Home Visiting Evidence of Effectiveness: Model Prioritization Procedures

[Slide 1] >> BRIAN: Hello, everyone, and thank you for attending today's webinar. Before we begin, we want to cover a few housekeeping items.

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Now I'd like to pass it off to Amanda Coleman.

Amanda, you now have the floor.

>> AMANDA: Thank you.

Welcome, everyone, to today's webinar about how the Home Visiting Evidence of Effectiveness Project or, as we like to call it HomVEE for short, prioritizes home visiting models for examination in our literature review.

I am Amanda Coleman, a Senior Social Science Analyst in the Office of Planning, Research and Evaluation at the Administration for Children and Families in the U.S. Department of Health and Human Services. OPRE oversees the Home Visiting project. I have two co-presenters today, Emily Sama-Miller, a Senior Researcher at Mathematica Policy Research. Mathematica conducts HomVEE under contract with OPRE. Emily directs the HomVEE project for Mathematica. Lauren Akers, a Researcher at Mathematica, is the Deputy Project Director.

[Slide 2] We planned this webinar today because we noticed that there are a few common questions that members of the public are frequently submitting to our mailbox. These questions include:

1. How does HomVEE decide which models to review each year?

2. When will my model or study be reviewed if it's not reviewed this year?'

3. Where can I learn more about the process?

We are really hoping that this webinar today will address these questions for you. We're also hoping to wrap up the presentations a little bit early to allow time to answer questions from participants. You can submit those questions at any time in the Chat box, and we'll answer what we can at the end of the presentation.

[Slide 3] Before jumping into the prioritization process, I first want to orient everyone to the HomVEE project because those of you participating today may come to us with a range of background information about the project. So, what is HomVEE?

The HomVEE review is a systematic review of the home visiting research literature. Essentially, HomVEE assesses which home visiting models have sufficient evidence to meet HHS criteria for an evidence-based early childhood home visiting service delivery model. Results from our review are typically

published annually by September 30th although, as we will discuss later on, results for some models may be published later in the year.

[Slide 4] HomVEE's systematic review of the literature consists of six steps that are shown here on the slide:

The first step is to search and screen the literature.

The second step is to prioritize models for review.

The third step includes rating the quality of the impact studies for models being reviewed.

The fourth step includes assessing the models' evidence of effectiveness.

The fifth step includes reviewing implementation information for models.

Step 6 includes summarizing and publishing the results.

This webinar today focuses on Step 2, prioritizing models for review. To date, HomVEE has reviewed 46 models. Among those 46 models, 20 meet HHS criteria for being evidence-based; and 18 of the evidence-based models are eligible for funding by the MIECHV program.

[Slide 5] Now I'll give you a brief overview of how HomVEE priorities research for review before turning it over to Emily and Lauren to discuss the details.

[Slide 6] With so many models that exist in the field, we can't possibly review all of the research; so every year, we prioritize models for review. Then we review research only on the prioritized models. Prioritized models might include models that have never been reviewed before by HomVEE, as well as updates to previously-reviewed models...both models that are and are not evidence-based.

The number of models reviewed each year really depends on available resources. HHS has developed a thorough process for sorting the studies and ranking models for review relying on information about the studies themselves, the models they examined, and how much time has elapsed since the last time a model was reviewed. Specifically, prioritization involves calculating and applying study-level points; calculating and applying model-level points; weighing the scores and sorting the resulting list to identify priorities.

Now I'll let Emily tell you more about how these prioritization criteria operate in practice.

Emily?

>> EMILY: Thanks, Amanda.

First, I'll describe how we assign points to each home [Slide 7] visiting study that we find. [Slide 8] We screen the title and the abstract of each study for five factors. First, we look at the study design. Is it an impact study is what we're looking for, and we tally 3 points for each randomized controlled trial, single case design or regression discontinuity design; 2 points for each matched-comparison group design. Later we'll roll these and the rest of the points up to get a model total, so the number of impact studies about a model is important.

The next thing we look at is the sample sizes of the impact studies. We give 1 point for each study with a sample size of 250 or more. Before 2013, we used a cutoff of 50 for this. Then, each study that examines an outcome of interest, as reported in the abstract, gets 1 point. The domains that we're looking for here are child maltreatment, juvenile delinquency, family violence or crime, linkages and referrals, and family

economic self-sufficiency. These domains are of particular interest because to date fewer of the studies that HomVEE has reviewed have focused on these outcomes.

Then we look at whether we can tell *where* the study was conducted. If the study sample lives in the U.S. or is an indigenous population, the study gets an additional half a point. Finally, the study gets an additional quarter of a point if we can tell from the abstract that the entire study sample was in at least one of the priority populations that are named in the MIECHV statute. Those [Slide 9] priority populations from the MIECHV statute are listed here.

They are: low-income families; families that are a pregnant woman who is not yet age 21; families with a history of child abuse or neglect or have had interactions with Child Welfare Services; families that have a history of substance abuse or need substance abuse treatment; families that have users of tobacco products in the home; families that are or have children with low student achievement; families with children with developmental delays or disabilities; and families that are or include individuals who are serving or formerly served in the Armed Forces.

[Slide 10] Let's look at a couple of the examples so you can see how these points work in practice. Here's the first one.

Study 1, just a hypothetical study, involved a group of 100 pregnant women living in Florida. All were smokers when they enrolled in the program. The home visiting intervention sought to reduce smoking among pregnant women, and it used a matched-comparison group design. So we would look at an abstract like this and figure out how many prioritization points the study earned, and the answer is 2.75 points. It gets 2 points for being a matched-comparison group design; 0.5 point because we know the participants lived in the United States because the study was in Florida; and 0.25 point because all of the population in the study belonged to a MIECHV priority population, which is families with users of tobacco products.

All right, another example of study level points... [Slide 11] this is hypothetical Study 2. This is a randomized controlled trial of 500 pregnant adolescents. The home visiting intervention that was being studied sought to help them become economically self-sufficient, and the study measured employment outcomes and use of self-sufficiency programs in the community. So how many prioritization points would this study earn?

The answer is 5.25 points. It gets 3 points for its study design because it's a randomized controlled trial; 1 point because it's a large sample of 500, so far more than our 250 threshold; 1 point for an outcome of interest, which is family economic self-sufficiency in this case; and 0.25 point for being a MIECHV priority population because these are all pregnant adolescents studied.

[Slide 12] Next, we calculate model-level points, and there are two steps here. [Slide 13] First, we sum up all of the study-level points for all of the studies that we found about a model. Then to that total we add up to 4 model-level points, one for each of the following factors:

The model being linked to a national organization or institution of higher education

The model currently serving or available to serve families

Whether the model has been implemented for at least three years, even if it's not currently active

And whether support is available for implementing the model in the U.S.

We look at several sources to determine whether a model can earn each of these four points. We look at study titles and abstracts for all studies on the model and the website for the model if we can find it and information we already know from previous years of review if it is a model whose report we're updating.

Let's look at some more examples, [Slide 14] this time concentrating on the model-level points. This is a hypothetical model, Model A; and it was developed and implemented by an early childhood center at a university in South Dakota. It was used between 2004 and 2010 and is not currently active. The model developer's contact information is available online if communities are interested in using the model in their area. How many prioritization points would the model earn?

The answer is 3 points...1 point for being associated with a national organization, 1 point for being implemented for at least three years, and 1 point for having implementation support available in the U.S. In this case, the national organization that it's associated with is this institution of higher education, this university in South Dakota. Remember, these model-level points are added to the sum of study-level points...the points for each model that we found in our search.

Now I'll just do one last example and then turn it over to Lauren. [Slide 15] Here's another hypothetical example, Model B. Model B was designed and first implemented by a group in Hawaii in 2016 and is currently serving families, but we can't find any information online about it. So how many points would this model earn? The answer is just 1 point for being currently active.

Now I'll turn it over to Lauren to talk about what we do with all of these summed up points on a model.

>> LAUREN: Thanks, Emily.

Once we have combined the study and model level points for a total point score, we weight [Slide 16] the scores for some models; and then we sort the final scores to identify top priorities. [Slide 17] The weighting step applies only to evidence-based models. We do not weight the scores of models that are not evidence-based, and I'll talk more about why later.

Weighting a score for evidence-based models ensures that those models with new research get periodic updates. For evidence-based models, the prioritization score equals the model point total...so the sum of those study and model-level points that Emily was just going over...times a weight. And that weight is based on the number of years since the model was last reviewed by HomVEE. As you can see on the screen, our weighting formula is 1 -- plus 0.1, times the difference between the current year and the year HomVEE last released a report about the model -- and then squaring the result. Here's an example to make it more concrete.

A model that's being considered in 2019 that last had a HomVEE report released in 2015 will get a weight of 1 plus .01, times 2019 minus 2015, and all of that squared; so that's 1.96. A model that had four years since it was last reported on by HomVEE would get a weight of 1.96; so in effect, the longer it's been since an evidence-based model was updated, the greater the weight applied to that model's score.

You might be wondering...won't this weighting give evidence-based models priority over models that are not evidence-based? The answer is actually "No," and we'll talk about why next.

[Slide 18] The prioritization process is designed to treat all models consistently and fairly, so it's driven by sorting the resulting scores from highest to lowest and working in that order as our resources permit. But here's a key point. Evidence-based models get sorted in one list, and the other models get sorted in a different list. This means that HomVEE has two tracks for reviewing evidence. Two tracks is a new approach that HHS created for use starting with a 2019 review.

So first, we'll sort the list for models that are not evidence-based and review the highest priority models in that track. Then we'll sort the list for models that *are* evidence-based and sort the highest priority models in that track. The number of models reviewed in each of the two tracks depends on available resources. HHS created these two tracks to facilitate review of the greater volume of models that are not evidence-based while still keeping reviews of evidence-based models up-to-date.

This two-track approach is an update to HomVEE's prior approach. Last year, we sorted all models...whether evidence-based or not...into a single list, giving more weight to the models that were not evidence-based. This year the two tracks means we don't need to weight both types of models; but using a weight for the evidence-based track helps HomVEE focus on models that have the most research and the oldest review status. There are some exceptions to this, and I'll pass it back to Amanda to describe those and wrap us up.

[Slide 19] >> AMANDA: Great...thanks, Lauren.

As Lauren mentioned, there are three exceptions or reasons why HomVEE might depart from the order on the list when prioritizing models. First, if resources are limited, HomVEE will not review research conducted outside of the United States on a model that is already evidence-based. If these reviews are *not* completed by HomVEE, the model report on the HomVEE website will clearly indicate which research was and was not included in the updated report.

Second, models we have reviewed before...whether they are evidence-based or not...are not eligible to be updated every year. Every other year is the soonest a model's review would be updated if it has been reviewed in the past.

Finally, promising approaches designated by MIECHV get special consideration. The MIECHV program may coordinate with HomVEE to prioritize review of promising approaches implemented and evaluated under a MIECHV grant.

[Slide 20] All right, I bet several people have questions that they want us to answer; so we will wrap up. But before we do, I'd like to give you an overview [Slide 21] of our timeline as it may be helpful. We do our prioritization in the winter, after we've done searching and screening the literature. This might mean contacting model developers for clarification. Models that are not reviewed in a given year will be considered in the prioritization process in subsequent years.

Then, starting in the spring, HomVEE reviews studies on the models that have been prioritized. This might include contacting study authors for clarification. Studies submitted through our call for studies might not be reviewed if the model does not have enough points to be prioritized.

Lastly, through the summer HomVEE prepares reports on each model. The results are released on the HomVEE website by September 30th. As I sort of hinted earlier, results for models that were already evidence-based are released later in December.

To close, a [Slide 22] few notes on where to find more information. As you can see on the slide, here is our website address if you don't already have it. If you're not already on the HomVEE mailing list, please join. We send a very limited number of messages each year, so we won't crowd your mailbox. We simply want to alert users when we have posted new content and when our call for studies opens each year.

That's it. Thank you [Slide 23] for joining us to learn more about our process. Now let's take some of your questions.

Lauren, what are people asking?

>> LAUREN: Thanks, Amanda. One question we received is: "Is it possible to get a copy of the models reviewed, as well as those that qualify for funding?"

Emily, do you want to take this question?

  > EMILY: Sure...the answer is, "Yes." The list of models that HomVEE has reviewed is on our website. Amanda just had the link up a minute ago. It's https://HomVEE.acf (as in Administration for Children and Families) dot hhs dot gov [https://HomVEE.acf.hhs.gov]. When you go to the website, there's a ribbon

across the top. The second button in that ribbon says "Research." If you look at "Effectiveness Research" in that "Research" ribbon, there's a list of all 46 models that we have reviewed to date.

You also asked if there is a way to find out which models are eligible for funding. I assume you mean MIECHV funding. Under that same "Research" tab, there is an item on the drop-down menu called "MIECHV-Eligible Models." If you select that on the website, it will give you the list of models that are eligible for MIECHV funding.

>> LAUREN: Thanks, Emily. Another question for you is: "Can you say more about what is a national organization," talking about the model-level points.

>> EMILY: This is from the model-level criteria in that there's a point for being associated with an institution of higher education or a national organization. One prominent example of a national organization is the Early Head Start model, which might have research that is sponsored by ACF but may not be university-based.

>> AMANDA: Thanks, Emily, I don't have too much to add; but we'll check in to see if Nancy has any additional information that might be helpful to answer that particular question.

>> EMILY: Yes, I was just going to say if the person still has a question after your answer that that mailbox address that we'll put up at the end of this is a place that we can receive specific questions someone has and get back to them in more detail; and that goes for everything.

Please continue, Nancy.

>> NANCY: That would be great. And if whoever asked would like more detail, we can definitely let them know; but I know I can say that actually is one of the requirements of the MIECHV legislation...that models then fit that. That's one of the requirements within the legislation, so that's where we got that for HomVEE.

>> EMILY: Thanks.

>> LAUREN: Thanks, everybody.

>> LAUREN: Another question is: "What does 'available resources' mean?"

>> EMILY: I think this is about the resources available for the review each year, so that would be a good one for Nancy. Nancy Margie is from OPRE and didn't get a chance to introduce herself at the outset, but that's who was speaking a moment ago.

Amanda or Nancy, would one of you want to take that one?

>> AMANDA: Sure, I can start; and if Nancy has anything to add, please jump in.

HomVEE has an annual budget every year; and depending on how many studies are available for each model that has been prioritized, it will influence how many models can actually be reviewed each year. If certain models have a large number of studies, that may mean fewer models can be reviewed in a given year. It really depends on how much money HomVEE has in the annual budget and how many studies each model has that need to be reviewed.

>> LAUREN: Thanks, Amanda. Another question for you and Nancy: "How would MIECHV coordinate with HomVEE to prioritize review of promising approaches under a MIECHV grant? Is there any other information on this?"

>> AMANDA: This may not answer the question directly...and we can follow up if sort of whoever asked it wants to send a question to our mailbox; but I think our goal with the two tracks is so that we can potentially review more models that are not yet evidence-based, including promising approaches.

Nancy, if there's anything you want to add, please jump in.

>> NANCY: No, I think that was great. Thanks, Amanda.

>> LAUREN: Great, thanks...another question we have probably for Emily this time: "Should we resubmit a report if we submitted a study in January 2018, it was not reviewed and has never been reviewed?"

>> EMILY: That's a great question, and it's one that we get occasionally from people who have submitted research. You do not need to resubmit the report. You're welcome to; but if you sent it to us, we still have it and it's in our queue. That full list of studies that we have on hand is the list that we put through this study and model-level points process each year to determine what the priorities are for review. If we have not gotten to a study yet, it just remains in our pool for consideration the next time around and then depends on where the model being examined in the study is on the priority list once all the points are totaled up.

If you're ever uncertain that something you submitted is on our radar, you're welcome to ask again. When we do receive studies from our call for studies or at other points throughout the year, we do send a confirmation message to the person submitting it so that they know we have it.

>> LAUREN: Great...another question for you, Emily, is: "For non-evidence-based models that are *not* reviewed this year, will they all be reviewed next year?"

>> EMILY: Well, that's where the resource-dependent question comes in. There are many, many models that have not yet been reviewed by HomVEE; and there are a handful of models that have been reviewed in the past and are not evidence-based but may have new research available. It seems unlikely that all models that are not yet evidence-based would be reviewed next year. We will put their research through the prioritization process to identify a rank-ordered list to decide where to direct the review resources this year.

Is there anything more, Amanda or Nancy, that you want to say about that?

>> AMANDA: Emily, I think you captured it well.

Like Emily said, it really depends on resources. We do want to be able to review more models that are not yet evidence-based; but like Emily said, with so many models in the field there's no way that we can review all models in a given year. We just don't have those resources.

Thanks, Amanda.

>> LAUREN: Another question, Emily: "Do you only review published studies? What about in-press studies?"

>> EMILY: That's a great question. We *will* review studies that are in press. We don't automatically find those as part of our literature searching when we search publication databases. But because we have a call for studies that's explicitly open a couple of months a year and because we gladly accept people's research any other time of the year that we will hold and consider when we do our prioritization process, we're happy to receive unpublished research. This might be either research that's in-press, or research that is considered...what we call "gray literature"...so perhaps funded by a state or by a foundation but isn't a journal article that we would find through our search strategy.

>> LAUREN: Thanks, Emily. Another question: "Are programs able to find out where they are in the pipeline as being reviewed? If so, who do you contact to find out?"

>> EMILY: I can try on that one, Amanda; then if you want to chime in, please do.

Traditionally we have not described where programs are in this pipeline because the pipeline is really dynamic. It shifts each year because as you can see, where a model is depends on how much research there is about a model. So even if we were to tell a hypothetical model, "You just missed the cutoff and you would have been reviewed this year if we only had more resources," first of all, that doesn't necessarily mean you would be reviewed the *next* year. Second of all, your likelihood of being reviewed the next year depends a great deal on what all of the other models produce in terms of research.

A model that just misses the cutoff and doesn't produce any additional research that we would consider the following year might be eclipsed by other models that have a whole bunch of research the following year. So that information about where a model is in the queue is not as informative as someone might think that it would be.

Is there anything further you'd want to say, Amanda?

>> AMANDA: No, Emily, I think you answered the question very well...thanks.

>> LAUREN: Along those lines, we have a couple of questions about whether HomVEE is able to let a model know what they received for prioritization points.

>> EMILY: We have not and, as far as I know, don't have plans to publish what those points are for each model. This is Emily.

Amanda, I don't know if you have anything further you want to say on that.

>> AMANDA: Not very much...I don't have very much to add; but as we've mentioned before, HomVEE has very constrained resources. And publishing prioritization scores may require additional resources. So at this time, we focus our resources on the annual review and associated items so that we can review as many models as we can.

>> LAUREN: Amanda, another question: "Will you ever consider going to a biannual review timeline?" I assume that would mean twice per year.

>> AMANDA: Well, so I talked a little bit about our timeline; and, again, this question also relates to resources. To try to fit all of the steps that I outlined at the beginning into two times a year would take a large amount of resources that we currently don't have available. We would love to be able to review more models more quickly, but the resources just aren't available at this time.

>> LAUREN: Another question for you, Amanda, or perhaps Nancy: "How are promising practices determined, and where is the list of those models?"

>> AMANDA: Is the question asking whether we have models in our list of evidence-based models that are promising approaches, or is this a question about how MIECHV determines whether a model is a promising approach?

>> LAUREN: I believe the latter...how MIECHV determines promising practices.

>> AMANDA: Nancy, would you like to take that question?

>> NANCY: Yeah, I believe for the states and territories, there are grantees who are receiving funds to be implementing promising approaches. I think for more detail information, it would be best if someone could

send in their question and we could get a response from someone from HRSA who could give that definition. But the ones that we're considering as promising approaches are the ones that are receiving MIECHV funding through HRSA.

Then I'll say from the tribal side, again, I would want to defer to the Program Office. So if someone is interested in more detail on that, if they could submit a question in writing and we'll make sure to get those details to you.

>> EMILY: This is Emily. One thing that might be important to clarify for our audience is that the part of HHS that people are speaking to and that host the HomVEE website is OPRE, the Office of Planning, Research and Evaluation, within HHS. The part of HHS that administers the MIECHV grant is HRSA; and that's a different office that makes those policy decisions, although those offices are within HHS. So those decisions around the MIECHV legislation and promising practices and what is a national organization and so forth, those all reside with the HRSA side of HHS but is not part of this webinar at the moment. That might be confusing for webinar participants who just are envisioning being on the webinar talking with HHS staff and wondering why those answers are not more at our fingertips.

Is that accurate, Nancy?

>> NANCY: Yeah, pretty much...thank you for clarifying that. I think that's a really good point. I would say though that the MIECHV program is administered by HRSA in collaboration with ACF. But we're in the research office overseeing HomVEE, whereas those kinds of decisions are made by the program offices. The tribal program is at ACF, and the state and territory program is at HRSA. But that's a really important distinction; thank you very much for raising that.

Again, we can check with our program partners to help get answers to these questions; but they aren't questions that are directly under HomVEE or the research office.

>> LAUREN: I would like to say I see some questions here about specific models and specific studies. I think let's keep the Q&A relevant to the wider group, but please do feel free to submit those specific questions about a specific model or a specific study to us directly outside the webinar. We will, at the end of the webinar, share the e-mail address where you can send those kinds of specific questions.

Another more general question probably for Amanda and Nancy: "Who was consulted when criteria for prioritization or other criteria are updated or changed?"

>> AMANDA: Thanks, Lauren.

When the prioritization criteria were recently updated, key staff from both HRSA and OPRE were involved in updating the criteria. Those criteria were updated in order to more closely align HomVEE with the MIECHV program.

Nancy, please jump in if you have anything to add.

>> NANCY: Maybe actually, yes...I guess I would just add that the original criteria was developed through an interagency workgroup across HHS in a variety of offices...including HRSA and ACF and other ones working in various areas that HomVEE outcomes and MIECHV outcomes draw from...so things like juvenile justice and domestic violence and other topics like that. But that was originally, and now the process is as Amanda described.

>> AMANDA: And is the question also trying to get at other – I think it also mentions other criteria; and so maybe, Emily, you could take that question. But I know our criteria for reviewing studies relies a lot on the What Works Clearinghouse criteria.

>> EMILY: Yes, if the person asking the question is referring to the standards for reviewing an individual study and rating that study, those standards have been the same since HomVEE began; and those standards were provided to the public for public comment through a Federal Register notice at the start of HomVEE. The same standards have been in place for the last nine, almost ten, years.

Amanda is correct there...based on What Works Clearinghouse standards for reviewing standards of similar design.

>> LAUREN: Thanks, Emily. Another question for you: "What is the point total that might put a study into consideration?"

>> EMILY: The answer where is similar to the question of whether a model might be able to find out when it might come up for review. Very simply, we don't know because it's dynamic; it changes year to year. It really depends on how many studies are available on all of the models before we could know how many studies any individual model would need to be near the top of that list. So it's the quality of information and then the information in those studies that generate the study-level points that affect a model's overall score. There's not a cutoff number that a model must achieve through its model-level points and study-level points combined in order to be considered if the relative point value compared to all of the other models.

>> LAUREN: Thanks, Emily. We have one question from someone who missed the very beginning of the webinar today and wanted to know: "How does HomVEE search and screen the literature? Is there a particular database you use?"

>> EMILY: Thank you for that. We didn't actually talk about those details at the start of the webinar, so you didn't miss that. We use several publication databases to look for published journal articles, and then we also conduct a call for studies. If you're interested in which databases we search for our literature search, our website is the best resource for that.

If you go to the website...again, I'll reference the ribbon across the top, a blue button with different topics. The blue button called "Review Process" has a drop-down; and the literature search option in that drop-down provides, if you scroll down, a bulleted list of all of the databases that HomVEE searches.

>> LAUREN: Thanks, Emily.

I think the only other questions that we haven't answered yet are relating to a particular study or a particular model, and so I think would best be answered via e-mail to the HomVEE e-mail address that we'll share at the end. But those are all of the questions that we have submitted.

>> EMILY: It might be worth just making sure that folks know too that the call for studies that HomVEE does every year is open now. As I mentioned earlier, we always welcome receiving your research, whether published or unpublished...but especially in this season through the beginning of January. If you do have studies that you want to make sure that we're considering when we prioritize models, please do go ahead and send those to us now. We will look at them along with all the other studies that HomVEE has located through our searching.

>> LAUREN: Thanks, Emily.

A follow-up to that...someone is asking: "What about articles that are under review....not in press as published articles?"

>> EMILY: Yes, those are fine. There's no particular requirement around what the status has to be of an unpublished piece of research. I will say though that if we were to – I'll give a hypothetical example. Maybe in February or March somebody sends us an unpublished journal article; and then by December, the article is published and we capture that published version in our literature search. If that happens, we

just go ahead and review the published version rather than the unpublished so that we are using the more current information for the review. But if you have something that's still being written or under review, you can go ahead and send that to us.

>> LAUREN: Okay, I think those are all the questions in our docket.

>> EMILY: Wonderful...we'll put up the – oh, [Slide 24] here's a question slide. Here's [Slide 25] our slide with the contact information for the HomVEE mailbox. You can also find that in the "Contact Us" area of the website so that it's handy to you at any time. So we can get those specific questions that Lauren was mentioning answered through that mailbox.

Thanks, Brian. What do we need to do to close the webinar out?

>> BRIAN: At this point, I'll close out the – you have a question that just came in.

>> EMILY: Oh.

>> LAUREN: This says: "Where do we submit a call for paper? Is it the e-mail address on the slide?"

>> EMILY: Yes, you can send it to that address.

>> BRIAN: And on that note, I will close out the webinar. Everyone have a great afternoon. This concludes today's webcast.