OTP Session 4 Transcript

Julie:

Welcome, everyone, to our session today. Christina, you can transition the slides. So um, you are at the session titled Meeting Patients where Where They Are: overcoming access barriers and addressing social needs. We're really glad to have you here today. As we explore how OTPs are supporting patients by meeting their needs both inside and outside the clinic. You have a great presentation lined up for you all today and we're excited to get started. Next slide.

So I'm now pleased to introduce today's speaker, Christina Norman. Christina is a community liaison at Lowell CTC, where she worked for seven years. Throughout her time there, she has witnessed many challenges and patients, that patients face daily. Christina takes pride in her ability to meet patients where they are breaking down barriers to support them. She's especially proud to have been recognized with the 2025 Values and Action Peak Award for her dedication and impact. Next slide.

So Christina will be delivering the session on these following objectives. So we want folks to be able to leave, being able to name at least one innovative practice for reaching patients outside of the OTP setting, addressing barriers such as homelessness, transportation challenges and food insecurity. Identify at least one strategy for incorporating social services within OTPs. Describe the impact of social services on treatment, entry adherence, relapse prevention, and overall well-being, and develop a plan for ensuring patients are connected to these services. Now, next slide.

Robert is going to launch a poll for us that we would want people to respond to. So the question is: which of the following resources do you currently offer to your OTP patients? So I'll give folks a little bit of time to respond to it.

Robert:

Okay we have about 60% have participated. I'll give you another 15 seconds to make your selections.

Julie:

Okay. All right. So it looks like, most people offer referrals to housing programs. Then second is referral to food programs. It looks like, it's, well, 67% offer community health worker or community liaison programs. Folks are offering food on site and transportation to OTPs, which is really great. And we'll touch on some of these things today. Thank you all for participating in this poll. So, I will pass it off to Christina to lead the rest of our session today.

Christina Norman:

Thank you. Julie. Hi, everyone. My name is Christina, and I'm the community liaison for the Lowell CTC. And today, I wanted to talk to you about our awesome SOR program. SOR stands for State Opiate Response. We are so grateful to be a grantee of that program. It's provided us with so many resources and so much help to really help our patients. Some of the services we offer, our outreach.

So I do street outreach with Lowell House, which is, well, formerly Lowell House. Now it's called Riverbend. I go out, with a R.N., she works on wound care, and I share about the programs that we offer, and our goal is to help get people into treatment. I go out with the local co-op team and police department, and really, our goal is to educate, provide treatment and support the community.

We, on the street, we like to teach about harm reduction. We get Narcan out onto the streets and show people how to use it. Fentanyl test strips and the importance of not using alone. We can also offer other community resources. Making phone calls if people need to go to rehab, CSS, TSS, even help making a doctor's appointment. Suggesting to go to the emergency room and helping with that and really just and also, our MAT program as well. We offer MAT, outpatient setting methadone, Suboxone and Vivitrol, Sublocade.

I wanted to share one of our first success stories out in the encampment. I met a couple that was living in a tent, and after a couple visits, hearing their story, building some rapport, you know, bringing hand warmers, blankets. Finally, they were ready. And I was able to meet at a Dunkin Donuts and do their intake and bio there, where they were able to sit down, be warm, have a coffee, and we did their whole clinical intake, at a Dunkin Donuts. And then we were able to bring them over to the clinic to, to meet with the medical team and get their dosing. So that was fabulous. That was just awesome to see. So we're really starting and all of these programs that we were able to help them with, due to SOR, really coming together and making a difference.

Julie:

So there's a question, Christina, that just came in the chat. Like, can you, explain what SOR is, again? What does that mean?

Christina Norman:

So SOR is a grant that we got that helps with funding. For um, for our program. So it helps us provide funding for like transportation, food. This role came to be because of this program, the community liaison role. And my goal is to kind of bridge the gap between the community and the program. And the providers. So all this is thanks to, um, the SOR grant that we received.

Participant:

Can you distinguish that, please, from the SOR room?

Christina Norman:

I'm sorry. What was that?

Participant:

What's the difference between SOR and the Soar room? Can you distinguish those?

Christina Norman:

Oh, the SOR room is a, like an office that we have at the clinic. And we. I tried to mimic, like, a Katy's closet, and it's our SOR room where patients are able to go get clothing, food, toiletries, hygiene products, that type of thing.

All right, so for food, we partner with local food pantries that have helped provide us, annually with Thanksgiving meals along with day to day food needs for our patients. We also have snacks on site to help with, make the intake process a little easier. And just we have a lot of families that are food insecure. So being able to help them with a snack or warm them up, some noodles has been great.

We can also help with applications for food stamps, WIC. And just being out in the community so much, even schools and local grocery stores, at this point, have reached out to help with donations. We also try to do food drives and work in the community. Food drives in the neighborhood, at work, just whatever we can do to support our patients.

As far as housing, we help patients with applications. Deadlines refers to CTI for the RAF program. They can help with first, last security electric bills. I believe it's up to $7,000 annually. So they have been a great resource for us.

Julie:

Christina, I'm not sure if you're advancing the slides, but we're not seeing the slides move on our end.

Christina Norman:

This is the same slide. I'm trying to go over these services. Right?

Julie:

Ok. Perfect.

Christina Norman:

Also for housing, just going to support patients for meetings. Sometimes they're doing an intake somewhere, and they're just really nervous or have trouble understanding. Just help with advocacy. So that's been amazing. We referred to our good friend Nico, over at Riverbend, and our relationship with Lowell Transitional Living Center and the hotel program has been great. The SOR room, like I was just talking about, is like a Katy's closet. And in our SOR room, we have clothes, food, seasonal gear, hygiene kits.

And last, but not least, we have Uber Health for transportation, where patients are able to call or text me and I can help with set up transportation so they can use Uber Health until their PT one is set up.

Okay. For community liaison. So my role is just really going to where patients are at. Whether it's the local hospital encampments, local CST, TSS, nursing home, wherever they may be. Trying to be flexible, open and kind, treating people as people, with

kindness and respect. Just really meeting people where they are; wherever it may be and whatever they need.

We are doing same day admissions, which is amazing. In the slight chance we are not able to do a same day admission, we have a great relationship with Lowell General Hospital. And with them, if it's like a Friday afternoon or a weekend, and we're not able to do a full admission, we can reach out to them, get a patient over there. They get, they go to the through to the ED. And their fast track program. They'll meet with a recovery coach if available. They'll get their first dose of methadone, and then they leave with their last dose letter and come to us the next day to complete the intake process.

This took a lot of time and consistency. At the beginning of this process, I would have to like physically go down there and explain what the goal was and how we could work together to really catch these people, like when they're ready for treatment, because it's such a small window. So I would go down to the hospital, meet with the medical staff, meet with the patient, and explain what our goal was.

And now at this point, it's pretty seamless. It goes really well. Just usually a quick phone call if the patient is nervous about, like, what it looks like. But that it's been an amazing relationship. We're very grateful for our relationship with Lowell General. Building relationships with other providers in the community. Just taking time, patience and consistency. Bringing donuts or cookies doesn't hurt either.

Linking patients to resources. We try to do a couple resource fairs a year. Right at the clinic so that the patients can come and kind of like a one-stop shop. They can meet all the different providers in the area. Last year they were able to, like, get free cell phones. We had the DTA there helping people do applications for food stamps.

So, that those have been very successful. I try to attend all the community provider meetings so that I can keep up to date on what's going on in the community and share that with our, with our um, patients and really just being open to help with all needs, like when people need it too. Whether it's rehab, MAT, or even a college application. There's been people on the street where at the time they might not be ready for MAT, but, you know, giving out hand warmers when it's cold and a blanket and getting them into rehab when they need it. Then they reach out, maybe like six months later and they're like, "hey, do you remember me? I went to rehab and I am now kind of stable with my housing and now I want to get on the clinic."

So even though we think it's something little, it's nice that like down the road, you know, they do reach out and they're like, "I remember you. And I am grateful for, for you." And then we also, with the community liaison role allow patients to text so people can reach out about: transportation, if they need a ride. Any general MAT questions. Maybe they

need a mental health referral. Maybe they're just having a bad day. I need someone to talk to. The best, is when they reach out and want to just share something that they're proud of. Sometimes our clients don't have much family or friend support. So they reach out, just to share about their success, which is awesome.

Okay. And for housing resources, we have the hotel program here in Lowell, which is through CTI. It provides hotel rooms for housing insecure residents and families. They do family and individual. There's a hotel specifically, like, a mile from the clinic, and they're there for individuals. So that has been great. We were able to get a lot of people in there over the winter and off the streets, and then get them a PT1 to come to the clinic daily. So that was awesome.

We also have a little transitional living center, which is an emergency shelter for adults 18 and older with: 24 hour staffing. Case management, transitional living support with about 90 beds and 12 more permanent, like a studio apartment, living.

Next is coordinated entry so that we work with CTI and the Elliott Church in Lowell. And we'll send our patients over to the case manager and they will do a needs assessment and be able to kind of see what programs they're eligible for. And then our housing specialist is another great community partner, Nico from Riverbend, formerly Lowell House and he has been specifically helping us with: Sober living; Different housing applications; sometimes financial support. And he'll know of different programs offering financing finances to help people stay there. And these pictures are, we took over the winter. Of just kind of what we see on the day to day, while we're out in the community at the encampments. This is the SOR room, and as you can see, we have some canned goods, hand warmers, blankets. Clothing. Seasonal items, like hand warmers. Hygiene items. We have harm reduction bags, blankets, sleeping bags, home goods, diapers. We have quite a, quite a nice collection in there. So patients are able to check them in at the front desk and be ordered down there to get whatever they might need. And this is a combination of like sort funding and a good amount of donations as well.

And next is, the SOR enhanced services. So we offer: a therapeutic art group, gardening group, animal therapy group, mindful yoga. We had a recovery carnival. We talked about resource fairs. We do that. Job fairs. We've had local people in the community come in offering, different jobs. We had a Dress for Success day, with mock interviews. Free cell phone days. So we really tried to, give people lots of options and really just be like a comprehensive treatment center. Not just people going there for methadone or any other medicated assistive treatment. It's the full deal. You can come in and you can meet the animals, take an art group. Recovery carnival was great and even, like, involved the children because a lot of the population we work with, they might not have the time or the funding to go to a carnival with the kids, so it was really nice to

celebrate recovery and have people come with their children and feel proud to come to the clinic and show it off and meet the staff. Have a hot dog, as you can see in the picture, ride a pony. And so, yeah, we're really proud and excited about all of our enhanced services. Here at the clinic. You don't just come get your medicine and leave. There's so, so much more to it.

Impact on patients. These are some quotes that some of our patients wanted to share. When I asked them how they felt about the SOR program and the clinic in general. One patient said: “I love gardening group. It gives me a purpose, and I love seeing my hard work and consistent, and consistency, what it grows into. I've never had that feeling before.” Another quote from a patient says: “Christina found me at my tent and would not give up. That's why I came back and gave recovery another try.” And the last one is: “I get to get clothes and feel good about myself. I wouldn't have this without that place.” Impact on staff, providers and community. From one of our clinical supervisors, she said: “SOR has also also been helpful for our pregnant patients with helping to obtain diapers for them and other baby necessities. Trying to maintain recovery and being a parent is a tough job.” Our friend does share, “That SOR allowed me to care for my clients health and wellbeing. For example, I was able to provide them with dry clothes blanket after they had been stuck in the rain that day and night.” And we have Joe, from the co-op team, who says: “We are thankful for your collaboration and work with us on the streets. You have truly been such an amazing part of the outreach team, and breaking down any barrier to get people started at the clinic with rides and weekends and advocacy. We appreciate you.” This is from the management of Social Work Department at Lowell General. Again, I reached out and asked how the SOR and the liaison role, which is new with SOR has helped Lowell General. And they said: “The Lowell CTC liaison role is a crucial, is crucial to the facilitation of continued MOUD treatment in the community and the patients being discharged to rehab nursing facilities when they are receiving MOUD treatment. Without this role, there would be increased barriers and significant delays in discharging patients with SUD to other facilities where the appropriate level of care that would prevent patients with SUD from accessing the treatment they need in a timely manner, and would create an undue burden on the acute care hospital as patient volume continues to exceed our capacity. Acute care hospitals are reliant on external systems and collaterals, such as CTCs, to efficiently move patients on to their next step in their treatment journey.”

“Christina, the Lowell CTC liaison role, has been beyond helpful with the facilitation and coordination of urgent access for patients looking to initiate, continue or reengage in OTP methadone treatment. Christina, being a call or text away has made the process as seamless as possible, as she has always done her best to ensure each patient gets quick, quick access to care that they need and deserve. Addiction treatment is often

about the sometimes brief window of opportunity, and this role helps us limit, and even sometimes completely eliminate, barriers of access to care. While Lowell General Hospital's, Bridge to Recovery care and Lowell General Hospital appreciate the functionality, supportive nature and collaboration of this role, beyond words."So just to show the impact on other providers in the community.

And next up we have some pictures on the bottom right. That is Nurse Jen that I was talking about. I go with her and she does wound care. And just some pictures that we see day-to-day. I have some testimonials that Julie is going to share. The first one is Jen from Riverbend, again formerly Lowell House, and she just wanted to share how the community liaison role and SOR has helped her and her company and the work she does. And then following that are two testimonials from our SOR patients.

Julie:

Great. So before we move forward, I wanted to make sure you're all set up to follow along with the audio recordings that will be shared during the session. So you can turn on captions and zoom by clicking the CC or Show Captions button on your zoom toolbar. Like in the image you see. You should then see a live transcription appear on your screen. Turning this on will help ensure that you can follow along, especially for these three audio clips that we will be sharing. So I'll get started with Jen's testimony.

Jen Miksch:

"Hi. This is Jen Miksch, outreach R.N. with the Riverbend, formerly known as Lowell House. I've been working in outreach Lowell for the past four years, and I am so happy that Christina had reached so early on when I begin outreach and we started doing outreach together to really help each other break down barriers to treatment in all the different ways. And Christina did just such an amazing job with, herself. Getting people into a mentee treatment and to methadone treatment. I mean, there is always such a lag time between when we meet the person the morning yet and then them going into treatment. And Christina's done such an amazing job of coming out into the field, connecting with people with same day or next to appointments and making sure transportation is all set. Really breaking down the barriers and meeting so great where they're at, when they're living in the moment.

It's really that is such a blessing. I've always been a little leery on taking people out quickly and outreach to really weed know, you know, who's coming out just to see what's happening in the community and who's coming out to really make a difference for

the community. And Christina's doing that; she's making a big difference within the community, helping people not only with treatment, but also with other needs as well, and truly, there's so much compassion and love that during these times of people in the most vulnerable positions. She's created Christina's Closet, which has been such an amazing help to our community. Having Christina's Closet available, people can have access to clothing and other means. And when there are other needs, Christina is an amazing resource to connect people to other resources that she herself is. You know, we're not all able to do everything. So it's important that we all work together. And Christina does that so beautifully. I am so beyond grateful. And I feel like our community and I'm so blessed with her presence.

When you go out, you know, everyone goes "Oh Christina, she helps me with treatment. Oh she helps me with, you know, getting clothing and all the other needs." So, more being grateful for her reaching out and coming out and starting outreach and having done so much for the community. There's really so much that's been done and looking back on the past two, almost four years, doing outreach with Christina, it's just beyond words, with focus and able to help the community with with working together, with Christina doing her part, helping the community and building the community up and really breaking down that stigma and the barriers to treatment that so many feel. Meeting people right where they're at. She does that beautifully. She is, someone I really look forward to going out and doing outreach with, because I know that she is there truly caring and making a difference. She plays such a big role and the changes made in the community. I'm very grateful for her."

Julie:

Awesome. So that was Jen's testimony. So now we're going to share a couple of patient testimonies. Now.

SOR Patients:

"I would just like to say, the SOR program, has benefited me so much. I have been able to, work with my counselor to get access to clothing, for my daughter and for myself, which was really helpful. And also, they've been very helpful at times when my transportation has just left me here at the clinic, and they were able to get me a an Uber on home. So I really appreciated that. I really think that this is a great program, and thank you for helping me."

“Yeah. SOR program is clothes, programming, and food. Thank you. Oh, she helped me attend the hospital program to make sure I was alright. She came to the tent and gave me food, and everything. All right. Thank you. The SOR program helped me, incredibly. SOR! Sorry, I have kidney failure. All right. Bye.”

Julie:

Yeah. So those were the testimonies. I'll pass it back to you. Christina, to wrap us up.

Christina Norman:

Thank you. For those programs, I don't have funding. We, when it's kind of a combination of sort of funding and donations, like I was saying earlier. I used social media to reach out and kind of do, like, clothing drives. The staff is gracious, and will, you know, when they're cleaning out their closet in the spring, bring in donations. But we do get a lot of donations from friends, family and staff social media posts. So if you don't have SOR funding, it's still a doable, still a doable process.

Also, we have great partnerships with community organizations that have helped donate items, such as Greater Lowell Health Alliance. They have given us Bomba socks that have been amazing for the, for everyone, clients out on the street. Great company.

And the Wish Project in Chelmsford. They help us with clothing. If we can't, if we don't have specifically what someone's looking for. For example, we had a patient looking to get back to work and she needed scrubs. It was more specific, so we didn't have that in our SOR closet. So we were able to reach out to Wish and get that for her so she could get working and not have to worry about buying your scrubs.

And we collaborate with Riverbend as well. So if you know, we're looking for something specific, they kind of have like a clothing store or clothing items as well. And donations that we kind of work with them so that everyone gets what they need.

And here is my email and my cell phone, so feel free to email me. Reach out. Call, text anytime. We would love to hear from you.

And that's it. Thank you. Thank you so much. Does anyone have any questions?

Julie:

Thank you so much, Christina, that there's definitely been some questions in the chat. Really appreciate your presentation. Thank you. So we'll transition over to our Q&A

section of the presentation. So we have about 15 minutes for that. So one of the questions that was asked: have you found any barriers for patients that have been approved for RAFT? I hear patients say they get approved, but have a very hard time getting a landlord to take the RAFT voucher. And if you can also explain what RAFT is for those that don't know what that is in the audience.

Christina Norman:

There have been some barriers with RAFT. RAFT as a program through Community Teamwork that helps people with first to first month / last month security. Some of the barriers I have found with RAFT is like, they'll help you with first class security, but then sometimes our patients don't have the best, like, record or credit. So then they, ultimately, it's wonderful that RAFT can give them some help, but they don't have the means to like, sustain the apartment, to pay month's rent or even get in the apartment because of the credit history or income issues.

So yes, I have seen that. That's where I was talking about advocacy earlier. Sometimes I'll go with them to the meeting to kind of, and the case manager will help break down what programs are more successful with RAFT so that they're not trying to use RAFT on places that are typically more denied than others. And if they can't use it for first/last security, they could use it for electric, gas, or other means. So they could also know we're trying to be creative with RAFT because we have found some barriers. Sometimes we'll get a different voucher to help them get the apartment and then still use the RAFT finances for like furniture or some other ways. But yes, we have found some difficulty. We're just trying to find some creative ways to still utilize it.

Julie:

Thank you, Christina. The next question in the chat was: If a facility doesn't have dedicated case managers for referrals and connections to other resources, what are some ways to make such information available to the clinical staff who need it?

Christina Norman:

I'm trying to maybe, like, get all of our resources together and just kind of create a Resource Well, at the clinic so that patients and clinicians can go to one spot and see all of the community resources.

Julie:

Anyone else have any questions that they want to unmute themselves? I know there's a couple of folks that are on the call that do this work as well. So if you want to add or ask any other questions.

Laura:

I can jump in a bit. I think specifically to talk a little bit about what we've learned from SOR and how it impacts sites that are sites that don't have the funding. Right. I know, Christina, you sort of talked about that a little bit. But I think one of the best parts about a lot of our clinics getting granted the SOR funds was to really understand what it does for a clinic. And unfortunately, in my region, I do have a couple of clinics that don't have the SOR funds. But we really quickly realized, you know, it was something that would be beneficial really in any community. So I think it makes a lot of sense for folks to sort of evaluate the resources that you have on site. Because what we're finding, and I think everybody kind of has an awareness, is that patients are not always coming to our door, and then they're not always staying inside our doors.

So, you know, to speak to the title of the segment of meeting patients, you know, where they truly are. I think that's really been the most important, part of this is, is really mobilizing ourselves and utilizing whatever resources we have, if we don't necessarily have the funding. Because I really think the moral of the story is that, you know, once we've gone out there, we're able to really engage folks in a way that I don't think they realize that we could engage them. I think there's a lot of some, some myths that we can dispel when we kind of go to them. I know certainly we've gotten some feedback, in Boston in particular, when we've done some street outreach days where folks are literally sitting less than a quarter mile away from the clinic, and they said, “Oh my God. Well, I would have never walked over there. I didn't understand that this was all I had to do, or this was all I needed, or this was what you could help me with.”

So really, again, meeting them where they truly are is kind of the key point there. And if you don't have SOR funds, finding, you know, a way to kind of pivot and get out there and, you know, really reach people has been pivotal for us. And then, as Christina mentioned, you know, all of the great things that they're able to find once they get to us, kind of keeps them coming back because it's a lot more holistic. So just my experience, not only with Christina but across the board.

Julie:

Thank you for sharing that perspective with those that have the SOR funding and those that, you know, I was incredibly helpful. Anyone else have any other questions? I just noticed that there was a question in the chat. So, do you, I'm assuming Acadia, work with any local groups or some organizations that are statewide?

Christina Norman:

Statewide? I'm not sure if they are more local or statewide, to be honest. I would have to look into that and get back to you. Let me see…

Laura:

I can speak from a broader perspective there, Christina. It's mostly quite local. You know, I think what I have found in each, from community to community, is that each community's threshold is very different. You know, a lot of the relationship building starts, you know, sometimes in town halls, city halls and things like that. It's it's very interesting, going from community to community. So it's, it's not, I haven't found it super easy to find a statewide, program or organization. And that kind of bridges all those gaps. I think it'd be much easier to work more directly with the smaller communities.

Christina Norman:

Thank you. Laura.

Julie:

Thank you. Another question is: How did you decide, Christina, where to go when you were, you know, first doing that; to meet patients as you were starting the role as a community liaison?

Christina Norman:

Honestly, I really like Googled services in the area, and I wrote down addresses. I looked for names, and I showed up with my little elevator speech, introduced myself and just was very, like, persistent and kept going, kept showing my face, kept offering like, "Oh, how can I work together? Can I help you in some way?" Just walking on the streets

where there was a lot of homelessness to kind of see what services are in the area and just every day introducing myself, introducing myself. “How can I help?” “Let me tell you about the little CTC and all the wonderful things we're doing.” Really just being out there every day. Being consistent. Offering to help in any way.

Julie:

And that definitely came through in the testimonies that we heard of, like people just recognizing your face and you coming back and that encouraged them to also be motivated to, come in to the OTP too, which is great. How much of your time do you spend in the OTP versus out in the community?

Christina Norman:

It's really based on needs. With SOR, we have to do intake, like an intake for SOR and then like follow up GPRA. So that takes some time, too. I like to spend at least, like, 1 to 2 full days in the office, but a lot of the work is in the community. Probably 75% of the time it's more in the community.

Julie:

Any more questions from the audience? Feel free to unmute yourself or add questions in the chat.

Audience member:

I'm just curious if anyone's on this call. Or maybe Christina. You may, be, have been involved in this, any like, tips or feedback on the process of obtaining the grant? The SOR, like the SOR funding grant. Like, what was that process like, do you know to, like, obtain the grant initially and any, like, data or, you know, information that's helpful to know, to, to start that process?

Christina Norman:

So when I came on the SOR grant, we had just received the SOR grant. So that might be another question for Laura. Are you available to help on that one?

Laura:

Sure. And I wish I had sort of better, news on that. But I don't know that there's SOR funds available at this time, in that manner. The RFR came out, goodness, I want to say in like 2019, and essentially once you've been approved, you reapply. And my understanding, based on new applications that I submitted is it doesn't look as though new applications, are going through. However, in other communities where I am not as successful right now in getting funds like that, I have been a little bit more successful in looking at opioid settlement funds. So that might be something, to take a look at in your areas as well.

Julie:

I know that maybe a couple of other people on the call with SOR funding. If you have anything to add, feel free to unmute yourself as well.

Any other questions before we transition? All right. Well, Christina, thank you so much for your presentation and sharing your experience as a community liaison. I'm going to share my screen with, the next details for the next session. And Audrey's also going to put the links in the chat.

So for our upcoming sessions at, 3:30, so ten minutes from now. So you'll have a little bit of time to transition. We have the Providing Culturally Responsive Services to BIPOC Populations session. And then we also have a session on Innovative Strategies for Patient Centered Care: Supporting wellness. So if you can click on those links around 3:30, so you can be able to join those sessions, that would be great. And yeah, we are really, really thankful to everyone that joined today. And Christina again for just sharing your experiences. And also taking the time to, present to us today. And we all learned a lot, I'm sure.

Christina Norman:

Of course, thank you.