

Applying Implementation Science to the Criminal Justice and Substance Use Field - Webinar Transcript

Welcome to the National Criminal Justice Training Center webinar, Applying Implementation Science to the Criminal Justice and Substance Use Fields. My name is Justine Souto, and I will be moderating for you today.

Before we begin the presentation, there are some items I need to go over with you. Today's presentation is part of a webinar series for the Bureau of Justice Assistance Comprehensive Opioid, Stimulants, and Substance Abuse Program and the Indian Alcohol and Substance Abuse Program for the Coordinated Tribal Assistance Solicitation Purpose Area 3 grantees, as well as non-grantees focused on responses to alcohol and substance abuse-related crime. This project is supported by a grant awarded by the Bureau of Justice Assistance.

Let's try our first poll question. Which of the following best describes your role? Is it victim services or victim advocate; probation or community corrections; law enforcement; child advocacy center, social work, or mental health worker; or something other? So it looks like the majority of you are probation or community corrections personnel, followed by other. And we have a good amount of child advocacy center workers or social workers on the line too and just a handful of victim services providers.

I'm pleased to introduce you to our presenter, Dr. Anjali Nandi. Dr. Nandi is an associate with the National Criminal Justice Training Center. She is also the chief probation officer for the 20th Judicial District for the state of Colorado. She is also a published author, having co-authored nine books. Kevin Mariano is joining us as a panelist today. Kevin is a project coordinator at NCJTC providing technical assistance related to community policing, sex offender management, law enforcement, victim advocacy, and multidisciplinary and multi-jurisdictional team development. Kevin has over 20 years of law enforcement experience and has served as chief of police with the Pueblo of Isleta Police Department for over seven years.

I am Justine Souto, and I'll be moderating for you today. I am also a program manager at the National Criminal Justice Training Center, and I oversee the Tribal Justice System Planning Program, which helps grantees of the Bureau of Justice Assistance to plan and develop resources and responses to address justice-related issues. I have some experience working with tribal justice systems, grant managements, and interpersonal communications.

You will find the full presenter biography's in the handout section of the GoToWebinar control panel. Thank you all for joining us today. Anjali, I'll turn the time over to you.

Great. Thank you so much, Justine. Welcome, everyone. I'm excited to be here. And we have a really lovely small group, so my hope is that you all interact with us by putting your comments or questions into the question box. So just make sure you know how to access that. If you don't, please let one of us know. But yeah, putting your questions or comments even into the question box would be really great.

So today, what we're going to start with is really talking about what do we mean when we talk about implementation, and what is the difference between implementing something that is technical, so technical skills, versus adaptive skills? So we'll use these two terms, and we'll kind of explain those. We'll talk about implementation types and steps, what we need to do during an implementation, what drives an implementation. And we'll cover a whole bunch of examples. And then we'll talk about some national strategies, just to make sure this is pretty practical.

This is more of a heady conversation, so I'm hoping that throughout, you can either ask us to pause and give you some practical examples along the way. All of us on the panel have a ton of experience in this field. And so if you push us a little bit, we'll be able to provide you some examples of things that have worked as well as things that haven't worked.

So let's start with this piece around technical versus adaptive skills. Whenever we're talking about evidence-based practices and implementing evidence-based practices, most of these evidence-based practices require a shift in a paradigm. Meaning that technical skills are skills that, when I learn in the classroom, apply for the most part in the same way in the real world. So math is a technical skill. 2 plus 2 in the classroom is 4. 2 plus 2 in the grocery store, out on the streets, is still 4, so it translates really easily.

Driving, even though there's a lot that we have to sort of respond to on the highway, et cetera, for the most part, it's pretty technical. There's a certain sequence that I follow. And what I learn in the classroom is very similar to how I practice it and use it in the real world. Adaptive skills are something entirely different. Adaptive skills are those that need to be changed and tailored based on the person sitting in front of me or based on the moment.

For example, we could teach people to use certain skills, motivational interviewing, for example, or here's an adaptive skill, how to respond to your teenager if you're a parent. And we could go to a class. But if there are any parents on the call, you know that how it goes in the classroom is never how it goes in real life. And that's true when we're working with clients, if you're in law enforcement and you make a stop or any of those things. It very rarely goes according to plan.

And while it's really helpful, all of those skills that we've learned in the classroom, so to speak, are really helpful, we have to understand context in order to be able to utilize adaptive skills. And unfortunately, the way training and implementation has gone so far is we have learned really well how to implement technical skills, but not how to implement adaptive skills.

Let's use a really concrete example. So an example is how we work with behavior change in the criminal justice world or even in the substance use world. There's a shift in paradigm where we're moving away from change being an event to change being a process. And so the shift in paradigm, then, is if changes in events-- the old paradigm, changes in events. So therefore if the person does something wrong, we need to punish them. There's a real technical response. If the person does A, I respond with B.

As opposed to the shifting paradigm that we're talking about, where we view behavior change as something quite complex. And that if a person does A, we don't necessarily respond with B. We could, but based on the context and the circumstances and a whole bunch of other things, there might be other ways that we need to respond. So it may be B. It might be C. It might be a combination of C and D.

And so viewing it a little bit differently, that requires some adaptive skill. So we're shifting away from sort of this right answer or one answer being the right answer. But what drives adaptive skills are sets of guidelines and understandings and values, principles, those kinds of things. Another paradigm shift that we're making is looking at people's behavior as completely driven 100% by them to starting to look at, what are ways in which their behaviors might be influenced by a whole lot of societal issues.

So whether it's poverty, whether it's race, whether it's trauma or multigenerational trauma, or whether it's lack of resources in their community, we're starting to take a slightly bigger view of what exactly is driving this person's behavior. So there's a shift in paradigm. But again, this requires us to be adaptive and understand that it's not as simple as a person does A and we respond with B.

Another paradigm shift that's happening in the substance field, in the criminal justice field is the movement away from judgment and shame to what we call curiosity and vulnerability, particularly in learning. So by this, I mean that instead of telling the person that they are bad or wrong or morally problematic because they're using substances, for example, or because they're engaging in crime, what we try and do is get curious about the behavior. What exactly is driving the behavior? What's going on here?

We also get vulnerable in our learning because we understand that a lot of the outcome is not just about the client. It's also about our engagement with the client. What are we bringing to the table as professionals? We don't always assume that there's just choice, but we sort of understand this depth of trauma, perhaps, or the depth of context. Maybe that's the better way of talking about it.

And when we think about adaptive skills, adaptive skills are not learned quickly. They're learned slowly and deeply, meaning we have to kind of really slow down in order to truly understand some of these skills. So I'll use one more example of technical versus adaptive. If we view something as a technical skill-- so let's say we think that de-escalation, for example-- let's say that we think de-escalation is a technical skill, which it is not, by the way. But let's just say we come from a technical paradigm and we think that de-escalation techniques are this very sort of technical thing.

How would we go about implementing de-escalation techniques across our organization? We would send everybody to de-escalation training, get everybody trained. We would have a checklist for certain things that they're required to learn in the training. We would test them at the end of the training. And done. That's it. Everybody has been trained in de-escalation. Implementation successful.

That's the paradigm that we come from when we're thinking that de-escalation is a technical skill. But then something happens, and a client is escalated, and we're not able to translate some of the skills that we've learned. And we think, wait, there's some problem. Maybe it was the training's fault. But what we've missed is de-escalation skills work very differently based on context.

And while training is wonderful, there's a whole bunch of other things that have to happen in order for us to really learn how to de-escalate a situation. It's not quick. It's deeper. We have to be able to understand, well, in this situation, how do I know how to respond? How do I meet the clients? How do I manage my own neurology when I'm working with this person? So it becomes really complex.

But unfortunately, in our systems, in criminal justice, in particular, we tend to implement evidence-based practices, so whether it's de-escalation, or motivational interviewing, or whatever the implementation is, use of risk-need tools, we tend to just do what we call a paper implementation. So I'll give you an example.

Maybe your leader, your director of programming or whoever, your leader goes to a conference. They hear about this new thing, and they get really excited. They hear about it at a conference in a completely different location. They get excited about it. They come back and they say, OK, folks, we need to implement this. Right?

They haven't seen if this thing that they're excited about is actually applicable to our group, our community. They haven't thought about, do we really have this need? They just get excited about it. And believe me, I've been in these shoes. Get really excited about it and say, OK, we've got to do it without really doing a needs assessment.

And we say, OK, how do we implement it? We just have to do this one training. When we're done, it's all over. And then somebody asks me, have you implemented this thing? I say yes. That is a paper implementation. Because on paper, we have provided everybody this training. That's paper implementation.

A process implementation is where we not only provide people training and can show that everybody has a certificate, but we have changed some processes in order to support whatever this implementation is. So whatever this thing that I got excited about, we've moved some processes around. Maybe in some of our standards, we've changed some language in order to reflect that we have implemented this thing.

So maybe some of our expectations have shifted. And so that is a process application. We change some of our processes to match whatever this evidence-based practice is. A performance implementation goes even beyond this. A performance implementation, what we're talking about there is not only can we check the box and say yes, everybody's changed. Not only have we changed the processes.

But we are actually measuring to see whether our training has had the impact that we would like. Meaning, are people actually utilizing de-escalation skills, as an example? Are they actually performing differently in the field? And then the next question is, is this making a difference? Are there fewer uses of force, for example? Or is there something different about the implementation?

We're going to launch a poll exactly about this. So paper, process, and performance implementation. And so Justine, here is the poll. And the question really is, what type of implementation most often happens in your organization?

53% said paper. 29% process, and 18% are performance.

Great. Excellent. And, folks, I so appreciate you responding to the poll and your honesty, because most often we still see paper-only implementations. So the fact that about half of you said that that is what happens in your organization, even till today, even though the science has been around for a little while, we're still seeing mostly paper implementations. And often because we miss that the skill that we're trying to develop or the evidence-based practice that we're trying to use is actually an adaptive skill, so definitely very common.

And then about a quarter of you said process, and then we had about I think 18% were performance. Great. If those of you who said performance, if you could put in the question box-- and Justine will be able to see this when you put it in-- if you can put in the question box what kinds of things you've implemented at the performance level, that would help me structure some of my examples. So that would be really helpful, if you don't mind doing that.

Sorry. Sorry, Anjali. I was just going to say that it really takes some time on the part of a program to be able to implement something like that because so much-- especially in Indian country, our programs are understaffed and overworked. So that's a challenge, to take a step back and look at, what are our processes or procedures, and how do we measure the performance on that?

Yes, you are absolutely right. And in fact, that's one of the first steps to implementation. So we'll be talking about exactly what you just brought up. How do we start just by understanding, what are our needs, and then what are our barriers? What do we have and what do we not have? So if we are understaffed and overworked, what does that mean?

And so what can we take on? What can we not take on? That exploration really needs to happen right up front, as opposed to just rushing into something and then recognizing that, oh, we don't have the resources to continue it. Unfortunately, when we do that, though, we end up blaming the program for not being successful versus thinking about our responsibility in it and recognizing that we actually didn't do a good implementation. That's what the failure is. It's not the failure of the program.

The other thing you asked, Justine, was, whose responsibility is it? And it is the responsibility of the organization doing the implementation of whatever the evidence-based practice is. So they could engage a trainer, but the trainer will not be able to follow all the way through. It's really the organization that needs to be gathering data. And of course the trainer could help. Consultants could help, for sure. But it requires sort of all of us to be involved in this. And we'll talk about the responsibilities as we go along.

So just like Justine was talking about, that we sometimes suffer from a lack of resources, it's really important to make certain considerations first. And we start with, are we accurately identifying what the issue is? Are we paying attention to what is really the problem here? Is the problem substance use?

And if it is substance use, what exactly is underneath that? Is it a lack of treatment resources? Is it that we actually have a ton of treatment, but people are not getting to the treatment provider because we're not identifying people who need the services? So the issue isn't a lack of service in the community. Maybe the issue is referral sources.

It could be that the issue is a lot of folks are getting missed at the medical intervention level, meaning they go in for a medical issue, but at the doctor's office, they're getting missed right there. And there's no referral process to send the person from the doctor's office to a behavioral health person. So it's really helpful to identify what exactly is the issue, or maybe none of that is the issue. Maybe there are really strong referral sources, et cetera, but the issue might be that we are dealing with some pretty heavy-duty-- the substances, opiates, for example.

And maybe we need some medication-assisted treatment, that actually people are getting treatment, but the relapse rates are so high that we need something different. So accurately identifying the issue is critical, really trying to understand what is happening here. We're saying there's a substance use issue, but is that really the case? Is there something else that's contributing to it? So that we're accurately identifying that and then addressing that.

And so once we identify that, let's develop the right kinds of skills and provide training that is effective but also ongoing. So one of the things that we know about adaptive skills, whether it's de-escalation, motivational interviewing, assessment skills, attending to risk need, responsiveness, those kinds of things, we know that training is exceptionally helpful. But that within about six months of receiving the training, if we don't get ongoing support, we will start to lose our skills.

So we need some ongoing training. We need staff to utilize the skills. But then we also need supervisors to reinforce these skills. So if it's implementation of an assessment tool, for example, when a staff member comes to a supervisor to discuss a client, is the supervisor asking about the assessment tool? Because if they are not, the subtle message that's provided to staff is that the assessment isn't really important.

And so you may have been in experiences in organizations or agencies where they implement something new every so often. It's sort of the flavor of the month implementation. Oh, now we're interested in this thing, this flavor of the month. And then next time, we're interested in this, but none of it sticks. I'm not sure if you all have-- I know I've experienced that a bunch.

And it doesn't sort of get woven into the fabric of what we're doing. And that's really the key. Is it making a difference? Making sure that we're providing feedback to staff about that and then weaving it in, like I said, to the fabric of the organization.

Anjali?

Yes.

There is someone who put in the chat box that cognitive behavioral treatment programs, such as Thinking for a Change, is something that they have implemented as a performance measure tool.

Awesome. Great. Thank you. It's such an excellent example. So cognitive behavioral treatment in general is a very strong evidence-based practice across numerous behaviors, whether it's substance use, whether it's-- in this case, if you're implementing Thinking for a Change, then it's about changing cognition and addressing some of those criminogenic needs. Thinking for a Change, implementing Thinking for a Change is a great example.

Because the way we can totally mess it up-- and by the way, for those of you on the call who have no idea what we're talking about, let me slow down for a second. Thinking for a Change is a cognitive curriculum. It's a cognitive behavioral curriculum that's usually delivered to people in the criminal justice world who really need to attend to changing their criminal thinking, so identifying their problematic thoughts, replacing their thinking, practicing social skills, practicing emotional regulation, all of these really, really important things.

And they sound easy, but they're not. And you and I on the call also need some help, or at least I do need a lot of help in some of these skills. So it's a curriculum. And as a staff member, I get trained in that curriculum. If I think in a technical manner and I do a poor implementation, what would it look like? Is I get trained in Thinking for a Change, and then I get told, great. You're ready. Deliver it.

And then no one checks in on my skills. No one looks at how my groups are running, the impact I'm having on clients, et cetera. So a paper implementation of Thinking for a Change would look like me showing somebody a certificate, the agency saying, yep, all our staff are trained in Thinking for a Change because they have certificates.

Ideally, a performance implementation is where not only am I delivering the curriculum, but somebody sits in and uses a fidelity measure. By fidelity, I mean, am I doing things according to what the curriculum says I'm supposed to be doing? Am I sticking as close as possible to the playbook, so to speak?

So somebody sits in and gives me feedback on fidelity. That's one piece. Not only am I utilizing the skills, but I'm receiving feedback on the utilization of the skills. And then we also track, are people getting better as a result of using Thinking for a Change?

So we used to have a recidivism rate of x. Now that we've implemented Thinking for a Change, the recidivism rate has dropped by y amount. So that would be a performance implementation. So a super example. Thank you so much, Justine, for bringing that. And thank you to whoever who put that in the question box. I really appreciate it.

So here are some of the steps to implementation. And this addresses something that Justine talked about, that we need to start by just understanding where we are. Because if we miss where we are, it's really hard to do a good implementation. So let's start by an exploration.

What do we do well? What's missing? What really is the need? And then what is it that we're trying to adopt? Are we trying to adopt Thinking for a Change, for example? Or do we know-- so I'll use Thinking for a Change in this example. Most often, Thinking for a Change is delivered as a closed group.

By that, I mean the same people who start the group stay in that group and end the group. Ideally, you don't take new people in every week or every two weeks. It's a closed situation. But let's say we're running a program where we get new people every single day. So we can not run a closed group, and so we have to think about, do we adopt Thinking for a Change? Do we adopt an adaptation of it that allows for maybe an open group? Things like that.

So we're really trying to make sure that whatever we're bringing in, whatever the practice is that we're bringing in really can work for our population. And then the second step in implementation, they call it program installation. And really what that means is training up of everyone and changing or supporting processes that will help the program succeed. And when we've done that, we call it an initial implementation.

We only get to a full implementation when at least half of everybody who's trained or everybody who's involved is using whatever the practice is to fidelity, which doesn't sound like a high bar, but it actually is a really, really high bar. Where at least 50% of us, half of us, are doing it correctly. Where if somebody sat in and watched us using de-escalation skills or using Thinking for a Change, we're doing it to fidelity.

And it's only once that happens do we then move into what we call innovation, where we've gathered enough data to know what's working, what's not working, and we know what to change or tweak in order to really fit our population. So then we innovate. And then the last step in implementation is making sure that we have sustainability. Can we sustain this really cool program that's having these great results?

But as you can probably tell, implementation takes a lot of time. And to get from exploration to a full implementation, that can take anywhere between two and four years, which is incredible, because oftentimes we try and do a full implementation in six months. Let's just train everybody and get started. And we think, all of this will work in six months. And we rush through it.

And we sort of use what we sometimes call the train and pray method. We train people and then we really cross our fingers and hope it works. Whereas in implementation, we're not doing that. We're training people. And yes, we're hoping it works. But we're actually checking to see that it works. We're changing processes around. And we're involving the whole organization. Yes, Justine.

Excuse me for interrupting. I really appreciate that you said it requires the whole organization. We have another example. Lupita shares that her organization works with immigrant students, and they're always having to teach a new cultural awareness of the English-speaking community and that they have paraprofessionals that help these students to learn all about this new environment, the new culture, the language, and adapting to new surroundings.

The performance piece is a teamwork setting, where the teachers and other educators step in and intervene to help students be successful. There is also the communication with parents and having the cultural competency as the immigrant population has been forced to arrive out of hurricanes, civil unrest, economic disparities. So there's that trauma piece, too.

And then she says that the final performance is teamwork effort as staff where the village lifts and helps the student be successful. And I love that example because in tribal communities, we do have a village. It's called whatever our reservation community or our tribal nation community is. So I appreciate that it requires effort from a lot of different areas, a lot of different people to support.

Yeah, and that language is so beautiful. It definitely captures sort of the values that are driving what that program is trying to do. That's really cool. Thank you so much for sharing that. Excellent.

So there are some things that help drive an implementation. And ideally, we need all of these drivers in place in order to have a really sustained implementation. And when you take a look at the slides, please don't let it overwhelm you. I'll be breaking it all down, so we'll just get a good idea of all of it.

But let's just first take a look at the three really important drivers, the three legs of the stool, or the three sides of this triangle. On the one side, there are organizational drivers. By organizational drivers, we mean things about the organization that can help support the implementation, let's say a data system, an administration that really supports this connected with other referral sources, for example, and that we're looking at this as a system and there's a lot of system support. Those are organizational drivers.

There's leadership. Does leadership really understand the implementation? Maybe they're not good at whatever the skills are. They don't have to be. But do they understand what the skills are, what the practices are? And then do they also understand that these are adaptive skills? That somebody is not just going to know how to do it right off the bat, but that as leaders, they need to support and supervise in a slightly different way so that they can really support the practices deepening with their staff?

So there's organization, leadership, and then there's developing competency. And competency is about the staff who are delivering whatever the practice is. So are we selecting the right staff? Are we doing a good job training them? And then do we provide them ongoing coaching for whatever the practice is?

So I will go deeper into each of these three areas. But for now, I would love to know from you all what strengths you have and some struggles that maybe you have in each of these drivers. So, again, organization is about systems support, data systems, access, administration, all of that stuff, organization. There's leadership. Does leadership understand it? Do they understand the evidence-based practice? Do they know that it's an adaptive skill?

And then competency-- do we do a good job selecting, training, and coaching people? So those are the three drivers of implementation. And I would love to know from you which driver is strong in your organization. So Justine, if you could help me with this poll, please.

Organizational, followed by leadership, followed by competency.

Great. Thank you, Justine. Thank you for summarizing those results. And thank you folks for responding to the poll. So let's start with competency, which seemed like was the lowest of what people felt was a strength in their organization. And let's take a look at what do we need to build and grow in order to focus on that.

So what we're going to do is we're going to take this very triangle, and we're going to kind of zoom in to the competency drivers and just focus on the competency section. So here are some examples of evidence-based practices that we need to focus on in order to really support the competency aspect. So when people think, OK, what are some evidence-based practices that would really be related to these competency drivers, we think of attending to the relationship. We think of assessments and risk and need.

These are really sort of base evidence-based practices. Attending to motivation-- so maybe it's motivational interviewing or something else. And then ongoing skill training. How do we train our staff, but more importantly, or maybe equally importantly, how do staff work with their clients to build skills with them? How do we engage in community support? Are we providing pro social modeling? Are we utilizing trauma-informed care? And this is something that Justine brought up, so I'll delve deeper into that and then motivational interviewing. So here are just some examples of it.

So let's kind of take a pause right here. So if we had to really strengthen the competency drivers, let's say in the trauma-informed care practice, so let's say that's the implementation that we wanted to do, we would start by knowing, who are the folks who need to be trained in this area? You could, as an organization, decide that you want to train all your staff. Maybe you decide you want to train some staff just with some kind of superficial knowledge, but then you really want to focus on these other staff who deal a lot directly with clients and therefore really need this information.

So that's a selection process. We then provide training for them in trauma-informed care. And we start to develop some assessments, or we look at existing assessments to figure out, how trauma informed are our current practices? So there are some assessments out there that can help you with this, that can kind of give you-- it's a pretty simple tool that you can use to kind of self-assess how trauma informed you are or that can assess your organization in terms of how trauma informed you all are.

Ideally, you do this before the training. You take the training, you do the implementation, and then you reassess to see whether we are now a more trauma-informed organization. So examples of things that we would be looking at are, how do we respond to negative behavior? What are concrete things that staff do in order to not re-traumatize people?

You might also have some coaching involved. Maybe there's a coach who sits in with your interaction with a client who has some trauma history, and we talk a little bit about how are they utilizing their skills? How are staff utilizing their skills really well? And then what are their areas of growth? So that would be really supporting the competency driver so that we are helping staff understand that these are not easy skills. This is really, really hard. And so what you need is sort of ongoing coaching and support.

So let's talk about leadership, was which was the second lowest in what you all talked about in terms of the strengths in your organization. And here are some evidence-based practices related to leadership. Does leadership provide hope and meaning? Because when we're implementing an evidence-based practice in the criminal justice world or in the substance use world, we really need to make sure that leadership is conveying how this will be helpful. Why are we covering this particular evidence-based practice?

So providing hope and meaning, modeling teachability, vulnerability, and growth. And by that we mean that leadership needs to model that they're learning this too, that they are willing to grow, that they're not going to say, oh, I know how to handle all clients or I know how to deal with all staff. In one of the organizations that I was consulting for, somebody said, none of this hug a thug stuff is going to work for us. So just sort of modeling the ability to learn and grow.

And then whenever leaders encounter issues or stuck places, to really collaboratively problem solve with their staff to try and figure it out. Because the staff are most connected to the ground, and so solutions that are going to work will really need to come from staff, so collaborative problem solving. Do leaders exhibit emotional and social intelligence? And by that I mean are they able to attend to the person in front of them? Are they able to exhibit empathy? Are they able to manage conflict, those kinds of things?

Do leaders have the ability to think about the system as a whole so that they can see the bigger picture? And can they recognize patterns across the bigger picture? So those are some evidence-based practices related to these leadership drivers that people might want to think about. And then related to organizational drivers, making sure that we have both the space and the time dedicated to whatever the implementation is. That can be from a really big perspective, like, are we dedicating enough training time, et cetera? Do we have space for training?

But also, if we're saying we are trauma informed as an organization, are we creating spaces that reflect our trauma-informed values? Are we building referral systems? Do we have data links across all of these systems? And are we collecting data? And then collecting data is not good enough. Are we providing feedback on this data and conducting ongoing research?

Anjali, I'd like to ask a question. Somebody in the chat commented that performance reviews help to identify both good and bad performers and then that performance review helps to identify the different kinds of training needs. But from your models here, we can see that it's not quite so black and white as identifying good or bad trainers or performance. It's really based on so many things, like does the employee have the right tools? Do they have the right space? Are they having opportunities to practice implementation? I just thought that was really interesting.

Yes, it's such a great comment. So on the one hand, the person who put this in is right. Performance evaluations help us look at, what are some training needs? But it's so much more complicated than that, like you said, Justine. And when we talk about performance evaluations, usually we're talking about doing a performance evaluation every six months or every year on somebody. They're sort of these slightly disconnected things at times.

Maybe not in the organization that the person who wrote this in is, but in many organizations that I'm a part of or have consulted for, the performance reviews are these slightly disconnected things that happen either every six months or a year, but always feel a bit like a surprise. And ideally, performance needs to be attended to throughout. No conversation that happens in a performance appraisal or a performance evaluation should be a surprise for the person.

Ideally what we're doing is we're developing a feedback culture that kind of exists throughout. So it's an ongoing kind of response. And then as a leader, if we're looking at performance evaluations, we're also paying attention to themes across these evaluations. So are people doing, for the most part, in terms of patterns, really well in some areas? And then are we noticing a pattern or a trend that people are struggling in other areas?

And if they are, what is the issue? Is it a training issue? Is it a coaching issue? Is it the fact that supervisors or leadership are not asking the right questions to really grow those skills or supporting it in a particular way? Or organizationally, are there things that are missing? Like you said, do they have the time and the space to implement those things?

Or maybe we started the implementation really gung ho but then never gathered data, and so staff have received the message that it doesn't really matter if you implement this or not or if you do this thing or not. The other piece is performance evaluations often tell us-- they often reveal the values of the organization. So what do we measure is a really important thing to pay attention to.

Do we measure number of times we meet with somebody? Do we measure some of these really technical things? Were we supposed to meet with them four times a month and we did? That is a technical evaluation. Versus, did we focus on their risk and need? Is there evidence that we developed some of their skills?

So it's a very different way to evaluate people, and our evaluations definitely reflect what is important to us and our staff learn. Because if our evaluations of them are kind of focused on these technical things, then that's what they're going to get right or they're going to strive to get right. And they're going to miss a whole bunch of other things that we're finding in the research is really, really important.

So I so appreciate, Justine, that you brought that issue up around evaluations. Are there any other comments that are coming in, Justine, at this time, before I move on?

I have a question. It says, we have all been part of a change process that has been a success and at least one that has failed. When reflecting on the successes or failures, what should we be looking for?

Oh my gosh, that is a great question. Yeah. So you start broad and you ask the question, why am I saying that it failed? What exactly did I establish as the line to say that it failed? Is it that not everybody is doing it? Was that failure? Is it that everybody is actually doing it but it's just not producing the results that I wanted? So we implement a particular curriculum, but it doesn't reduce the amount of substances people use, for example.

Or is it-- how do I define failure? So that is the first question to ask. And that's where we start. And I love that you said, we've all been a part of implementations that have been successful and then ones that haven't. And let's talk more about that. How do we know what defines an unsuccessful implementation?

Or maybe it's that it started off really gung ho and then within a year petered out and nobody's using it anymore. And is that what we're calling an unsuccessful implementation? Because once we define that, it will help us figure out what our next questions need to be. So we start just by defining, what do we mean by an implementation failed?

When we get there, we can start to talk about-- once we know what it means to have failed, we can start talking about, where were the gaps? What did we miss? Were there organizational issues, competency issues, leadership issues that contributed to it? Did we miss some of the steps in implementation?

So if you remember in that slide, it starts with a good exploration. Did we miss that step? Did we just all get so excited because it sounded so good that we just jumped in without actually knowing whether we-- without exploring whether we really needed the particular practice or not? Where along the steps did we mess up? So those are some of the ways, from an implementation science perspective, to think about or deconstruct a failed implementation.

Thank you for that. And then right along the lines of this, I'm looking at the model again, and it is a diagram of three equal sides. So I think I can guess how you're going to respond to this. But I'm curious, if I can pull Kevin into this conversation, how important is the administration and the leadership and supervisors in fostering successful implementation of a change process? How important is that leadership?

Kevin, would you like to take a shot at that? And then I can go after you.

Yeah, sure. In fact, it's going to touch in on some of your other questions that you have for me here along the way. So I'm going to kind of jump into some of the other questions that you have here listed. And one of them is going to kind of go into the organization itself there as far as one of the programs that we were wanting to, I guess, implement. And this was coming from the direction of leadership within the tribe.

And we were having some concern and issues with our mental health individuals. We were dealing with those individuals out in the community. And what was happening was we were actually tying up officers from responding to other calls for services, so meaning that if an officer was dealing with somebody who had a mental health condition and weren't able to get them to a detention center, that if we didn't have any services that were available at the time that the officer needed to take the individual to, that they had to find some treatment center some place that would take the individual. Because the detention center wouldn't accept the individuals because they had to go through an evaluation process.

So they couldn't get them into the center there. So the officer was sometimes pulled off from the shift there, where they would have to do a transport to a nearby facility. And then they end up having to be with the individual for four to six hours and trying to figure out-- so the question came in is how we could deal with and what we needed to do with possibly bringing in a new program within the police department there.

And I think having that was our organizational change we had within the law enforcement was how we would change that, and would it work? And those questions came up of why are we going to put this or have this position within the police department when it should be maybe over in behavioral health? So try to figure out was this going to be a fit for this position within the law enforcement department was, I think-- at the get-go kind of became a hot item, hot topic.

Our struggles was, how do we get the buy-in from the rest of the staff and rest of the officers to say this is going to work? So kind of going back and figuring out what the best approach to this and some of those ideas and then figuring out something that we could take to leadership there at the tribe and see, well, we've come up with a plan of some sort. But along those lines, it took about probably a little bit over a year just to get everything to where we could bring the whole piece together where we could start getting the buy-in, the support, implementation, sustainability.

The funding was mentioned. How is this position going to be funded? And who is going to occupy the position? So a lot of these questions came up, and staff had many questions. Where are we going to have this person located at? How are they going to operate? Who's going to be their supervisor?

So a lot of these questions came in during that time, and we were able to actually come together and get the support that we needed from all the staff there, and including the administration, where they actually were able to fund the position full time. And we were actually able to move into getting this position fully funded and operational. It eventually became what is now called a case manager. It's a supervisory position/police sergeant. So they actually operate out of the police department and are assigned to go out into the field.

But it really took some time to try and get all the staff, including non-support staff, to support what we moving towards because they thought that maybe this belonged somewhere else and wasn't going to fit for the police work and all that. So it was just trying to figure out what was the best approach to this and trying to figure out how this whole thing was going to be set up and how the whole position actually was going to be-- the funding, the training, and all that was in there. So it took some time to try and get through all of that.

And I see the importance of having the administration support and buy-in and having that idea, I guess you could say, from the supervisory side of how position was going to be operational within the police department. So along with that also came our policy development as well, too. So we had to kind of look at that too.

So there was a lot of change that was happening within that time. I guess that's why it must have taken that long to do all this. But we were able to actually get the position going fully active a year after that initial planning side of it. But it really helped out quite a bit. I hope I answered that there for you, Justine.

Wow, it's amazing to me, all of the things to consider. It's not just about creating a plan to try something different or something new, but it's getting that buy-in from leadership, from your peers, and from other aspects of the organization, like how to even fund it. And what happens if you don't have the right policies and procedures? That's a whole nother ball game, I think, is having to develop policies and procedures around a brand-new position like this.

But thank you for sharing that. Anjali, what did you notice with his example?

I think what Kevin said is really incredibly important, that we need all of it in place and that we need a lot of buy-in. And that leads us to this next slide, which tends to kind of shock people a little bit, but that we really need, in order for a successful implementation, we need what we call an implementation team. And this speaks to the buy-in that Kevin was talking about.

Ideally, in an implementation team, we have all of the stakeholders present. We have-- let's just say that we're implementing a substance use program in a particular location. So we would need somebody from law enforcement. We would need somebody from treatment. We would need somebody who has lived experience so that we're not coming up with a program that really has nothing to do with the grounds and reality. We would need somebody from the community, maybe a tribal elder.

We would need people, all the folks that we touch, representatives from all of them to form an implementation team. When we were implementing a youth project, we had some youth on the implementation team, but we also had parent representation on the implementation team as well. And this becomes really important because it's the implementation team that really drives the effective implementation of whatever the evidence-based practice is.

And unfortunately, if we don't have an implementation team, we don't really get to fidelity. There's a big difference between letting it happen and really helping it happen. And so the letting it happen happens with no implementation team. We're just hoping that it catches on and that people change. Helping it happen is what the implementation team does.

They talk about, what are the barriers? How do we find solutions? How is it working on the ground? What are we missing? What do we need to have in place? Where's the energy coming from? Where's the energy waning? How do we need to support staff in this implementation?

So tons of different sort of perspectives. And the job of the implementation team is really to keep the implementation moving. And when we have an implementation team, we can get to 80% fidelity within three years. But when we don't, in the research, even 17 years after we said we implemented something, only 14% of staff were actually using the practice. And this really speaks to making sure that everybody is involved in an implementation.

Justine, does that answer your question?

Yes, very much so. Thank you.

Excellent. Good. All right, so let's talk about some challenges, some reasons why implementations kind of come to a crashing halt or fail. One is because they're not driven by staff. If staff are implementing whatever the practice is, they have to be engaged. Or at least you need some staff engaged. You don't need everybody, but you need some staff engaged. So really cultivating buy-in on that level is incredibly, incredibly important.

And the way staff get engaged is that they understand, why are we doing this? What is the gap that we are trying to meet? And how will it benefit you, staff member? Yes, it'll benefit the clients. Great. But if it's a huge burden to me and I'm already, as Justine said, overworked and underpaid, then I'm not really going to implement something. So making sure that people are conveying to me how it's going to be helpful to me as well.

Other reasons for implementations or other challenges that implementations face is that they stall out. We start with a ton of energy, but the energy doesn't persist. Ways to keep energy up is to keep people involved with how the implementation is happening, what milestones have been reached, providing data about results, how things are working, what's working, what's not working, what percent have been trained, how people are doing, sharing little stories about how the implementation is impacting people and helping people. So making sure that we don't stall out.

Other challenges are lack of support from administration. We also talked about buy-in from staff. Sometimes implementations fail because there are common myths about the implementation that have not been addressed and that just plague the implementation, whether these are from the community or from the people involved.

I'll give you an example. Medication-assisted treatment, using Suboxone or methadone or naltrexone or any of those medications to really help people in their recovery and help them stay sober. There are often a ton of myths that are associated with those. And in an implementation, if we don't address it head on, if we don't talk about those myths and what's reality, what's not, what do we do if what we think is a myth is actually coming true?

All of that, if we don't address it, it will really kind of tank the implementation. If there are a lack of results, or at least we're not sharing as many results, that causes a problem as well. And if we utilize a practice that nobody really cares about, that nobody is excited about, it will really provide such a challenge to implementation.

Here are some simple steps to having a solid implementation. Whoever the implementation team is needs to have the authority to make some suggestions, recommendations, decisions. But they also need to have some people who are attached to the field, meaning staff who have direct contact with clients, maybe somebody with lived experience, somebody who used to be a client who is involved in the process.

So it needs to be field responsive or field sensitive. We need all these stakeholders engaged. We need to start by gathering some baseline data. Where are we at? And then we train and coach people. We adjust as we go along, and we keep training, sort of rinse and repeat on that section. And then we gather and analyze data.

And this is really, really important. We share the outcomes. Sometimes we gather some really good data, but we don't share the results of our analysis. And then the people who are entering the data sort of stop entering it or don't enter it with the same amount of enthusiasm because there's no bang for their buck for entering the data. So sharing outcomes is really, really incredibly important. And then, of course, rinse and repeat, right? Train, coach, adjust, train, analyze data, share outcomes.

So when we're implementing an evidence-based practice, it's helpful to pay attention to certain things. There's a difference between fidelity to the implementation, meaning implementing something all the way through, and fidelity to the particular program. So program fidelity, going back to Thinking for a Change as an example, if all I measured was, is the staff member delivering Thinking for a Change, that's program fidelity.

I need to go beyond that. Implementation fidelity is, are we actually implementing this as planned? We plan to have 10 staff trained by such and such time. Are we implementing to fidelity, and are we having some results out of it? We need to distinguish how we're doing from what we're doing. They're both equally important. But sometimes when we're giving people feedback or measuring, we conflate the two. So it's important to distinguish how we're doing from what we're doing.

And know that implementation outcomes are different from actual program outcomes. By that, I mean that-- and we'll take Thinking for a Change as an example again-- that the program itself, we know that those outcomes are going to be pretty strong. It's an evidence-based program. Already in the research there's a ton of support.

The implementation outcome will happen really early on in the implementation. So just because everybody's really excited about it, you'll see some positive results because everybody's engaged. We implemented a Restorative Justice program at a school because the principal wanted to reduce the number of suspensions and expulsions. So the principal stated to everybody, my goal is to reduce suspensions and expulsions. It was really clear to everybody.

And at the same time, we started this RJ program. And unfortunately, we had really great results right up front-- that's implementation outcome-- mostly because none of the teachers were recommending anybody for suspension because they heard loud and clear, this is what we're reducing. What they didn't hear is, we want to implement this RJ program. The RJ program will help reduce suspensions and expulsions.

You see the difference? So if we just measure, did expulsions and suspensions reduce? Yes, they did. But was it because of the program? Or was it because people heard loud and clear, no more suspensions and expulsions? So really important to kind of differentiate between implementation outcomes and program outcomes.

And then implementation problems versus effectiveness problems, this is another place that people get kind of stuck. When we run into problems, we think the issue is the program versus have we missed something in the implementation, so just paying attention to that. And then pay attention to, are we developing strong communities of practice where people can practice the skills, receive feedback, and continue to grow?

So we've utilized implementation of science in a bunch of different strategies across the country. And in order to have a successful implementation, we start with collaboration, identifying stakeholders. We do a little bit of strategic planning. What are the needs that we're trying to address? What's the baseline data? We provide the training. We go through initial and full implementation and then sustainability. Those are essentially our first steps that are involved.

All right, I have talked nonstop here. I'm so sorry, folks. Justine, please bring in some questions.

Yeah, so this is a great question. How can we change the organizational culture when we have a very poor and corrupt foundation? And the example that this person used was really overnight organizational change, from one thing to completely something different. And when you changed over, it's like the name changed but the culture and behaviors didn't change.

Oh my gosh, that is such a tough question. Because culture change is one of the hardest things to implement. And culture change ideally comes from leadership and administration being on the same page. That's ideally how successful sort of cultural shifts happen.

Except that's not always the case, right? Sometimes that's where the corruption or the problem is, as the person is saying in this question. And so what it takes is a lot of staff work in order to successfully implement culture change. It is possible. Culture change takes anywhere between three to five years.

If you see something happening overnight, don't believe it. Because in order to change culture, we need to change-- deeply change-- some of our values and our orientation to our work. So it's incredibly important that we take culture change nice and slow and that we're very overt about the culture change that we are going through. So we're talking with each other. We're talking with staff. We're talking with leaders. We're talking as administration.

We're making decisions that are in line with the cultural shift that we're trying to do-- not easy at all. There's a ton of research on culture and cultural changes and how hard they are and how important it is that leaders be involved and that administration really be attending to the culture shift.

Thank you for that. Wow. Well, and it's possible, especially if there's people like this gentleman who sees the need for that cultural shift. He can't be the only one. So get the legwork done. Get the buy-in from some key stakeholders. And then good luck.

There are some steps to supporting a culture change. I would imagine that's a part of-- we could have an hour and a half conversation just on that. But yes, you're absolutely right for the person to figure out, who else is in this camp to kind of rally the troops, so to speak. Yeah, good point, Justine.

Someone else asked, how long does the implementation steps? And I remember you showed a chart that said up to four years. But also, how do you know when certain steps have been accomplished towards implementation?

Yeah, so initial implementation is when you just start the process, you start the training process. That's initial implementation. You've reached full implementation when at least 50% of your staff are doing whatever the thing is, whatever the evidence-based practice is, to fidelity. So if it's Thinking for a Change, then 50% of your staff deliver Thinking for a Change in a way that they are delivering it to fidelity. So that's the measure at full implementation.

Wow, that surprises me. It doesn't seem as daunting in the planning process or implementation process if you can just aim for at least half. And then it's not so overwhelming to think you have to get everything done 100% by x number of months.

Yes, exactly. It doesn't sound as daunting. Unfortunately, it sometimes is because of turnover, because of skills. Because sometimes there are certain practices that we implement that aren't quite in line with the provider. So there are a whole host of things that come in. But turnover is definitely a big one, for sure.

Somebody else asked, when you say-- this was, I think, early on in the presentation. When you talk about people being curious or vulnerable, what do you mean by that? And the follow-up, some of us worry about reinforcing criminal behavior when we are curious. And should corrections professionals or treatment professionals be vulnerable with their clients? And if so, why?

Yeah, excellent questions. So two slightly different things. Vulnerability in our learning, meaning the ability to demonstrate that I still have things to learn. That's where the vulnerability comes in. So vulnerability in learning that I do have to grow and learn and that I'm growing and learning constantly. Curiosity about the person's point of view.

Now, sometimes our clients, particularly in the criminal justice world, their compass, their moral compass is a little tilted to a different direction than the average person. And I'm not saying that being curious means not addressing those. I'm not saying that being curious means that when somebody makes an antisocial comment that I don't address it and say, hey, I'm really concerned about something that you just said.

But I stay curious about their perspective. Because there are times where I might judge what they're saying, but I am wrong. A really simple example is a client who tells me, the cops are out to get me. Now, my immediate reaction is, oh my gosh, no, they're not. The cops are not out to get you. You just keep getting into trouble. But I need to start from a place of curiosity. Because what if that is their lived experience? I want to hear that.

I'm not saying that because the cops are out to get him that he is then OK and that he should just continue his behavior. No, I would still get there. But I first want to really hear his perspective. I want to hear, what makes you think that the cops are out to get you? That must be really hard for you.

Given that you feel the cops are out to get you, what do you need to do, client, in order to make sure that you don't keep coming into the system? So there is a place where I help the person take responsibility. But we start from a place of curiosity and really understanding their world before providing them with either a correction or a different way of thinking about it.

That's interesting. So our curiosity is really helping to dive deeper into the conversation and then helping that person instead of us assuming or making a judgment. Which reminds me something you said earlier on, too, in the presentation. You were talking about shame or the use of shame might have previously been used for trying to implement change with their clients. So can you talk a little bit about why maybe shaming people isn't as effective as this kind of implementation change?

Yeah. Shame is a very complicated emotion. Unfortunately, when we experience shame or that somebody is shaming me, we disconnect from the conversation. We go into-- sometimes I call it a shame cave. We kind of go into this little place where we feel like a bad person. And it's hard to engage in a conversation from there.

So if our fundamental goal is long-term behavior change, then we need to get curious about behavior versus shaming the person around the behavior. Because we actually tend to dig our heels in the sand more when people shame us. And we don't get vulnerable and say, you know what? I actually do need to change. It's very difficult to be vulnerable when somebody is shaming us. So that's the piece around shame. It's just a little bit of a shift.

Thank you for that. And Kevin, I want to ask you also, how do you see shame impacting a culture such as Indian country, Native American professionals who might use shame in their practice? What is the challenge with that?

Well, I think sometimes they will tend to shy away from dealing with certain situations. And I think being able to understand the issue at hand, there comes that side of the cultural, either being shameful in a way that, if from law enforcement you didn't really know how to approach the situation, more likely you're not going to go in it with a direction of some sort and hoping that you're going to try your best to have a good outcome.

And it does get a little bit-- I guess you can say challenging at times. But I think being able to understand the culture itself there and work with that more is going to really help you out to address the issue that you're working with and all.

It can become very adversarial, rather than working with somebody so that you can get that person beginning a journey of change rather than having this revolving door of, oh, gee, it's so-and-so again.

Right.

And it's probably emphasizing some biases that we might have towards particular people that we might come into contact with regularly in our communities.

Exactly. And I think that's where, because the officers-- if your community is small, obviously you're going to be dealing with the individual probably more than once. And, again, just knowing the situation and how you're going to approach that and what is available. But on the other side, the shame and all that. What would be your best approach to doing that?

But again, I think it just comes down to a lot of the training, educating yourself, and knowing a lot more about what the community is all about.

Sure. And Kevin, one more thing for you. With the example you gave about the Isleta Police Department and that new position that you were able to implement, you said it took even just like a year before you could even get people on the same page in understanding the need for this position. How has the community been able to sustain that change that you began to implement?

I really think that they were almost saying, what are you going to do about this? And for some reason, they always direct it-- I guess it must be just a norm for some of this to be coming to law enforcement and saying, what are you going to do about this? Because it was hard to-- when I say about buy-in was to get, I think, the support from the programs itself there, such as behavioral health.

Because some of the officers were raising that question, well, where is our behavioral health services and all that? Shouldn't they intervene at some point in time or be there with us and all that? So in taking this out into the community-- because we used to have these community policing meetings, and we had introduced the position itself and see the type of support that we were going to get. At first, we add some resistance along the way there.

But I think as we grew more into it and then we had our follow-up community meeting to that and just having more information to pass on and share with the community, we finally were able to get the buy-in. It probably took, during that time, most likely, three to four months to get their buy-in and to support. Because we were trying to figure out a way of dealing with individuals who had some sort of mental condition because we knew that they didn't have to go to a detention Center, where they weren't going to probably receive any type of treatment services.

But we wanted to direct them into a program somewhere that was going to help them out and get them off into the right direction along the way. So that was just some of, I think, those challenges that we had with-- it took some time to make it happen.

And being able to get their support from the community side to keep this sustained and keep it going I think really pushed from the community side to tribal council to say this is something that they needed, that it needs to be funded, and give them the funding that they need so they can get this program going and all that. So, yeah, it took some time to move into all that.

So even you've been able to use this, it sounds like, as an alternative to incarceration.

Exactly, right.

Wonderful. And I think we have time for maybe one more question. Where do we start with something like this, with implementation change? Dr. Nandi, how do we create a culture in our workplace that will adopt implementation science practices?

Yeah, that's a great question. So ideally, we start by identifying, what is something that we would like to change? Is it a culture shift that we're trying to do? Are we trying to improve outcomes? Which is most often where these implementations come in. We're trying to improve our agency's outcomes with a particular population.

So we start just by identifying, what is it that we want to do? And we build a group interested and invested in that outcome. And then we start to look at, what are some evidence-based practices that are out there that supports this? So that's one of the ways of going about it.

Maybe it's different. Maybe what you are trying to do in your agency is really develop better leadership. And so you would look at, what does that mean? What do you need for your leaders right now? And then you would look to kind of develop some of those skills through using some of these implementations science steps.

So maybe what you're trying to do with your leaders is provide them with conflict management skills, or maybe it's the ability to give feedback, or whatever, whatever you decide is the gap. But really, that's the first step, is to identify, what is it that you are trying to achieve? And what are some evidence-based practices that will help you get there? Once you've figured that out, then you start the implementation process.

That sounds manageable. Thank you, again, for breaking it down into the simplicity of not having to do it all at once or all at one time, but just give yourself those milestones to strive to achieve every so often until you can really build that momentum.

Well, thank you both, Dr. Nandi and Kevin, for participating and sharing all of this important information with us today. And thank you all for participating, those of you who have joined us.

In closing, we'd like to share brief information on additional training and technical assistance opportunities. The National Criminal Justice Training Center is a training and technical assistance provider for Coordinated Tribal Assistance Solicitation Purpose Area 3 grantees, as well as non-grantee tribal agencies focused on implementing system-wide strategies to address crime issues related to alcohol and substance abuse in tribal communities.

We are also a technical assistance provider assigned to assist tribal, comprehensive opioid, stimulant, and substance abuse program grantees focused on developing, implementing, or expanding comprehensive efforts to identify, respond to, treat, and support those impacted by illicit opioids, stimulants, and other drugs of abuse.

Technical assistance services for both programs include customized on-site and virtual training, regional trainings, conferences, webinars, peer-to-peer support, on-site or virtual meeting facilitation, written resources, community planning, justice system collaboration, and sharing grantee best practices. For additional information on general services, links to featured offerings, and to request technical assistance, please visit our program website as shown on the screen for more information.

Finally, watch your inbox and our website for upcoming webinars and virtual technical assistance opportunities in 2021. Another valuable resource is the COSSAP Resource Center. A screenshot of the COSSAP Resource Center is shown here, along with the web link. Featured resources available include funding opportunities, COSSAP grantee site profiles, with a data visualization tool, information about demonstration projects, peer-to-peer learning, and recordings of all previous COSSAP webinars covering a range of substance use disorder-related topics and strategies.

Of particular significance is the ability to request training and technical assistance, whether you are a COSSAP grantee or not. The COSSAP technical assistance program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and projects in building and sustaining multidisciplinary responses to the nation's substance abuse crisis.

For more information, you can visit their program at the website indicated on this page. Thank you again, Dr. Anjali Nandi, for this excellent presentation, and our panelist, Kevin Mariano, for sharing his knowledge with us today. We thank all of you for attending this webinar and hope you have a wonderful day.