

AUCD – Cross-Disciplinary Competencies: Serving the World Child  
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>> Hello and welcome to Cross Disciplinary Competencies. Serving the whole child. My name is Anna Costalas and I am the Resource and Dissemination Manager here at AUCD. I would like to thank everyone for joining us today. I would like to address a few details. We will provide a brief introduction of speakers. There will be time of questions. Because of number of participants, your audio lines will be muted throughout the call. We will un mute the audio one at that time during Q&A at end and submit questions at any time during the conference. You may send to whole audience or hosts only. We may not be able to address every question. This webinar is being recorded and will be available on library. Valuation survey at close of seminar. We invite you to provide suggestions for future topics. I will pass the mic over to Dr. Mary Beth Bruder the EIEC co-chair who will introduce speakers. Mary Beth?

>> Welcome, everyone to our Early Childhood Personnel Center webinar. We hope this is informative hours on confronting edge issues in our field. I'm pleased that our personal center that I direct with Vickie and George Segai is sponsoring today. We are going to present some research and findings and some of work that cross disciplinary work group has been doing over past five years.

Instead and not in place of, we have Tina Rhodes who is a staff member here and will represent a practitioner's point of view as we go through our webinar today. Toby has been working with me for at least 20 years. Is a PT by Georgetown University and has been instrumental between us. We have a PowerPoint and Tina will pipe in and we will have lots of time for questions as we roll out competencies. We provide technical assistance across the country to state systems and higher education programs and comprehensive systems of personnel development. A term has been around for us. Focus on infrastructure and system that interrelates. We are looking at it for all disciplines, not just one. Our theory of change is simple and I think all of you who are in personnel training understand this.

We backed into the state level, we felt that states neat to support needed to support workforce through comprehensive system to enable the knowledge and skills they need that come from interdisciplinary standards that improve the effectiveness of early childhood and early childhood special ed. that will bring us to what we are worried about is improved outcomes for children and family. We feel very strongly. This is the third personnel institute that I had from ECPC. We have come down to obvious fact to us that personal do have and can have a powerful impact of infants and young children and their families or not if they don't have training and skills and knowledge.

>> Outputs of ECPC 2 as we call it. We are developing tools and provide TA and leadership and collaboration across the country and looking at evaluation of multiple systems. This talks about different ways that we will be having a feedback loop of knowledge we find turning it into tools that include E learning clips.

>> Primarily to back into it, we auto feel that components is necessary indicator. These are components. I'm asking you to look at personal standards. Requirements for all personnel that provide intervention. We looked at discrepancies between what they were requiring and in particular what states are requiring and even local jurisdictions. Both single disciplines and cross disciplines for those serving birth to 3 and 3 to 5. Gave us impetus to get information that we could provide out to field including products from last five years that is on our ECPC.org. We have a personal map that people with get to and find out what is required to provide services for children, infants and young children with disabilities and their personalities. What kinds of things could we do in enter professional interprofessional mode. As a number of you are affiliated with LEND, our big push has been interdisciplinary. For providing the get training, we forget that interdisciplinary component. Toby is going to tell you about hard work that she and others have been doing for past five years and where we are going.

>> Thank you, Mary Beth. Has been an exciting five years in looking at personnel standards and competencies. For myself, opened my eyes up to the complexity of standards across disciplines when we are all serving young children and their families and believing in an interdisciplinary teach approach to that service delivery.

So during the first five years of ECPC, we took the opportunity to really look deeply at personnel standards across disciplines. Mary Beth had gathered together a group of collaborators representing the major disciplines that serve young children and their families from birth through age 5. As we enter into the next phase of ECPC, we are also bringing on board other associations most notably infant mental health and home visitor's association. As you all know, those are two groups of colleagues that have been working more and more with us over the last several years. So we are glad to bring them on as collaborators to this project. What we spent time doing with the counsel for exceptional children or DEC or CEC or NAEYC the American occupational therapy association. The APTA. The academy of pediatric and American speech language hearing association and zero to three, we met several times over the last five years. One of major projects was taking a look at all the documents that each of associations had that discussed something about standards of practice. What we found was most of our organizations had multiple documents.

So we gathered from the organization all those documents from one to ten documents per organization and Mary Beth had two wonderful students who looked at all these documents. Inner process of looking at each of the statement and say when we go to the next slide, I will show you how much statements we looked at. We found that there were commonalties among the disciplines. And in their the post docs review of all the standards we were able to group them and regrouping them.

AOTA provided us with standards of practice for all occupational therapists and then AOTA has guidelines for practice in early childhood birth to 5:00 and then also have other documents that provide guidance and competencies related to early childhood and serving children in school base services. The APTA has certainly documents from the APTA on what a graduate physical therapy should be competent in doing. And the academy of pediatric physical therapy which is component of APTA also had documents that drilled down on specifics related to not only school based practice but practices for people serving children from birth to age 3.

We found those same kinds of documents throughout the association. And then again, division of early childhood had additional documents. NAEYC has standards for early childhood educator and zero to three over the course of our time have developed critical competencies for those that serve infants and toddlers. You can see that all the associations and disciplines are really very serious about making sure that their members are practicing in a very methodical competent way.

Once we gather all these documents, as I said, two of Mary Beth's doc students looked at all of those documents. We found that there were 752 different standards across the disciplines. Grouping and regrouping the staff were able to determine that there were four major groups that standards fell in. And I think that you would probably agree that these were pretty ones that you may identify also. Family center practice. Instruction and intervention. Collaboration and coordination and professionalism.

As you can see from this chart by far, most of the standards were in the instructions or intervention category.

And this is as we looked at they were most of the intervention and the instruction competencies were based on evidence.

Sometimes we refer to them as evidence based practice standards. You can also see from this chart that ASHA had most delineated statements of competencies. They had many more items than NAEYC. In some ways some of numbers competencies related to professionals impasse or of their members serving young children. And what types of services that they provide.

We had these four competency areas, family centered practice, coordination and collaboration and professionalism. For purposes office coming up sub components under each of each of Easter. Family centered practice is culturally competent practice in natural settings that involves and actively engages the family in decision making and in the provision of services or therapy.

So what we found in some way or another, these kind of practices were supported by the disciplines. So parent partnership, parent education. Family involvement in the assessment process mentioned by several of the disciplines. And also things like culture, linguistic competency. Stress, trauma, safety of the home. Communicating with families. Some of examples as I mentioned, family involvement in assessment was mentioned by almost all of the disciplines and they really spoke about their involvement with assessments. ASHA and APTA spelled out that their providers have skills in collecting information on family strength, resources, concerns, collecting data in different way that families feel comfortable. Giving information. NAEYC on the other hand does not say that they are competent in necessarily assessing that information, in they are aware of and know about assessment procedures and partnerships with their professional colleagues.

So then our second grouping was evidence based intervention. Or instruction. Which requires the use of scientifically based evidence to inform all screening assessment, intervention or instruction and evaluation delivered to an individual child and or family. Databased intervention and instruction refers to the process of collect it is data about a child's level of performance and designing and implementing a plan of instruction and providing services that are evidence based and focused on priority, concerns and resources.

This was major area for most of disciplines and talking about how we intervene, stressing the team approach especially for the youngest children. Collecting information to program plan in addition to determining child's level of development or behavior. Services being evidence

based and using the information we collect to develop appropriate IEPs and such. Again, ASHA tells us that speech therapists have knowledge of methods of evaluation and cement appropriate for birth to three population that may be different than older children that the occupational therapist is responsible for and has ability to screen, evaluate and re evaluate. And the PTs have had several kinds of statements related to collecting information for identification and eligibility for diagnostic evaluations and for program planning and documenting change over time.

And obviously, the other disciplines also have information about using scientifically based tools to gather information.

>> Third area is coordination and collaboration. Hall of Fame of our practice within a lens and Usaid's. We promote working across the sessional within a team approach that supports child and family in horrific comprehensive way. Certainly generally general teaming. Teaming with families. Our role has a consultant not only to families, but to each other. Creating successful and positive relationships among all members of the team and knowing how to use one another most appropriately. All disciplines mentioning working as a team.

Interdisciplinary as preferred teal strategy. Obviously knowing about different types of team structures collaborate and coordinate our services with one another.

So finally the fourth area is professionalism. Requires all who provide early childhood intervention to have knowledge and skills in the laws, policies and practices that govern their professional discipline and certainly the service provision under federal law. It also means that we advocate for, not only for our own services but serve early intervention or early childhood services in general. I think that professionalism supports our belief in coordination and collaboration and teaming not only in individual service provisions with childhood family but to each other and our profession as early childhood intervention is. Knowing about laws, policies and practice and standards emphasized across board. Advocating and for our own discipline in advocating for the field. Public awareness campaigns are being part of public awareness campaigns is something that we support. Our all our professions support. Certainly organizing supervision and knowing how to supervise, when to is supervise and some of our professions have more stringent for they have teaching assistants. Occupational therapists have occasional therapist assistants and how we supervise them and how we supposed to supervise them are often spelled out, not only in our professional standards but also in our practice acts.

These examples of standards indicate exactly that we are for not only our individual discipline but for the field as a whole and making sure that children that services and supports are available to children in a way that supports their development in their families and their participation in their family's life.

>> So, through this major process that really was an amazing procedure for Mary Beth's staff and doc students, all those 752 standards can be organized in these four major competency areas. Tina at end will talk about how we can use this information in practice and why it's so important to go through this process and to understand that when our disciplines think that they do certain things, probably have similar kinds of responsibilities that fall across disciplines and sharing that information is critical for comprehensive program plans for our families and not having too much redundancy or too unnecessary people providing services all doing very similar kinds of things.

So, I'm going to hand it back over to Mary Beth. In addition to looking at all the cross disciplinary competencies or standards, Vicky took a deep dive into looking at assignment of

personal standards from CC and DC with NAEYC. Mary Beth is going to explain that to you a little bit more in depth.

>> Thank you, Vicky. I have her on my mind. She should be doing this piece. Toby talked about these competency areas. They are not personnel standards. One of things that our team with professional representative from main office and from worked over past five years and worked prior to that with Vicky and I as we worked with standards and competencies. Past five years initiatives that Toby went over consisted of this team that met a couple of times a year to review a what they acquired both from point of view and what states requiring from birth to three to three to five. At the same time, some of our organizations were looking and reviewing their standards. Standards being usually a governing piece of work that an organization uses to a credit programs that train that person. So as an example. CEC and NAEYC both work under auspices of cape that is a crediting body for educators. If you get a blended certificate in birth to five in special education and early childhood education. DEC has informing standards that really applies the CEC standards to earlier childhood. They have to meet both sets of standards. At the same time as looking at this very specifically and CEC has a wonderful document on their website looks through accreditation and looking at examining standards, DEC has a number of years to look. NAEYC has power to profession. If you don't know about it, go on their website. Wonderful approach to defining profession of early childhood. At the same time. DEC has been working with CEC to see if we can get specialized standards. These are not competency areas that are four competency areas. These are standards that would govern higher education. Those standards are now going to be put together over the next year under DEC. But prior to that, and as we looked at this, Vickie and a group under DEC actually pulled a part with our help all of our research that supporting the current DEC standards and did an alignment with NAEYC as it that is CAPE is using. Endorsed in 2017. And they worked hard to get these endorsed. They are on the DEC website and NAEYC will put they will together. So this set is now being used and should be used in higher education very specifically as outcome standards for any professional who will have a blended certificate. If programs are doing early childhood education and early childhood education separately, they don't need to meet the blended set. Meets the DEC set that is set that informs the CEC stats. As you can see though, look at numbers. Not just comprehensive, can be confusing in terms of number of statements higher education needs to meet which the why we are excited about taking next step in regard to looking at four competency areas and building from there for all disciplines.

Not ignoring the fact that each discipline will have own set of standards. Before I get into next steps and we open up for questions so you see where we are going with this in the next four and a half years, I'm going to turn it over to Tina Rhodes who has looked at these. As a supervisors, we have asked her to comment on the usefulness.

>> Thank you so much. I appreciate the opportunity to speak to you about applications of competency areas. Each of areas have endorsed these competency areas. What does that mean? What do we do with them? I see many practical applications to how these areas can improve quality service provisions so that we are doing the best for children and families. That's our goal. That's what we all want. We know that teaming is a vital ingredient to providing quality services. These competency areas help support the team process. That is one of key areas that we can take away and apply these competency areas to by leveling the playing field with common language, with common philosophy. With saying that all of us are here at table with common goals and values and bring our specific skill set and work together

to put together a plan for quality services for children and families. Teaming is important why. Especially important for bridging gap between educators and therapists. We use different language that I think that that can contribute to being a barrier to team process. While interviewing news staff, I feel like these competency areas can help that therapist to guide questions and make sure that the skill set of that new hire is going produce the quality skills, going to have common goals. Will have approach that fits with your program, your philosophy and your outcomes.

Another area is with supervision of internship, these areas can ensure that mentor or internship supervisor is providing a quality experience for that student. Because we want to make sure that we are educating the next generation of service providers in each of these areas.

I'm excited with the idea that these core competency areas can be used to target professional development. As a supervising therapist, know to grow my staff. I can target that professional development in a way that is much more efficient and much more quality education, so that the outcomes can be even greater quality as well. Those are a couple of thought that I have for practical applications. Many of you are thinking of a lot of different areas. I will give you teaser that many products are coming down the pike that are going to help you be able to apply these.

>> I'm sure lots of you also have thoughts around this which we will be wanting to tap in to. What is our next step?

>> As we roll out these competency areas and I have to thank board of directors of each of these organizations, they approved these over the past year. And as approving them, they are basically endorsing them. These are not standards, these are competency areas that can be used for training both from higher education point of view as well as professional development Tina talked ate.

Each of them wrote why these areas are important that is before they are endorsed by boards. We are joining them with teams across disciplines with case studies to talk about what this should mean in practice. We should have other specific articles in discipline specific journals. We are also going to put together a set of guidelines and checklists. These would be practitioner directed checklist. Not tied to credentially for those practitioners out in the field and those who want to have guidelines how to teach across disciplines some of these competencies. We are not expecting that they will be teaching every single standard for every single discipline. That is not the purpose of these. This is to put everyone on the same playing field. They have to meet their own standard and own discipline. In regard to putting it in practice and in conjunction with teaming professionalism, there should be a set of guidelines how to do this. We are putting together more cross disciplinary materials that will include not just case studies but lessons. Lucky to work with person Larry Elmen. Putting together some e-learning lessons how to apply these core competencies in frame work. These are available for curriculum development by higher education faculty and program administrators. We are rolling these out across conferences the next year so we can get more and more dialogue and what does this mean and how do we prepare a workforce that is not just good enough for today but good enough for next five years as we know there are shifts in the way we deliver services and shifts in requirements. We do not want to lose our core values that are well represented by four competency areas. We want to leave a lot of time for questions and applications. I don't know, Cory if you are on. We had feedback problems with computers today. If you want to help with question.

>> Sure, can you hear me?

>> Yes, perfect.

>> Great, okay.

>> I have to say listening to this took me back 30 years. One of the first thing that OCEP what it OCEP then did after then part age is put together an instant personnel prep institute that Don Bailey headed up and I don't know whether you went back to those documents in doing this work. At some point, it might be instructive.

>> I was on his advisory board. Started this 10 a years ago. We are laughing here because Tina was trained on my first prep grant in the 80s. We used to have that emphasis as you said 30 years ago. It was an accepted practice.

>> [multiple people speaking at once].

>> Go ahead.

>> Maybe it was Toby.

>> It was me. I think a lot of us were involved in that initiative. It was sort of my first introduction to vast network of highly skilled, highly competition, highly assertive women that have been impressing me for last 30 years including you guys.

>> Well, I think we are all our own cheerleaders, we will keep going until we get this down, right?

>> Right.

>> Just another observation. I mean, definitely, we were all so excited to get started in this work with infants and identified and the disciplines that I remember being part of that process also were social work and nursing. And perhaps at least social work represented some from zero to three.

We've struggled over the years as well. You have people that are very committed to this kind of sharing across disciplines and working in a collaborative way so as to fully support parents. But in my experience, one of biggest barriers we had to really implementing this has been our funding models.

And once early intervention went to a heavy emphasis on Medicaid and insurance billing, I found it difficult to put into place the transdisciplinary model we have been working with. I guess I would put the question out to the group as to whether this has been a an issue that has come up for others.

>> Cori, I would like to answer briefly. I would love to hear if anyone solved the issue. We see it in the birth to three. In the regard to people not having time to talk and co plan visits, that is something that I'm hopeful that some people, I don't know who, we could put our brains together and see what we could do. Three to five in school systems, caseloads get higher and higher, becomes more of an accepted practice of teaming only happening at IEP meetings or case meetings called for specific reasons. I would like to know if anybody has figured out the funding issues or ways around the funding. I know there are states that are doing video conferencing. Some that are doing it in the car as people are going places. Not optimal. Not losing that. We are exciting that board has endorsed that we cannot lose this. There are a couple of questions. Cori will talk about what was way back when. This is what we are talking about now. You can pike in if anybody has examples. We would love to hear where it's working and doing teaming where we knew could and should be.

>> Cori, I would like to follow up with that too. Many authors are writing second set of articles. Yes, we can refer back to those discipline specific articles and one of the emphasis of this new set is to see how we how each discipline is represented. So the writing teams are

interdisciplinary or multidisciplinary.

>> That's great. Good, glad to hear it.

>> Bonnie Williams that wants to talk more about power to profession. I'm going to refer to NAEYC website. That has loads of information and I do not work with them. There is so much more material there. Alignment will happen when power to profession comes up with what standards they will have. I don't think that will happen for another year or two more years of getting input from the field. Sorry. I cut you off, Cori, I think.

>> I was going to ask the question early on. Mentioned different states that having a role in working on this. Can you say more about that?

>> We provide technical assistance to these will include those four competency areas. We are just looking at it now. Some of them are committed. To doing a team based approach. I'm not sure it's operationalized. I'm also I'm not were I'm trying to talk about higher education. We have missed the opportunity in higher ed to instill this value in our students. Aside from the lens and aside from E or OCEP there are not formal mechanisms to provide them with different disciplines side by side. Once you get out in the field and see funding is barrier, if you don't have initial practices, hard to teach them. I would love to hear if they are on in higher ed and what you think.

>> I do think, Mary Beth, you bring up a good point about having interdisciplinary opportunities for training. Even if we think about how lend has heed over the evolved over the last 30 years, even though continues the flavor of enter disciplinary feeling. Didn't have the depth that it did 30 years ago when we were all together every day all day. Might be one or two days a week that we show up together for lend experience.

It's really unfortunate that even though we believe that this is the best practice model, funding is not there to support the professional development of that practice model. Which we know is so difficult to truly live up to it's potential.

>> This is Cori, maybe, you mentioned that OCEP has funded eight projects. Are those early intervention?

>> They are and Toby has one of them. You want to talk about your project?

>> That would be great.

>> Yeah, last year, exciting that OCEP focused on interdisciplinary. As you know for many years, were not funding interdisciplinary projects. Took the initiatives of doing that last year. They funded multiple projects. You had to have at least two different disciplines involved. Fortunate that I was able to partner with George Washington university and some other universities in the D.C. area. We are actually our program is actually taking ten students that are currently enrolled in either they have physical therapy program or occupational therapy program, speech and language and early childhood program. And during their last year of training, they are going to be involved in early intervention curriculum that we have been offering in different models.

So in addition to their physical therapy training, going to get additional coursework in projects focusing in on early childhood. Primarily to three. We spend a real major effort on looking at the competencies across disciplines and these cross disciplinary competencies that ECPC created in building them into our core structure. We feel confident that if the students do a good job that they will be highly qualified early intervention providers again and hopefully will pan out that way.

>> Yeah. We are encouraging them to apply. We encourage OCEP to get this back on the books. Old days, their first set of interdisciplinary was 1986. Funded for 12 to 15 years. They



dropped it as Toby said. We used our data heavy to fund another group. We are thrilled to have them funded. ECPC can provide technical assistance if anyone wants to look applying for this next batch that is due July 30th. I'm going to say something that not meant to be discouraging. It's a small group. We need to look state by state to see what training we can encourage that is interdisciplinary and affects the way services are delivered. I think at this point, Cori, I have been discouraged. One of areas I would like to see is practitioners I can't serve this baby because I need a complimentary discipline. I think that's sort of that not just a value. It's evaluate if not all disciplines to we got to build in the fact that you can't. You got to do it with your colleagues from diss minutes so we disciplines so we stop doing the practice.

>> For those of you work in states that have some sort of early intervention sort of credentialing. Several states that require them to go through process of gathering information supposedly about early intervention, I would highly encourage your states to look at this information. To make sure that when they tell folks that they need additional training to use this as guidance on what kind of training that they should be receiving and getting credit for under the system of sort of some sort of credentially or recertified them as early intervention providers.

>> What is timelines for guidelines checklist and materials. Toby, I would love to turn that over to you, tongue and cheek.

>> We are in the process of creating them and hopefully going to have the first set of fact sheets out by end of summer? Our team will be meeting all disciplines this fall. We should have those case studies out and checklists. We are ready to role. Lucky to have great people. We are hoping this fall at the our year, we have a weird federal year ends December. Our year one will end in December. We should have materials by then.

>> Another question there from Sarah Nichols.

>> Thank you, Sarah, you considered using any of the components of universal Sarah, thank you for putting that out there. We are looking at loads of curriculum and loads of evidence based sources that we can then turn into the practices we would propose.

>> This is Cori. Let me ask a different question. I think you both made reference, Mary Beth and Toby to differences between birth to 3 and preschool. And I'm thinking in terms of the home visiting and how isolating being a home visitor can be if you're out in an area and you've got a caseload of this many folks and you don't see anyone else from maybe one week to the next. Did this issue come up at all in terms of strategies in terms of supporting home visitors?

>> In another conversation maybe webinar, we will talk about competencies for them. They have developed competencies among their workforce they will be unveiling those and our job is to align those. All the other standards and look at what commonalties are. Done an excellent job. Our question is, how do we not be one more set of competencies. We have a number of other specific category competencies like BCBAs. All of these folks are serving in Bert to five birth to five. We are looking at all of these because as I said when we started, our job is to help the field, not further complicate the field. I think sometimes in our quest to do the best we can, we come up with parallel activities and products. I will tell you I don't know when they are going to be unveiled those competencies. They did a nice job of putting those together. They do overlap with these areas.

>> We still have time for couple more questions.

>> Materials being approved by various associations so we can put logos on it. They can see this kind of information approved by the different associations. That's something that we may

be able to consider looking in to, Mary Beth?

>> I think we have permission to do that. We will be doing that. We have one slide here that has everybody on it. This will go on all materials.

>> I know that especially for PT and I would imagine others may be willing to link to materials from their websites.

>> Right. Absolutely. Their individual standards. There is one more question about are these disciplines including for children with behavioral concerns. Any child who is eligible for early childhood education. I know that's not an answer. Each state has different eligibility. We would not exclude anybody that has challenges that require some type of special help under IDEA or at risk or undocumented disability.

>> And there is another question above that from Diane Parham asking about the whether there is any plans to advocate for changes in funding structures. I think you alluded to that somewhat? Terms of kind of equipping these folks who get this training to say, hey, I need this today it. They are going against a pretty stiff current.

>> They are. We are working. Maureen Greer is president of infant toddler association and working on finance project with number of other TA centers is one of our leadership team. So this goes hand and hand. We are not ignoring the funding issue. We have to go about it in a different way. We don't want it to overtake what people look at as competencies for training purposes and supervision purposes. This will be something that is happening in addition to. Not instead of if you know what I mean. We have to do funding before we do this.

We are working on funding. I would say we need a miracle. We are working on funding.

>> Right.

>> So often funding is state related because it's so much is Medicaid. That hopefully we will be able to facilitate each of us to work with our states to make those changes that are state specific. I know one of stumbling blocks here in DC is that our Medicaid program although in some way is generous does not pay for psychological evaluations. So children needing diagnostics for autism, and we would all believe that psychological assessment may be a key component of that determination. They don't get paid for.

>> Wow.

>> Yeah.

>> We have been fighting that for a long time. If any states have had to deal with that over the years and came up with a solution. I know our state Medicaid office would appreciate strategies on how to make those changes.

>> Okay.

>> Do you want me to wrap up?

>> I want to thank everyone. Please, Cori.

>> I want to say thank you to everyone. This is really exciting work that I didn't appreciate the depth of it. Of what was going on. You're obviously doing a tremendous amount and should contribute tremendously to the field. Sounds like we have at least a couple of more webinar topics to work with within the early childhood special interest groups. On behalf of everyone that put this together, thank you so much, we look forward to talking with you again.

Anna, do you have any wrap up?

>> I think you got it all. Thank you for joining us. Survey will appear on your screen when we close up. Thanks again and have a great day.

>> Note From Captioner: Meeting is over. Thank you.

