborative effort of leaders across the Newsom administration to develop a multidisciplinary plan to cut ACEs and toxic stress in half in a generation. And we're working in partnership with the governor's office, all of our health and human services departments, the Department of Education, law enforcement, because we recognize that a public health response to ACEs and toxic stress does not only happen in the exam room, but it's about our policies and practices across what we do in government and serving our communities that are really going to make the difference in changing the tide and dramatically reducing the burden of ACEs and toxic stress. Next slide please.

Dr. Burke Harris: The ACEs Aware initiative is committed to empowering clinical and social innovation, providing support and solutions for clinicians and community leaders to continue to develop the care that works best for their populations. We want to learn from you, what are the best practices? We want to support resources around ACEs and toxic stress and trauma informed care that is being implemented in communities across California today. We want to use ACEs Aware to shine a light on the great work that's being done by our partners today all across the state, that I had an opportunity to visit a few on my listening tour when I came in starting my tenure as surgeon general. We will convene, aggregate, and share these learnings and best practices to unite us as we advance the standard of care for ACEs and toxic stress together. With that, I want to turn it over to Hilary Haycock, our partner at Harbage Consulting, who's really been supporting this effort, the statewide effort, to share our website. Thank you.



Hilary Haycock: Thank you so much, Dr. Burke Harris. We are very excited to be unveiling, today, the ACEsAware.org website, which will be the home base for this exciting nation leading program, and so we just wanted to walk through a little bit of what you can find on the page. It's organized around our tagline: screen, treat, and heal. Those are the three main areas of the website. In Screen, you can find information about how to screen for ACEs, as well as link to the screening tools for both adults and pediatric. You can find information about the provider trainings that launched today that providers can take in order to get certified to receive Medi-Cal payments, and you can find more information about that certification process that is forthcoming from the Department of Health Care Services, as well as information about billing codes and how to get paid by Medi-Cal for screening your Medi-Cal patients.

Hilary Haycock: Under Treat, you can learn more about some of that information that Dr. Burke Harris walked through today about the science of ACEs and toxic stress, the principles of trauma informed care, and you can learn more about clinical assessments and treatment planning including accessing the clinical algorithms and workflows for both pediatric and adult patients. Under Heal, you can find a growing list of resources for providers to help learn about screening for ACEs, to learn about the science of ACEs, and to learn about different ways that you can, different types of ... What is it? You can change your clinical practice to provide more trauma informed care to patients, help build resilience, and help achieve our goal of cutting ACEs and toxic stress in half.

Hilary Haycock: We have, as well, a link to Dr. Burke Harris's TED talk on ACEs, which I would highly recommend to anyone wanting to learn more about this topic. We'll be highlighting news about the initiative, as well as other work being done in the ACEs space. And at the bottom, here you can find about ACEs AWARE, and this will be a growing page that will also have important links and information about the initiative itself as well as policy documents from the Department of Health Care Services and other information. Up here is our Get Trained link, where you can access the brand new training that is available today for providers to go online and



take and get your continuing medical education or maintenance of certification credits, so I definitely would encourage folks to go online and check that out. There's a lot of really great stuff at ACEs Aware, and we will be adding more to the website over time, so you can certainly email us that info at ACEsAware.org.

Hilary Haycock: If there's something that you'd like us to highlight or post, or if you have a question about the initiative, we are more than happy to take that information. With that, we are going to now answer some of the questions that have come in during the course of our presentations today, and we have a few minutes to do so. Exciting. The first question is whether ACEs screenings are required in the Medi-Cal program or just recommended.

Dr. Karen Mark: Hi, and this is Dr. Mark. So ACEs screenings are not required in the Medi-Cal program. We do obviously recommend them, and are providing reimbursements for them. But we do recognize that it may take some clinics some time to get their processes in place to start screening, and we just want to encourage everyone to get trained to start that process if they're able to.

Hilary Haycock: Great. There's also a question about whether the training is mandatory or if it is just required for Medi-Cal payments.

Dr. Karen Mark: DHCS is requiring providers who wish to receive the supplemental payment to take the trainings starting ... They must have tested for that training completion starting July 1st. So if a provider does not want to screen and will not be billing for screening, DHCS does not require them to do the training, but I think many providers will find it beneficial.

Hilary Haycock: Great. There was a question about the \$29 directed payment and whether for FQHCs, that would be part of their PPS payment, or if that would be an additional payment.

Dr. Karen Mark: So the \$29 payment for FQHCs is in addition to their PPS payment, so it's an additional payment.



Hilary Haycock: Great. All right. There was a question about whether the two hour training is available now, and it is available online now. So folks can go to training.ACEsAware.org, and find out more information.

Hilary Haycock: A question for Dr. Burke Harris. Is the adult screening a form of outcome measure? It does not seem to be a prevention tool since we are screening adults. Or is it meant to correlate with their current health issues?

Dr. Burke Harris: So the adult screening is also a risk assessment tool, and the risk assessment tool is to assess the risk that an adult may have a toxic stress physiology that is contributing to their ACE associated health condition. For example, if you have a patient with diabetes who has an ACE score of 0 versus a patient with diabetes who has an ACE score of 8, addressing ... In your patient with an ACE score of 8, addressing a potential toxic stress physiology may improve their outcomes in terms of their diabetes management. So it's a way for a provider to understand whether a trauma informed approach is an important supplement to their standard of care for a patient with a chronic condition.

Hilary Haycock: Great. We received a question about whether Medi-Cal providers can use other trauma screens or just the ACEs screening tool.

Dr. Karen Mark: Medi-Cal is requiring, in order to receive the supplemental payment, that adults are screened using the ACEs tool or any tool that has the same 10 questions, and for children the PEARLS tool.

Hilary Haycock: And both of those will be available on ACEsAware.org.

Hilary Haycock: All right. I have another question.

Dr. Burke Harris: Can I jump in to offer a little bit of background and rationale on that? So as we move forward with a concerted public health effort, it is very important for us to be able to take advantage of some of the standardized data that we have around relative risk of ACEs and health conditions. For example, we understand that if an individual has 4 or



more ACEs, their relative risk of ischemic heart disease is 2.1, or their odds ratio, right? But we don't know what that specific number is if we include different criteria other than the ACE criteria.

Dr. Burke Harris: The point there is not to suggest that ACEs are the end all and be all in terms of adversity, but that we have important reference, standardize reference data that we can use to then track the efficacy and application of resources for a public health initiative. And so as we are moving forward, to be able to really implement a well coordinated and standardized set of measures to implement a coordinated public health campaign. That's why we chose the ACE criteria specifically so we can look at that against other outcomes as well, like homelessness or economic outcomes, et cetera.

Hilary Haycock: Thank you. Another question for you, Dr. Burke Harris. When will this be rolled out to the private sector, and will insurance companies be required to cover these screenings in the future?

Dr. Burke Harris: So recognizing that this is a pretty groundbreaking initiative, we wanted to start by offering an incentive payment for providers in the Medicaid population, but we recognize that this is only a first step. So we certainly would like to see this rolled out in the private sector as well. And as we're moving forward, we're really looking to our Medicaid partners. To really establish and develop, we want to hear from you all in terms of what's working and how this is helpful. But ultimately, what we'd like to see is that ACE screening is standard of care for everyone, and so we're able to do that by moving forward with this first step with the ACE Aware initiative for providing reimbursement. But ultimately we recognize that this should be standard of care.

Hilary Haycock: Thank you for that great information. Our next question comes from someone who's concerned about the potential retraumatizing effect that screening may have on patients, and wanted to get your advice on how providers can work to ensure that patients aren't retraumatized by ACEs screening?



Dr. Burke Harris: That's a wonderful question, and that was something that, in my previous life as the principal investigator on the Bay Area Research Consortium among toxic stress and health, that is a question that we specifically looked at. The preliminary data that we found, which is unpublished data, was that using the ... We actually, the very research consortium on toxic stress and health actually looked at, after patients were screened for ACEs, actually assessed their affect and did a brief of affect scores. And what we found with that, #1, the deidentified screen seemed to ... There was not an increase in affective response with increase in ACE scores on the deidentified screen in that randomized controlled trial. But the other thing that was actually really, absolutely fascinating, was that when we looked at the affect data, the majority of the affective response, both for the identified and deidentified screen, was positive. We were surprised. So there was a smaller proportion that had a negative affect, but the majority was a positive affective response.

Dr. Burke Harris: And these ... I don't want to let all the ... This is unpublished data, so some of it is, I can't really reveal all of the data because some of it is under embargo, but there are very, very interesting and promising findings around avoiding retraumatization. Of course, right, it's important, and I think it's important across the board, right, that our healthcare systems be trauma informed. Trauma informed care starts with leadership and goes all the way to our front desk staff and even our supportive staff. Right? And moving towards systems of trauma informed care that have intentional programs to avoid retraumatization and educating and training our staff on how to do that. Again, should be standard of care across the board in healthcare.

Hilary Haycock: Great. So we have some questions about providers that can both provide, conduct the screening, as well as how can providers fill for the screening? So for example, a question about whether unlicensed providers such as community health workers or a medical assistant could conduct the screening, and how a provider (or doctor) can get paid for that. So Dr. Mark?



Dr. Karen Mark: Sure. Yeah, so as is outlined in some of the clinical algorithms that Dr. Burke Harris went over and or on the ACEs Aware website, even in the setting of a clinic, often the person who actually provides the screening tool to the patient will be a medical assistant or another member of the clinic staff who may not be the billing provider. But the person who bills has to be a Medi-Cal provider, and the billing does require that the screen is reviewed and that the results are documented, and the interpretation of the results as well as discussion with the patient beneficiary, and documentation of the actions taken. So I think in many settings, the care setting as a whole can really look at what works in that setting in terms of who is actually doing the screening itself versus who is doing the followup and billing for that.

Hilary Haycock: Great. Thank you for that. So we apologize, there are a lot more questions, but unfortunately we are hitting one o'clock and want to be respectful of everyone's time, so thank you everyone for participating today. Thank you, Dr. Burke Harris and Dr. Mark, for your presentations. The slide deck and recordings from today's webinar will be posted on ACEsAware.org in the coming days, so stay tuned for that. So you can share that out to your colleagues and folks that weren't able to join us today. And again, thank you all so much for your interest in ACEs Aware, and have a wonderful afternoon.