**WorkforceGPS**

**Transcript of Webinar**

**YouthBuild Series**

**Substance Use, Trauma, and Other Challenges: Effective Case Management Strategies**

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GRACE MCCALL: Welcome to "Substance Use, Trauma, and Other Challenges: Effective Case Management Strategies." So without further ado, I'd like to introduce our moderator today. Mark Smith, workforce analyst, U.S. Department of Labor, Employment and Training Administration. Mark?

MARK SMITH: All right. Thank you so much, Grace, definitely appreciate all your help. So today I'm going to go over your presenters. First we have Pat McNeil, he's the associate director of substance use intervention at YouthBuild USA. And we also have Jerry Kolker, he's the clinical social work therapist at YouthBuild USA and he's the expert consultant, so very, very talented presenters today. And they have a lot of great information and I'm really looking forward to this presentation.

Also, we have Jeremy Stocking, he's the program director at The Children's Cabinet and – oh, I'm messing this up already. This is a Washoe YouthBuild and Chris Jones, he's the lead case manager at The Children's Cabinet as well.

(Crosstalk.)

MR. SMITH: And I'll go over today's objectives. So first is to identify and provide insight into some of the personal challenges including trauma that many participants bring that can impede their in-program success and post-program career path. Next is to share the strategies and processes of Screening, Brief Intervention and Referral to Treatment, SBIRT, and its application for construction plus and other YouthBuild programs.

Next is to examine and define the roles of participant case management in YouthBuild programs. Then to review some of the best practices program – excuse me, to review some of best practices programs can incorporate to maximize effectiveness leading to better participant and program outcomes. And then lastly to share some peer based best practices that work with regard to participant in-program retention progress and post-program placement. So I'll lead into our first presenter, which is Jerry. Jerry, would you like to start us off?

JERRY KOLKER: Sure. I'll start you off. My name is Jerry Kolker. I've been working with YouthBuild I guess for at least 25 years. And for the other half of my life I work as a therapist working with families, couples, and a lot of young people. And I tried to blend together the issues of social justice and a more clinical approach to some of the issues that young people face, which are, of course, very difficult.

OK. So let me start out by just trying to explain to you a little bit about what I think young people are up against. And later on when we talk about trauma and we talk about some of the issues that young people, we'll dig into this a little bit more. So the – the – oh, everybody that's on this webinar is here because of your commitment, your dedication to doing this kind of work, or else you would not be on the telephone or on your computers listening.

So a little history and background is that young people that come into our programs are working with a number of different handicaps that are no fault of their own. They could have learning disabilities, they come from a place of poverty very often, they are dealing with some of their issues by the way that people have been dealing with issues since mankind, which is to try to disorganize their thinking such as substance abuse, alcohol, drugs.

There are health issues because as we all know if you are living in degrees of poverty, you're not going to get the same health care than many other people have. There's homelessness, there's dysfunctional families, there's gangs which creates the only real community for a lot of young people, and there's a lot of troubled romantic and family issues.

Now, I don't want to leave you with the impression that only people that risks suffer these things. I've treated enough people over the years that come from very wealthy middle class families that have the same list. I will add though is that the issue of trauma, which we will get into later on is a significant issue with the YouthBuild population.

And I'll tell you later, which was verified by a study done of YouthBuild students regarding the ACE scale of Childhood and Adolescent Trauma, which we'll get to later on. But the end product of all that is often that is a lack of trust, there's a lack – low self-esteem, there's very few positive role models, and ironically when the YouthBuild program is really going well, there's a fear of success and a fear of leaving the program. So those are some of the things that people deal with.

Let me just move on to – can we move to the next? OK. So let me talk a little bit about Adverse Childhood Experiences. This is what's called the ACE Categories, about what affects people around the issues of trauma. And I want to point out to you again that when they do this ACE study, anything more than a score five indicates a person is at serious risk of trauma.

In a study that was done of YouthBuild a number of years ago, we found that the average number was somewhere between seven and eight which means that being exposed to some of these Adverse Childhood Experiences has a severe impact on you in the work that we do with young people. I want to point out to folks as we think about this, that again, this is not only poor people, YouthBuild students and have this, so I don't want to stigmatize anybody by saying that only poor people suffer this.

However, a major breakthrough in thinking about trauma, which I'll talk about later on, took place when people started to realize that trauma is not just about one thing, terrible thing that happened to you when you were nine years of age or one terrible thing that happened to you if you served in the military. That is also a trauma, but that trauma can be a compendium of a number of things that make you uncomfortable in the world. And those things are things that have to do with your family about things that have to do with somebody in your family being incarcerated.

And most important it has to do with the unsureness of not knowing if you have a roof over your head, if there's enough money coming in, if there's anything you can count on. Can you count on a parent not coming home drunk? Can you count on somebody being employed? Can you count on the roof over your head being a permanent roof that will always protect you? Or you still have to know, be wary?

And we'll talk later on about trauma. That, that wariness, that lack of confidence that the world would really work for you is what leads to that fight flight response, fight flight. Either I'm going to tough this thing out and fight everybody or I'm going to go unconscious.

And anybody on this call knows that feeling when you're with a young person and you ask them what the problem – I don't know. And they don't want to say anything. And you also know that feeling when someone is being oppositional. So the ACEs are really important because they are the basis of many of the problems being displayed by YouthBuild students.

And unfortunately they're strong predictors of later social functioning and how people take care of themselves, whether they get jobs and whether they're healthy. Fortunately, we know a lot about this now and we know how to deal with this in a way that we feel much more comfortable.

So it says here that ACEs impact learning 51 percent of students with a four plus ACE scores have learning and behavior problems in school. But look at the one under that, that's compared to only 3 percent of students who have no ACE score. So if 51 percent, and I believe the number is higher in YouthBuild, have learning and behavioral problems in school, that means our challenge is how do we work around trauma?

Please understand that trauma has nothing to do with intelligence. It has nothing to do with ability, it has nothing to do with the kindness and decency of human beings. It has to do with a learned behavior that people did in order to survive. So that thing I'm going to say to you is something that I've been saying probably for the last 35 years, that the very things that young people do to survive, that keep them alive, are often the very things that get in the way when they go into a nonthreatening environment.

So the fact that young people do fight and flight is how they lived. It's how they survived. When we get young people into YouthBuild, our job is to gently help them understand that there are other ways to be in the world that don't involve these very learned and effective techniques that worked when you were 14 and 15 but may not work now when you want to get into college.

So that's some of the basic background. I'm going to turn this over to Pat McNeil to bring this into the world that we're into now. That has to do with young people, ACEs, and with all the issues around drug and alcohol use. Pat, you're on.

PAT MCNEIL: Thank you, Jerry. So good afternoon everybody. I'm Pat McNeil with YouthBuild U.S.A. I know a lot of you that are on the call and for those of you that I haven't made yet, I look forward to doing so pretty soon. So Jerry has told me a long time that people use drugs to either feel or not to feel. So a lot of times the substance use issues are a result of some of those things that Jerry just talked about. And he's going to be talking about a little more as we go back and forth here.

So I want to talk to you a little bit about substance use. And before we do that, I really would like to know which substances below are you seeing in your programs most often? And you can choose more than one. And so let's take a minute and let's – feel – let's – you guys give us your responses. Tell us, inform us what you're seeing out there on the ground.

I think we have just about everyone weighing in. So this is informative, not just for us at YouthBuild U.S.A, not just with the Department of Labor but also for those of you around the country. So we have people on the call from coast to coast, from north to south and 90 percent – 92 percent of you are saying marijuana and another almost 80 percent are saying alcohol.

And interestingly enough, I know we're having a very somewhat of an epidemic around opioids in our country, but we're not seeing the opioid epidemic within our YouthBuild programs. We are largely seeing a lot of alcohol and a lot of marijuana, a lot of poly-drug use. So the results of that poll will be shared with you, I guess later when we do our post-program download to you. All right. Thank you very much. OK. We can move on from the poll now.

So that's real interesting. And for those of you that are maybe even new to YouthBuild, know that you're not alone. This is a – substance use is a problem that is probably showing up in every high school, every college in the country, and every YouthBuild program. So none of us are exempt from this. This is a societal issue and it's universal. The big picture around substance use and why it's important is most programs struggle with how to best address it. And we'd like to try to share some information with you today and maybe even add a few tools for you to put in your toolbox as you deal with this issue.

So why does it matter? So substance use can really serve as an impediment or a deterrent around in-program retention of students. Students will start your program, they won't be able to finish. And that not only is that self-destructive for the students, but it's also counterproductive for YouthBuild programs. Work site safety, at the end of the day it's important for the students to be able to go home the same way they came to your program and that's safe and it's all – all of us.

It's incumbent upon all of us to make sure that the student's safety, but also the other participants safety as well. Achieving outcomes in the classroom. It's really hard to learn when you're under the influence. Contrary to what anybody may say, sometimes the college students will say, well, this kind of helps me focus, it makes me a little sharper for me to take these drugs or take these opioids before I take a big test. That's really an excuse and it doesn't make them sharper.

And retention, memory, it really kind of comes into focus. And then at the end of the day, successful post-program placement, guess what? The private sector companies are drug testing more now than they have in the past. And the reason they're doing that is because they know the liability out there with all the legalization, all the things that are going on. So we'll talk a little bit more about that later, but let me tell you what's going on on the ground.

So Jerry, talked to you a little bit about the ACEs, these Adverse Childhood Experiences, he's going to talk to you in a few minutes more about about trauma, but YouthBuild participants that are using substances – here's the big takeaway. Most of them are doing it because they're using them as a coping mechanism, and they're self-medicating to deal with all those things that Jerry just talked to you about very briefly around ACEs.

So number one reason coping mechanism and there's a lot of other reasons, but the number one is coping. Let me give you a few more. So a lot of times they are using it as an escape from school and family, peer pressure just to be part of the crowd, to be accepted, to be – being able to sit at the lunch table or whatever. Family influence, environment. So we have a lot of young people raising young people and a lot of times I've heard YouthBuild students say, Mr. Pat, I smoke weed with my mama.

And I said, wow. So things that are unimaginable to most of us, those are some of the things that some of these students are dealing with. Hey, everybody does it. So what's the big deal? You're going to hear that as well. Sometimes it's just curiosity. We live in a pill popping society as well. We live in this world where we take a pill to go to bed, we take a pill to get up, we take a pill when we have a backache, when we have a stomach ache. So we live in this pill popping society. So it's not no wonder that our young people are trying to take – trying to self-medicate when they feel like they're overwhelmed.

Jerry mentioned the gang influence, to feel normal, which is really kind of an odd thing. But I've had a lot of people say Mr. Pat, I don't smoke weed to get high, I smoke weed to be normal, smooths me out. And then of course, ethnic and cultural influence. And I'm sure a lot of you out there can probably add to this list as well. But those are some of the reasons that participants have been telling us that they're using drugs.

What are the most common drugs? So just like the poll you showed us, I mean, that you reflected on your answers. Alcohol and marijuana top of the list and marijuana is slowly overtaking alcohol, but alcohol is still been number one most commonly used drug, and abused drug. So that's our society right now. We all know what's going on with marijuana. When we did this starting in 2010, which is almost a decade ago, opioids was probably number eight or nine on this list.

They've jumped in the last several years to number three, and that's the opioid epidemic that you hear about. And that our government is starting to throw some resources at. Cocaine, heroin – heroin's making a resurgence because of the low cost. We still have club drugs that are showing up – ecstasy, mollies, methamphetamines in some places.

So some of you are probably seeing some of these drugs as well in some of your work. And then of course, one of those that you can kind of start to keep your eye on is vaping. This is one that I'm predicting is really going to jump up with our young people and dabbing and using the vaporizers on vaporized marijuana. So we're going to see that I'm sure coming up soon.

All right. A couple of trends just to be aware of, prescription drugs we know about, poly drug use, which is mixing multiple drugs and alcohol. A lot of the overdoses, a lot of the things that you hear about really evolved poly drug use, vaping which I just mentioned, and you're going to hear this term dabbing.

So if you hear that, you'll know that that trend is THC with vaporized products, mollies and laced mollies, and then the one that kind of scares me is the primos, which is marijuana laced with anything. And right now they're lacing a lot of marijuana out there and these kids don't know what they're getting.

All right. So here's the update around marijuana. So as of maybe a week and a half ago, we now have 11 states that have legalized adult recreational use for marijuana, Colorado, Washington, Oregon, Alaska, California, Nevada, which our peer presenters are from today. So they can tell you firsthand about what's happening in Nevada. Massachusetts, Maine, Vermont, recently Michigan, which I know we have people on from Detroit and then Illinois, which suggest legalized about week and a half ago, including Washington DC.

So those 11 states have legalized recreational marijuana use for adults. Marijuana is now legal for medical use in 33 states. So you may see students talking about, hey, I've got this medical marijuana card. We need to be aware of what our conversation is around that. The other thing that you really need to know is that in the next few years, we are projecting another 10 to 12 states to legalize adult recreational marijuana.

So at that point, you're talking about half the country and instead of us being able to think that this is just something that somebody else who's dealing with, it's got to be something that we're all dealing with; OK? That's the norming of this that's coming down the road.

What's our message around this? So our message has to be consistent. Let's think about this for a second. So our goal, the reason we're doing this work, the reason we've been tasked to do this is to move participants into a career pathway that offers a living wage and growth potential. And it doesn't matter what the drug is, there'll be a drug or the week forever. If drugs and alcohol are an issue, none of this is possible.

So our message is, we must convey to the students that they will not get hired, or if they happen to get hired, they will lose their employment if they fail drug test or if they show up to work under the influence of any substance. The legalization of marijuana does not change that message; OK? So that's an important message. That's an important takeaway that no matter who your employer is, you can't show up under the influence of drugs and alcohol.

We recommend a comprehensive approach, which includes a combination of Substance Abuse Education, Screening and Assessment, which I'll talk about in a few minutes, Motivational Interviewing, some Drug Testing, Brief Interventions, Counseling/Case Management, Referrals, and Sanctions. So the sanctions means you still have to have rules. You can't throw your rules out the door. All right. We'll talk about that a little bit more later, but I want to throw it back to Jerry and Jerry is going to talk to us a little bit about case management. Jerry?

MR. KOLKER: OK. Thank you, Pat. I appreciate it. So let me just summarize a little bit. We have a difficult job because in one hand what we're trying to do is get people ready for the real world and the restrictions that the real world will place on people such as drug testing. And yet on the other hand we're also trying not to demonize the use of things like alcohol, meaning that as you have at one drink, you're going to go to hell or something like that.

We're trying to normalize this and that's why we call SBIRT a harm reduction program, but try to understand, for me the challenge has been doing this type of work is that we have to get young people prepared for what it means to transition to become an adult and be in the outside world. And when you want to do that, you've really got to get them ready to pass, get their GEDs, get ready to take exams, to know about career choices, to do all the things that are so important for young people to be doing. So assessment about where the person is, who they are, what they want to do is a critical thing.

And as I pointed out to you before, there's always something that happens to me right before I have to give a presentation. And the thing that comes up to me that's so important is I just recently got someone referred to me who was a mother of a child that is starting to use drugs and alcohol. And the first thing she said to me was that I need you to go and talk to that person and get them straightened out about what they want to do.

And I said to her, don't you think it'd be a good idea if I got to know that person a little bit? Don't you think that's an important piece? And she said, oh, of course you're right. So I cannot overemphasize the importance of any of the work we do is to try to get to know the young person. It's critical importance to know who that person is and to establish their trust.

So I wanted – the most important thing I want to say to you is that in order for you to work effectively with a young person, they have to feel comfortable walking into your office, which means that using the case manager and the person as a punishment vehicle in a program usually does not work.

So the phrase of "go see your counselor" means you screwed up in some ways it's not going to be the way things happen. The second thing is to understand that it's based on individual and program goals. Case management occurs within the YouthBuild program that ensures that it fits in with what the program is doing and what the program inspires still.

So let's move to the next slide and move that on. So what we're looking at in a good case management program, is all the concrete things, job matching and placement, career planning, preparation and training, assessment, finding out what they're interested in, what type of courses they can take, there are those are what we call the concrete things and no amount of psychotherapy in the world can replace the fact that we need to know who the student is, what their career goals are, and how we can get them on the right path.

So unlike traditional psychotherapy, what we do in YouthBuild is we're very practical. We want to figure out where do you want to be? What do you want to accomplish? You really want to be a doctor? Do you know what that means? This is what – you know what medical school is? Oh, you don't want to be that. What would you like to be? And you have to have knowledge of what postsecondary education looks like, how postsecondary education work, what are the career opportunities.

So those are all the concrete things why we call it case management. Hold – so please be aware the fact that we moved to the next slide, that case management affecting this is this, but none of this will work if you don't have a relationship with that person. If you're look on the left slide, get to know the participant, develop trust, build rapport, motivate, support, ensure confidentiality, which is why when you meet with the young person YouthBuild program, get to know them.

And the way you get to know somebody is to be curious about them. The greatest compliment you can pay anybody, especially somebody in YouthBuild, is to actually be interested in who they are. Because we're in what we call the meddling professions, we always want to make change. That comes from a good place in our hearts. But if you start making change in somebody before you get to know them, they're not going to listen.

Nobody on this call ever responded to someone telling them what to do the first time they told them that. I don't care if it's your parents, your coach, whoever it is. So find out who that person is. Listen more than you talk. Seek to understand them. Ask clarifying questions like, so what do you mean by that? Tell me about this. Your friends go out and you don't want to stay home. So you go out, you drink too much, so what's that like? To be curious is the most flattering thing you can give somebody. That means you are genuinely interested in who they are.

So we'll move to the next. OK. Case management essentials, the individual development plan. What are their goals? That's that concrete hard stuff. Work with specific objectives in the service plan of action needed to achieve the identified goals. Document services provided in results. So you hear them talking about concrete stuff. You say you want this career, this means postsecondary education. What do you need to do to get into a postsecondary? You've got to get your GED.

All right. How do we go about getting you your GED? So it's very task-oriented. It's very much determined about what you want to accomplish and how can I help get you there in one piece in a good way? And in order to do that, you've got to go slowly non-judgmentally, and say, so how did you do last week on you were going to register for community college. How'd that go? And some – oh, I didn't get around to it. You say, well, is it important? Yeah. Well, what do you think? What's going to get – what's getting in the way?

It's got to be a dialogue back and forth about what they want, what they're doing, what they're not doing to achieve what they want. And the minute it becomes punitive, you're going to lose the person. But also the minute you don't hold people accountable for what it is they said, you're also going to lose the person. So it has to be this give-and-take of, you said last week you're going to check out the community college and you didn't do it. What do you think got in the way of you doing that? It's got to be curiosity but doesn't mean it's a get out of jail free card.

Documentation. You've got to write down what happened. You've got to make sure, and I'm not great at it, but you've got to basically be able to take some notes to say, what's the information? What this person wants to do? And make sure that you've got a trace so that if you're not there or if you change jobs or something like that, the person who's taking over for you have some way to follow up on that.

Let's move forward. Case management essentials. I can't overestimate the fact that the only time you're seeing somebody is if they're in trouble, you become the assistant principal that nobody wants to see. If it becomes as many YouthBuild problems unfortunately do, you're screwed up. Go see your case manager. Oh, go see your counselor. If that's the way it works, then that counselor is seen as the hammer when you've made a mistake.

So I fully support your idea, there's got to be consequences for behavior of course, but that's not the case manager's job. The case manager's job is to say, if you continue to do that, this is what's likely going to happen. So you need, as the case manager, to tell them that the hammer exists. But in my judgment, you're not the person to wield the hammer because it's kind of hard to have a hammer in your right hand and your left hand try to help somebody.

Don't just meet with participants when they're in trouble and use motivational interviewing techniques, which we don't have the time to go into in great depth here, but I highly recommend, certainly people have been in the SBIRT program for the last five years will talk about this. We will be going forward doing another 50 programs around SBIRT and motivational interview.

But in a nutshell it basically says that you are trying to find out who this person is and what will motivate them to make change. In the 40 years that I've been doing counseling therapy, YouthBuild work, nobody changes because someone told them to do it. The change takes place when they themselves feel it's time to change and no one's been able to ever figure out what is the moment when somebody started to make change.

But if you're using MI or motivational interview techniques, you're going to ask people, so what do you think gets in the way of you not stopping drinking the night before you're taking – going to class? What do you think is happening? What is it you'd be willing to do to change? And the person might say, well, I might not smoke marijuana that day before I go to class – go in because they're giving you a drug test and I don't want to flunk the drug test.

You work with getting the young person to identify what it is they want to do. You support them, but it would be nice if it worked if you just told me do it and they did it. That's where people like to say, but that's not how people make change. They have to own the change and the way you help them to own the change is by exploring with them what it is it will take to make change. What small goals they can achieve in a short period of time. Maybe instead of smoking week five days a week, you'll smoke it three days a week.

It's an incremental approach to meet the student where they are, what they're interested in, and what they're willing to commit to, what they're willing to commit. And one of the favorite techniques we do in motivational interviewing is we'll ask on a one to 10 scale, what is – how important is it for you to cut back on smoking marijuana as much as you do? And it could be that one it's not important at all to me.

And 10, I'm going to change my behavior tomorrow and the years we've been doing this, nobody ever says a one. And you say, pick a two. How come you didn't pick a one? Why did you do that? And they'll say something like, well, I sort of know that if I keep smoking a lot of weed, it's going to be hard for me to get a job.

So you say, oh, interesting. You didn't pick one, which means who cares? I'm not changing nothing. And you say to them, well, what would take for you to get a two, to become a three or four? And the person might say back to you, well, I guess I could smoke weed only on the weekend, but not during the week. And you might say, hmm, are you sure you want to do that?

Once again, don't go for the low hanging fruit. Don't say, oh, good. Check that box. Oh, you're willing to do that? OK. Is that – oh, all right. So we're going to meet in two weeks. You think you can come back and say that you didn't smoke on the weekend or you did smoke? They say, I think I can do that. What you've done is incrementally put the power in the hands of the student to make their decision about what change they wanted to make and hold themselves accountable for it.

And that is a critical change because they own the change. You don't own the change. You're not forcing them to make the change. They're buying into it. And chances are they may come back in two weeks and say they didn't do it. And then you would say, well, what do you think got in the way? And then you might say you want to take another shot at this? Again, the powers is with the student to make their own decision. You might occasionally say, well, if you fail the drug that she probably won't get a job.

And they may see, yeah, well, but it's a back and forth type of thing. The last thing I want to talk to you about in case manager, or I think the last thing is that in the world – unlike doing therapy with wealthy clients where their problems are internal but not about the external world, our YouthBuild students and most of the human population are dealing with a whole bunch of other things, child care, housing issues, health issues, legal issues.

So in order to do effective case management, we don't have to be experts in this area, but we have to know – we have to know where there's housing for homeless people, we have to know how to get legal assistance. We have to have a network of people that you can pick up a phone with and say, look, I'm having this problem with this person who really need some legal help. We have to know the different sections of the environment that we're working in. And then give you underscore, I know that already.

And when we hear later on from the presenters of the program that we have, you'll hear about how incredibly connected they are to that world. So I can't overemphasize the fact that you don't have to be an expert on legal healthcare, child care, any of that. You just have to know where the bodies are, who you can speak to, and who you can make a call to. Because sometimes they'll call you for some help. So that's an important thing. Go to the next one.

I think – relation- – just to recap, relationship is first. Without this, the game is over. Assessment. You have to figure out what's happening and you've got to constantly amend that assessment. Participants may not know how to make informed choices. So you have to help them figure out what matters to them. Changes and choices will change. It's the nature of human beings and especially teenagers to change their mind. Use MI, and as I said, we're going to be having a new program, but there's lots of materials on motivational interviewing.

There's lots of help we can provide you. I'm sure the Department of Labor has help on that. YouthBuild has help with that. It's a very effective technique to work with young people. And the thing on the right hand side is have milestones and timelines. Set yourself things that are attainable, set up something that seems small, but they can come in two weeks later and say, I did that. Have people dream big, but always encourage them to be realistic.

The artistry in this work is to have people dream, encourage them to be realistic without raining on their parade, which is talent in this. And then remember that it's not just the case manager that deals with the emotional wellbeing and progress with the young person. It's everybody's job in the program. It's everyone's job in the program, which means you have to have case conferences, you have to talk to the construction people.

People have got to come together and talk about these things because very often somebody on the construction site has an insight about a young person that a case manager does not have. And very often the teacher might notice something such as the young person falling asleep in class that has nothing to do with drugs and alcohol, but maybe a learning disability that he or she has detected. So it really requires a team approach to deal with this and I highly recommend that you have periodic case conferences where you bring in the different parts of the organization to discuss young person; OK?

OK. Trauma. So why – what's the big deal about trauma? Why do we care that it's – it's in the newspapers, it's everybody. Everyone talks about it. So I'm going to make this brief, but I think important. Trauma refers to intense – oh, I got to go back to the next one. Trauma – let me go to the next slide, please. Trauma refers to intense and overwhelming experiences that involved serious loss, threat, or harm.

They may come in any time in a person's life and they often overwhelm the person's coping resources. I would say to you that if you put me into a high school classroom in New York and gave – put the geometry regions, I don't know if anyone on the phone's from New York state where they have regions exams. If you put the geometry regions on the screen, I would be re-traumatized. I would at that moment feel all the feelings I had as a 17-year-old kid who didn't have a clue about understanding high school geometry.

And that's really an important thing. So what I did was I dropped out of the class, I took the flight response, I escaped from it or else I said, this is worthless, who needs it? That's the fight response. So I want to just ask folks the questions, do you consider your program to be trauma informed? Is this something that you feel your program has got their arms around? And be interested in hearing what people have to say.

We got a lot of yeses, we got some no's. OK. So we've got a pretty good representation. Oh, keeps moving around although above 50 percent on trauma informed, which is really encouraging. Now 21 percent. And so why is it important to know about trauma? What's important to know about trauma, as we talked about before is that trauma is not just one horrific thing that happened to you like we see in the movies where you – something terrible happened. You're traumatized for life.

Trauma can be a steady influx of things that are terrifying, such as being homeless, being beaten by a parent, watching your parents do things that were not good. Those are the thing that – hello? Can you hear me?

MS. MCCALL: Hi. I can hear you Jerry. Hi. Can you hear us still Jerry?

MR. KOLKER: Can you hear me?

MS. MCCALL: I can hear you –

MR. MCNEIL: Yeah. Jerry, you're fine.

MR. KOLKER: OK. Good. I got disconnected for a second. Sorry. Those are the things that will send people into two fundamental ways of being. And one of them is the flight response, which is to shut down. It's a way that people survive. They survive by shutting down and you hear it all the time, YouthBuild students go, I don't care. Doesn't matter to me.

Those are the things that are so important for us to understand. The other thing is the fight response, the fight response where you will hear somebody say, nah, I don't care. I'm going to fight you. It becomes a way of dealing with adversity in the only way that student was able to deal with it to survive. So I want to impress upon people, and I keep repeating myself that those things were very important.

If you had a fight response that was something where you only fought against people, then it's very, very important to understand that, that was a learned behavior that a young person did in order to survive. It helped them get through a period of their lives when they could not find any other way to deal with that. The flight – the flight – the flight response is checking out, checking out of the conversation, going unconscious, being numb. And we all know what that's like when we see a student who slouches in a chair and goes numb on you. That's a very important piece of this. So how do we deal with this issue of fight and flight?

The way to deal with that is understand the impact in prev- – understand the impact and the prevalence of trauma. Communicate with compassion, promote safety, earn trust, embrace diversity, understand that you are going to be sympathetic and empathic. So when somebody is saying, I don't care, it's not a time to say, well, you should care. If you decide to say, well, you say you don't care, you – really? You don't care?

Well, I care a little bit. That's a learned response of I don't care. If they're fighting you and dealing with you because that person hasn't distinguished you from an abusive person wearing a suit who had more power over them. But you do, even though you may not be wearing a suit and you think you're cool, the fact is you're in an office talking to someone that is a form of re-traumatizing somebody.

So always be alert to the fact that somebody can be re-traumatized on an instance notice if they're experiencing trauma. That's all I'm going to say to you about trauma because there's so much more to be said about it. But it really shows that you can't go wrong by paying attention to the issue of trauma. And I don't want to stigmatize and say everybody in YouthBuild's been traumatized, but you won't go too far wrong by saying that some of the things that contribute to trauma have probably been present in all, almost all of YouthBuild students' lives.

So the maxim that I teach my students about is go slowly, speaks softly. You don't have to solve every issue at the moment. You can gently achieve comfort with somebody. You can be playful and you don't have to treat each time you're with somebody as you've got to walk out at the end with the victory, because that's not how change works.

It works by gaining faith, getting trust, and slowly helping that person figure out what's the best path for them, alongside the good advice that you're giving them in the process. So I'm going to turn this right back to Pat McNeil now, as – and later on when we have time for questions. I'm happy to answer questions about trauma. I don't want to overstate it to the point where you're going to look at everybody as traumatized, but I'm pleased to hear that many of the programs feel they're trauma informed and it's an important thing for us to know. Pat, you're on.

MR. MCNEIL: Thank you, Jerry. So great information, very valuable, from a lot of years of experience. I'm going to spend about five minutes talking to you about SBIRT and I'd like to be able to have a good portion of time for you guys to hear from our peer presenter program.

MR. KOLKER: Absolutely.

MR. MCNEIL: From Reno, Nevada. So I'm going to spend a few minutes talking about SBIRT. So you've kind of heard this acronym being thrown around from time to time, if you've been around for a minute, called SBIRT and you're like, what in the world is that? I'm not sure – a few of you are part of the SBIRT, so you know, so SBIRT stands for Screening. It's an acronym, obviously. Started stands for Screening, Brief Intervention, Referral to Treatment. It is an evidence based intervention that we have been piloting, ground testing for the last several years. It actually works. It's a tool to add to your toolbox of things that work.

And we have a daunting task in front of us. We're trying to affect change in young people and we need every tool that we can get that works. So I'm going to talk to you a little bit about SBIRT. So the purpose of SBIRT is to try to enhance participant intrinsic commitment to change. What is intrinsic? Self-motivated change.

We want the students to own their change. They will – it will be lasting. It'll be effective. It's their change, intrinsic change. Advance the theory of harm reduction. So we are not trying to be the moral authorities and tell adults how to live their lives. But we are trying to say that if you want a job and this is what it's going to take to get that job, if you want to keep that job, this is what it's going to take to keep that job.

If you want to – if those are your goals, these are things you're going to probably have to do. So harm reduction, asking this may not be something that is an end goal. Use – as Jerry mentioned, use of motivational interviewing, post-program mobility, the past employer drug tests, obtain and retain employment. That's the purpose of SBIRT. So what is screening? Screening, when I was a YouthBuild director, we thought screening was peeing in the cup. It's not. That's a drug test. That's a urinalysis; OK?

Participant screening is pretty much a written test or a very short questionnaire that tells you a little bit more if they're honest – the students are honest about what's going on with them. And they're – how drugs and alcohol affect their life. Screening is something we recommend to be universal to all YouthBuild participants; OK?

So we're going to talk a little bit more about screening tools and we can definitely provide some of those to you. But as a staff person, it provides you with early information needed to effectively work with participants, and it gives you the ability to tell the students that, hey, your answers are confidential to a certain extent; right? With the caveat of if they are providing the potential of harm to themselves or harm to others, then that confidentiality does not exist.

It's incumbent upon us to always promote safety and to use the protocols that we know when somebody's in real crisis or real trouble. What are brief interventions? Well, it says brief and it says an intervention. It really is a kind of prescribed sit down conversation with the student between a YouthBuild staff person and a YouthBuild student or participant several times during the program.

Um, I think they can be planned. I think brief interventions can also be unplanned, just depending on the situation. But they're evidenced based practices designed to motivate individuals at the risk – at risk assessors use disorders or self-harm to change their behavior. Motivational interviewing techniques are a big, big part of brief interventions. For those of you that want more information about that or want to join our SBIRT initiative, so that you can get some in depth training on how to do this, be sure to send us your information or reach out to us and our contact information will be on the screen at the end of this presentation.

Motivational interviewing, Jerry has talked about this a little bit, but it's really more than just listening. It's also listening with a quiet mind and tuning in to that person's – where they are. Their meaning and stage in life and really being nonjudgmental and just being as open and understanding as you can to the journey that they're on. It's paying attention and understanding where that person is and so that you can ask the right questions. So that in a nutshell is SBIRT. The RT in SBIRT stands for referral to treatment.

Ninety five percent of our YouthBuild students are doing risky behaviors that they can affect change and they are not at a point where they need inpatient treatment. Ninety percent of our students, 90 to 95 percent of them, there may be five or 10 percent of them that do; OK? But for the most part, our students are at a point where they're doing things that 16 to 24-year-olds do and they have the ability to make some changes.

So I want to – right at 3:00 o'clock, I want to be able to hand it off to our peer presenter program. And let me just tell you a little bit about the Children's Cabinet, and Jeremy Stocking is going to tell you more. So they're located in Reno, Nevada, out west. They are a longstanding program. They've been with SBIRT since the beginning. They've had motivational interviewing taught at all the different elements of their program and they're doing great work.

So I'm going to turn it over to Jeremy Stocking from the Children's Cabinet. They're called Washoe YouthBuild in Reno, Nevada. So Jeremy?

JEREMY STOCKING: Thank you, Pat. I appreciate it. I just first want to start off and say I have implemented YouthBuild since 2013 and I appreciate this opportunity to present our program. I'll give you a little brief history of the Children's Cabinet. We've been serving northern Nevada since 1985 and due to the gaps in services in our state, we now have locations in southern Nevada as well.

The mission of the Children's Cabinet is to keep children safe and families together. In order to fulfill this mission, we take a holistic approach and offer services that are listed below, crisis intervention, case management. Obviously my favorite is YouthBuild and we have parenting classes and family counseling. The great thing about the Children's Cabinet is all of our services are free, so Washoe YouthBuild, this is just a picture of our youth working at our vocational training site, which you guys will hear more about.

So community partners, we really wanted to stress the importance of community partners in order to develop a successful program. We identified key partners in the community. These partners are active members in all processes of the program, starting with development, implementation, and sustainability.

In order to do what we have regularly scheduled meeting, we talked about concerns, community and state legislative changes, and any corrective action plans that are essential for the program's success. These are all important elements of the program. These directly influence the effectiveness the program has on our youth and also has effectiveness the program has on our community. Without partnerships like the ones listed below, our program would not be successful. Partnerships are key in the foundation of YouthBuild.

So below we have Truckee Meadows Community College. They've been a great partner throughout our YouthBuild partnership. They are the ones that offer the vocational skills training, our youth meet there on a weekly basis. Community Service Agency, we partner with them and they are able to implement our follow-up services. Habitat for Humanity. we do our onsite work experience and when we collaborate with Northern Nevada Literacy Council for our HSE preparation.

So again, employment and the apprenticeships and the partnerships, we're actively working on preparing these youth for the workforce. We want our youth to have careers when they exit the program, not just jobs. We continually meet with our partners to see where their needs lie and how our program can fill those gaps. This would include who, what, when, where, and why. I can't stress enough that that consistent messaging is key between our community partners, our staff and everyone that is involved in YouthBuild. And this will help keep the youth motivated throughout the program.

So in regards to our partnership, the Laborers Union has been an amazing partner throughout this process. We created a constancy profile, the profile addresses the expectations needed to enter into their program. Excuse me. The youth and the interrupter have to sign up on the skills measured for the Children's Cabinet policy. The youth must submit a clean drug test before the construction manager writes a letter to the Laborers Union.

And then once this is complete, the youth are eligible for direct entry into the Laborers Union. So here in Nevada we are one of the states that Pat has been talking about. We have just recently legalized recreational marijuana. This was one of the major legislative change that was directly impacting our program.

One of the biggest questions was how are we going to create and reinforce the drug free culture? And in order to do that, we had to create consistency in the messaging. We had to meet with our partners prior to our youth touring their facilities and ask them to deliver that message and the importance of sobriety, clean drug tests, and expectations regarding employment.

So with that drug, substance abuse policies and procedures, we – with all of our participants, they must submit to a drug test within 30 days. If a youth has a positive drug test, they need to attend – excuse me, one program that promotes a clean and sober lifestyle. If they have a second positive drug test, they need to attend and schedule a substance abuse evaluation. And then our third positive drug test participants are subject to dismissal of the program. And then we refer them to a substance abuse agency.

So in that, I will pass it over to Mr. Chris Jones, kind of give you a case study on our – one of our youth.

CHRIS JONES: Hello. Good afternoon to all you guys. So my name is Chris Jones. I'm the Washoe YouthBuild case manager and I'm going to kind of take you through identifying barriers that any YouthBuild participant may have. Of course every program is going to have a different process and resources for their participants. So this is just an example of how our program provides case management for our young adults.

So during life prep/mental toughness, we inform our potential participants about our substance use policy and procedures. So there are no surprises about how our program deals with substance use. And actually it pretty much starts before that. When we have informational meetings, just letting people know about our program, we let them know at that time like, hey, we need to have a clean program. And sobriety is a must in our program.

So I want to kind of go through like a case study with this referral, number one, we call him Mike. Through our referral application we are able to start identifying existing barriers before he has been accepted into the program. So with Mike, we know he comes from a single parent household. He's in a low income situation, a high school dropout, he was referred from youth parole; right? So he attended an informational meeting, and then he did attend life prep daily and he participated in team building exercises, completed his pre-HSE, his pre-(inaudible) assessments and interviewed for a position in the program and was accepted.

So on the first day of the program, our case manager will begin administering these assessments that you see here with our young adults. So one thing to keep in mind, some of our participants may not be comfortable sharing personal information with someone they barely know. So it's important for our YouthBuild staff to start building those relationships and dialogue with our young adults during life prep.

So once they're accepted, there is a rapport that's already been established that may help the case manager get honest answers from these assessments, which is going to be key. So we could better identify those barriers and start providing services and creating goals with them. So from Mike's referral and assessments, we were able and started creating a rapport with Mike and we're able to identify the barriers that you see below.

In order for Mike to start in the road to being successful in the program, we start providing services that will help Mike and his family so he can focus on participating in our program with as little disruption as possible. So some of his presenting needs, as you can see here, were financial struggles, substance abuse, he obviously was a high school dropout, so he has those educational needs. There was some mental health concerns and he was in a single parent household where he had a sister and he was having to actually do some babysitting while mom was at work.

So there was a childcare need there and food and security. So with that, we were able to start creating a budget with Mike, budgeting his stipend and his onsite paychecks once he started doing that. We started doing some SBIRT with Mike, HSE prep were YouthBuild, referred to counseling, and we created a safety plan because of some of those mental health concerns. Referred him to the Children's Cabinet childcare subsidy program for his childcare and referred him to the Children's Cabinet food bank.

So as we know, there are many different barriers that the population that we serve can have, so I want to focus on one of the barriers that Mike had, which was substance use. So through his expert screening and initial drug tests and building that rapport with Mike, we were able to find out that Mike had a substance use issue prior to enrolling into the program. So Mike informed staff that he was a daily marijuana and alcohol user until about eight months before our program started.

With the help of his mother, parole officer, and pastor, Mike was able to stay clean but has admitted to wanting to use if things aren't going right for him. So Mike did have a negative drug test when he came into the program, but he scored in the risky level according to his SBIRT score, which showed that he had been using within the last year. So at that time we were able to identify where he was at on his readiness to change and begin motivational interviewing and daily brief interventions with Mike.

We know all programs have different program structure and resources, but our case managers are actually in the classroom and on the construction site at all times. And that gives them the perfect opportunity to do quick check ins or quick brief interventions within the participants that are experiencing substance use issues.

So with him, with Mike, we were just doing the brief interventions throughout the program. And like I said, some of our participants may have substance use issues during the program that may lead to other actions being taken, whether it's referral to treatment or getting them into some inpatient treatment. So in our community we are able to have a few substance use partners for our youth. Some that specify whether they're under 18, some inpatient treatment or if they're over the age of 18 or just general counseling.

So these are some of our partners in the community. So with Mike joins case wound up the program, Mike was able to stay clean with the help of his support systems and was able successfully complete his individual development plans and he obtained the following certifications, which was OSHA 10, First Aid CPR, his MC3 Certification, his HSE, and he was able to obtain a HVAC certification.

So while Mike's began his career plan, we continue to do brief interventions with Mike. Now these interventions were not as frequent but necessary for him during the transition out of the active portion of the program; and to provide follow-up source services during that portion of the program. Mike was able to apply for employment in the HVAC industry. And Mike was referred by Truckee Meadows Community College staff and Washoe YouthBuild staff. Now, as a side note, the way that we have set up our policies and procedures, if any one of our participants want to get into the construction industry with one of our partners or just general employment, we actually have them drug tests before we send them over to do an interview and apply.

We want to make sure that we're sending the best candidate over to these jobs in the construction industry. And we have to learn the hard way. We have had a situation in the past or situations in the past where we've sent young adults to do interviews or apply for jobs and they did not pass the drug test. So we want to ensure that we maintain good relationships with our partners in the community. But that being said, that is our presentation for Washoe YouthBuild.

MR. SMITH: Great.

MR. JONES: Any questions?

MR. SMITH: All right. So feel free to type in any questions in the chat box below that says main chat. We had so much good info. I mean, all of our presenters were really, really good. I feel like I learned a lot. But definitely if you have any questions, feel free to type in that box right there and our presenters can have a dialogue with you and get you some info, anything that you need.

Wow. While we're kind of waiting for some of that information to come in. Pat, would you mind maybe just talking a little bit about maybe just some of the more recent challenges you may have seen recently in terms of dealing with youth or substance use or trauma. Is there anything that you've seen kind of recently?

MR. MCNEIL: So one thing I can share is that I mentioned something about a drug of a month or a drug or the week. Jerry always says that the actual drug doesn't matter because even though the countries focus on opioids right now that's going to change. We've seen these things happen in kind of in trends.

The thing to remember is that one of the conditions that's happening in our country right now is the normalization of marijuana use and the federal government has not declassified or is still a schedule one drug for the – at the federal level. And even if they – if and when they do, and they will at some point take it off the schedule one list, it still is going to be no different than going to work drunk and you can't get a job and keep a job. And the students would have to know this if you're under the influence of anything.

So what we're seeing is really the normalization of the marijuana use. And you can ask the students said, well, do you do drugs or whatever? They say, no. I don't do drugs. I just smoke weed. So they don't consider it, this society, this generation does not consider marijuana a drug. It is to them is as normal as getting up in the morning or drinking a cup of coffee. So we have to deal with that. And I think that using some of the techniques that we briefly talked about today are going to be things that are going to be really important for the programs to take away.

MR. KOLKER: So you don't make a moral argument as much as you make a practical argument about if you go for a drug test on a job interview, you're not going to get the job. So it's not a question of scaring them about marijuana. It's a question about does this make sense to you to do as you go about your career pathway?

MR. SMITH: Excellent. Excellent. And I see a question here about regarding referrals. Do you have MLUs with various agencies? And I'm assuming that's a question for our friends over at Children's Cabinet. Would one of you guys like to maybe chime in and talk a little bit about that?

MR. STOCKING: Absolutely. So, Jeremy Stocking here, we absolutely have MLUs with our partners, even the ones – what we like do is set up tours that we can go and tour each agency during the program. So the youth are able to get that expectations of what the program consists of and it's just – it's a good follow through to make sure that everyone's on the same page, ensuring those MLUs are filled out.

MR. MCNEIL: The other thing, Mark, that Jerry Kolker can talk about it a little bit. We didn't go into depth very much on the referral to treatment part. But when you're doing a handoff to another agency, there's a way to do it as opposed to just give them the address and say, OK. Go show up there. So Jerry you want to speak to that a little bit?

MR. KOLKER: Yeah. Yeah. I did just actually said it, seldom does a YouthBuild student go to a place that you refer them to. It's usually on the other side of town. It means meeting with a stranger. It means acknowledging that you need special help. So you've got a lot of things up against you when you want to make referral to treatment.

Although as Pat said, in 5 percent of the cases, YouthBuild students should be referred to something of greater intensity than just working with their case manager. In that case, it's very important that for the YouthBuild staff person to provide safe passage, to know the referral agency, to have a relationship with them, and if necessary, go with the person on that first visit because they ain't going to happen just by saying there's a place on the other side of town and here's the telephone number, go to there. And I don't think I've seen a case yet where some arrived.

MR. SMITH: Excellent. Excellent. All right. So Pat, I know you've been sort of crisscross and all across the country and you've definitely delivered sort of training all across the country. Do you ever see any geographical differences or is it just – I think you said a little bit earlier, like the drug doesn't matter, but does geography matter? Everyone kind of things, oh, no. Oklahoma's way different than anything else. You know what I mean?

MR. MCNEIL: Hmm. Good question. Yeah. So young people are young people, whether they're in rural Oklahoma or whether they're in inner city Detroit, typically young people want to try to improve their lot in life and they want to have a chance at what they deem success. And they – and so the barriers may be different just because it's in a rural area, maybe transportation barriers. And maybe in the inner city it may be dealing with subway tokens; OK?

So it can be – but the barriers really crossover. So we never try to paint everyone with the same brush. And it's important because we do trainings in Miami and we do trainings in Portland, Oregon. So from coast to coast it can be – the culture can be very different. But a lot of the things that we teach the best practices, there are takeaways in there that any program can use depending upon their locale.

So urban, suburban, rural neighborhoods, Jerry mentioned from wealthy to poverty. This is a universal issue, a universal challenge. And I'm telling you if – we've had people in the White House dealing with substance use issues. We've had people in extreme poverty dealing with substance use issues maybe for different reasons, but the issues are the same.

So one of the things that we know is that we need as many – when I was a program director, I always – I started out with this theory of, well, we're just going to run them all off. We just – we're zero tolerance. There – we're just going to run them all off. Well, guess what? That doesn't work. That does not work. You won't have a program. You won't have any participants and that is the reality in today's world. So we have to have strategies that work and bring people along.

Chris just gave you a great take through of a participant named Mike that came into their program with multiple barriers, multiple issues, criminal justice. He's on-paper, he's doing drugs every day. And by the time they had finished working with him and taking him through a natural progression of baby steps and maybe some backwards steps but still getting there. The end of the day he's gainfully employed, he's taken care of his family, he's able to have a self-sustaining income and so it's not kind of where they start. It's more of where they finish.

MR. KOLKER: Yep. So I agree with Pat, the issue of where, what part of the country we're in, unless they using a certain type of drug that it could kill you on the spot, then you've got a crisis. But generally speaking, the issues are pretty much the same. What is different is that certain programs have a zero tolerance approach to this.

And you fail a drug test, you're out at the program and the back can work in certain environments. It's not been our experience that you end up with a full cohort of students because as people pointed, there's so much part of the culture when kids get together in the evening get together, they're going to smoke a blunt and it's just going to happen that way. The real challenge of SBIRT and all the work we do is how do you use your head around stuff like this?

How do you use good judgment? It's the same lesson I think that every adult does when they have a drink, but they know they're going to be driving later in the evening. They just – they cut it, they stop or they don't, where they know they're driving that night. It's really about less to with drug and alcohol and more to do with how do you use your head to make good decisions. And so much of what we do, even though it's about drugs and alcohol, is about that principle.

MR. SMITH: Excellent. I also just like to remind any of our folks that are sort of listening in that we're going to be wrapping up soon. So if you have any questions, feel free to enter them into the box now. But we're going to be wrapping up pretty soon. I see one more in here and it's regard to funding. You know, just that funding becomes an issue from time to time. Chris, do you want to talk a little bit about maybe some of your partnership referrals or some other funding opportunities that you might found to sort of supplement this type of work?

MR. STOCKING: I can – this is Jeremy Stocking. I can talk a little bit about some of our different funding stream. So with the state of Nevada with the construction industry, when people are fined, OSHA fined, it goes into a general fund and we're able to apply for additional funds to help one with our match and then to help with other services to provide to the YouthBuild. So that's always been very helpful.

Some of the partnerships in regards to Home Depot or Lowe's, they've always been able to maybe do donation and provide match that way as well. But it saves – every little bit helps. And then we have a lot of private donations and funders that from the local level that are, have a real buy in to YouthBuild. And it's been a great partnership with some of the construction firms that are in town. And being able to have a diverse portfolio, I guess.

MR. SMITH: Excellent. Excellent. Jerry, did you have something?

MR. KOLKER: No. I'm good.

MR. SMITH: OK. All right. Well, I'm not seeing any further questions, so I think we are going to go ahead and wrap it up. You know, thank you so much for calling in. You know, I also want to just thank all the presenters. The information was very, very useful. Thank you so much. And we have some resources here.

We have some resources here – I'm sorry; we have resources right here. Please review the resources sheet. So these are direct links. You can download this whole PowerPoint and link directly to all of these resources. The first one is Real Talk SBIRT fact sheet, resources to assist in fighting the opioid epidemic, counseling and tastes management at YouthBuild programs, strategies for implementing trauma informed care at YouthBuild programs, and the concept of trauma and guidance for trauma informed approach.

So we have a couple of things that are coming up. We have a education webinar coming up on July 16th. Our MIS trainings are going to be live here in Washington, DC. We have two trainings back to back. One is going to be for July 16th and 17th, and then the other from July 18th and 19th, so that'll be here in DC. And then we have our construction training certification.

So that's our OSHA 510 and 500, and that's going to be August 19th through 30th. Then lastly, we have contact information for our presenters, Pat and Jerry, and then Jeremy and Chris. And also here's my contact information. If anything – if there's anything that you need.

Thank you again and we appreciate you joining us today.

MS. MCCALL: All right.

(END)