SAMHSA's Center for the Application of Prevention Technologies (CAPT)
National Learning Event Series

Enhancing the Structure of State Epidemiological Workgroups (Session I)

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Grantee Presenters: Renee Faber, NPN, Nebraska; Shawn MacGregor, Project Director, Leech Lake Band of Ojibwe

Rachel: The audience for today's call includes National Prevention Network and Single State Agency representatives, both SPFSIG and SPF TIG as well as PFS project directors. And because of the topic area we also have state-, tribe-, and jurisdiction-level epidemiologists, and/or epi-work group chairs. And if we have representatives who don't fall under these primary audience members, we welcome you and are so excited to have you contributing to the conversation today.

By the end of today's call, participants will be able to determine key elements of successful organizational design as it relates to epidemiological workgroup structure. And, in addition to that, they will be able describe best practices identified by other CSAP grantees for enhancing the structure and function of epidemiological workgroups. We are so lucky today to be joined by two grantees that will be able to share their experiences.

Based upon those objectives, I just want to walk you through *a roadmap for today's discussion*.

So, we are going to start out today by sharing some findings from the CAPT; these are findings that were collected during the national service planning calls. We gathered information during these National Service Planning consultations, and will be sharing some of the strengths and challenges—kind of overall looking at the nation in terms of where those were identified.

After that, we are going to delve into one of these key features of successful organizational design, which is workgroup member recruitment.

And then we are going to take a break and hear from some of our grantees—some of their experiences in doing recruitment and around successful epi workgroup strategies.

And then we are going to round out today's call with a discussion around some strategies for successful workgroup member retention.

I am so happy today to welcome two of our facilitators:

First we have Carol Oliver, who is the Director of Training and Technical Assistance for the CAPT. She has extensive experience delivering T/TA services at both the state and local levels, with experience in facilitated planning, coalition development, training design, and implementation in system-level change. Prior to joining the CAPT, Carol did extensive consulting work with organizations, including coalitions and statewide alliances on building effective teams and facilitating strategic planning,

Sandeep Kasat is the Associate Director of Epidemiology for the CAPT. He has more than ten years of experience working in the field of substance abuse—particularly related to supporting practitioners to use research and epidemiological data to perform and to prevent substance abuse and the associated behavioral disorders. Before joining the CAPT, Sandeep was a principal investigator for the State Epidemiological Outcomes Workgroup—the SEOW support contract. And previously to that, was epidemiologist for the state of Maine, and served on their SEW, so he may have some previous colleagues or contacts with us today.

So, this diverse experience that both Carol and Sandeep bring to today's call is really consistent with the overall message of today's call—which is around developing effective epidemiological workgroups that can promote the use of data for prevention planning, while still ensuring that these are strong groups that could be sustainable over time. So we are so lucky to have the balance of both their experiences, and I am excited to be working with them today. So, with that, I am going to turn it over to Sandeep.

[Sandeep Kasat]: Thanks, Rachel.

So like you mentioned, Rachel, I've been involved with the epidemiological workgroups as an epidemiologist, and I was the SFF SIG epidemiologist in Maine

in 2005. And then I provided the epidemiological training and technical assistance, then I did data and analysis in the SEOW contract. And I feel like now its full circle as I am Associate Director of the CAPT, with the data and analysis component.

But I do remember actually Carol—Carol Oliver was in my first ever SEW meeting in Maine. I don't know if you remember that Carol. . .

[Carol Oliver]: I do, do!

[Sandeep Kasat]: You were at the Northeast CAPT at that time, and were attending our meeting and helping us organize the workgroup. And if I remember correctly, you also mentioned that that was also your first meeting. . .

[Carol Oliver]: {*giggles, agrees*} Yes, that was my first. . .

[Sandeep Kasat]: Your first organizational structure. . .

[Carol Oliver]: {*giggles, agrees*} Exactly . . .exactly. . .You and I both learned about setting up epidemiological workgroups at the same time.

[Sandeep Kasat]: And then, like Rachel pointed out, that's sort of the purpose of this call, and then having us both present on this call. So, I'm going to try and bring the data-perspective from it, and Carol is going to frame the discussion in the form of organizational structure, and point out how these elements relate to each other.

So before I start, I wanted to mention that given the history and my history with the epidemiological workgroup, I often tend to get mixed up with the terminology. And I'm sure I'm not alone. A lot of us call it "State Epidemiological Workgroups," some of us call it "State Epidemiological Outcomes Workgroups," and I do know that SEW and SEOW terminology doesn't actually represent tribal or jurisdictional workgroups. So I wanted to apologize in advance and want to mention that when we say SEW and SEOW, we're actually including jurisdiction and tribes in it, and the data we looked at actually includes them as well. And we're also working on getting a new name or something like "epidemiological workgroup," or a generic name—or EWG or something—so that we can represent all grantees properly. So I just wanted to mention that before we delve into data.

So the epidemiological workgroups started under SFF SIG and were created in 2004 and 2005 and were created under the first step: needs assessment. And SAMHSA has continued to fund them through SFF SIG successive cohorts, then the SEOW contract, and now through the Partnership for Success grant. Even though the funding streams and the specific tasks under those streams were a little bit different, I think the core function or mission of the epi workgroups has stayed the same.

All workgroups are a group of key folks in your state, jurisdiction, or tribe who are knowledgeable about substance abuse data, and are involved in prevention planning. And involved key member organizations coalitions that are critical to prevention planning.

All of you are charged with identifying key substance abuse data in your state, tribal, jurisdiction or community level, and you analyze and disseminate data to prevention programmers, decision makers, and community coalitions. Sort of like "one-stop shop" for substance abuse and associated behavior problems data. And the ultimate goal is to assist your state, tribe, jurisdiction, or community to understand and use this data in their planning prevention process.

Before we get into some of the common strengths and challenges we identified through the T/TA needs assessment and planning calls, I am going to turn it over to Rachel for a brief poll.

[Rachel]: Thanks Sandeep.

So, before Sandeep launches into those results, we'd like to get a sense from you about where your epi workgroups are focusing their efforts. So, what are the core functions of your epidemiological workgroups? And you can select as many of these as apply. So, is your group focusing on locating state- and community-level data? Is one of your key focuses on developing products and data tools and disseminating those? Are you assisting in the priority prevention prioritization process? Are you planning to provide T/TA to communities to locate data or identify data? Are you supporting the integration of workgroup efforts into the prevention system at the state, tribe, or jurisdiction level? Or are you developing a system for on-going monitoring? And this is only a few of the core functions—if there's others, please type them in the chat box. And I see Sean's "What is T/TA?"

—it's training and technical assistance. And so are you supporting communities or sub-recipients, or smaller groups within your state, tribe, or jurisdiction and helping them use data?

I'm seeing that it's interesting looking from the top down: locating data definitely seems to be a priority for most groups. But most of these are kind of being hit across—a lot of people are developing products: perhaps an epi profile, a lot of community profiles, fact sheets. . . and I think this is really interesting, Sandeep, given what you're about to share.

[Sandeep Kasat]: Yep, and I think one of the things which is interesting is what we found during the consultations— that the integration and collaboration into the state is what the epidemiological workgroups were working on. And if you look at some of the categories that we're working on—so, like you said Rachel, it all makes sense. Most of them are involved in locating data, and disseminating and locating products as well. {*Asks to go back to the "slide-mode*"}

So, let's take a look at what we found from the T/TA needs and assessment calls that Rachel was mentioning, that CAPT did from January through March 2015. In the next few slides I'm going to talk about SEW-specific information extracted from those meetings.

So, the majority of you identified that your SEW being involved through prevention planning, and actively disseminating data to key stakeholders and communities, sort of what we saw like in the polls. And then to get involved in prevention planning, you have to do most of the tasks listed in the previous polls. So it makes sense that most of you, about 33 percent, are actually saying that you are actively involved in prevention planning, some of you mentioned creating informative tools and materials just like you identified on the previous polls, and also identifying data-related T/TA to the communities. One of the examples is if SEW conducts a webinar or training—that would be T/TA conducted in the communities. You may produce a toolkit that goes directly to the communities—that is an example of providing data-related support or TA to the communities.

And one thing to note is that these data are not mutually exclusive. Some of you may have identified doing all four things and I noticed in the previous poll, most of you did do all four things presented here. And also all these tasks are related. For

example, if you are creating tools for your communities, you are already helping in data dissemination and prevention planning, even though in the service planning you may not have specifically identified that as a strength.

So since bringing data to prevention planning is the ultimate goal of the epidemiological workgroup, we wanted to take a closer look at how some of you were successful in doing that. In other words, these are sort of keys to your SEW to inform or bring data to prevention planning. We found that the most successful epidemiological workgroups were focusing on emerging priorities, providing data-related TA to their sub recipients or communities or coalitions, creating easy access through databases for those who are disseminating data. I was so glad that 63 percent of you already identified that you are already thinking or doing that. And you also do it by getting your key stakeholders and decision-makers involved in SEW work. I just want to point out that there is a balance of how SEWs perform their work—like data dissemination, TA—and also can get input from the decision-makers, which sort of helps in the sustainability and outreach for your SEW.

So these two components, although separate, are related and both of them are important. And if you notice, data-guided tools and data-related TA was identified as a strength, and you will see that in the next slides it's identified as a separate challenge, as well. So they were also found to be the keys to keeping your SEW involved in prevention planning. And this goes with the point I earlier made— that these tasks are interrelated, and there is no such hierarchy among these tasks. We know that you may already be doing some of these things, so take this as a recommendation of next steps for what you may want to focus on as you move forward with your SEW efforts.

Next we looked at SEW-specific challenges identified by some of you. We consolidated similar challenges together as we go over the next step. I actually wanted to go back to one of the slides. {*Asks Rachel if there is a missing slide, apologizes*}

[Rachel]: Looks like you're showing the "Challenges" slide?

[Sandeep]: Oh, I just wanted to bring back the—OK, OK. Got it! Sorry. I think I jumped over one slide. Sorry about that. So we looked at SEW-specific challenges

identified by some of you. We consolidated similar challenges together, and we found that workgroup revitalizing, expansion, or maintenance rose to the top, and that's the reason we're having today's call. So other challenges identified were: collecting data on emerging priorities, providing data support to communities, and developing workgroup products. And some of these categories can be very specific—like, not having community-level data on 18- to 25-year-olds. And the CAPT is already working with grantees on these specific requests.

So again, these data are not mutually exclusive and some of you may have identified more than one challenge. These challenges again are also related to each other. For example, if you don't have data at the community-level, you may struggle with producing community profiles or products that some of you identified as challenge.

And one way to look at this is through organizational design. And when I was looking at the data, Carol helped me through it from a different perspective, which made a lot of sense to me. Initially, I was going to do this slide, but I think I'm going to turn it over to Carol to explain the topic better.

[Carol]: Sure, sure. I don't know about you—but any analogy having to do with food really works for me. So I tend to use a lot of food analogies. So when we're thinking about epidemiological workgroups, but it's true for other groups—for other organizations—there's two components. There's process and products. And process and products would be the two that Sandeep just talked about. So, collecting data, and creating an epidemiological profile, and identifying data gaps, creating a product—those would all be process and products that the group itself produces. And then on the other side, we have the organizational design, and that really goes to: who's sitting at your table? And, how are your decisions made? And how are you organized?

The way I like to think of it is: one is the ingredients—the organizational design is the ingredients, and the other pieces are really the soup. You know, you pull them together to make soup. But what I find often is as people, we tend to be attracted to one or the other.

So I'm going to test out my theory. So what I'd like you to do is: if you are really attracted to the product, the really working and creating something within the

group and the product, I want you to look—if you see at the top, you'll see a little person with a hand raised. I want you to raise your hand. And you won't be able to see it but we will. So, if you are really attracted to the product, I want you to raise your hand. So, right now—oh! We've got a lot of hands raised. Can I tell you? I think we pretty much have almost all the hands raised {*Laughs*} for, liking "the product." Yeah, as I'm going down the list. But it looks like we may have some other people who like the process as well. So we've got, well, at least 20 or so people and then there's a bunch of people who like the organizational design stuff as well.

The other thing in your group, and as we go on we're going to talk about it more, oftentimes when I've worked with groups, getting an idea of your members and which they're more attracted to can be really helpful, too. I mean, you could be in a group and you're not paying attention to organizational design elements. But part of that is that you have all process—all soup people—and less ingredients. And I'm sure a lot of you have been in groups where a lot of you are ingredients and people don't really care about the soup. So, you kind of want a balance of both. So, as we're moving forward, this is sort of a way of looking at how the organizational design and how the process work together. So I'm going to turn it back over to you, Sandeep.

[Sandeep]: Thanks Carol.

So, Carol helped us think through some of the challenges from the organizational design perspective. Especially me, because I was so close to the data, and I am trying to make sense of like where CAPT can help, how we can look at these data. And you know the epidemiologist in you wants to slice-and-dice the data in many ways. And I really thank Carol for helping me think through this organizational design perspective. So if you look at the challenges slide again, getting the workgroup together—expanding and maintaining it—can be considered—like organizational design or organizational structure component. And the other three—collecting TA, and providing data and developing products—can be considered processes and products.

And, like Carol said, you need to provide the right ingredients to create the perfect soup, so these challenges are related to each other. I want to mention that there's

no right or wrong or perfect approach—especially when these things are interrelated. But if you do want the perfect soup, I guess focusing on the ingredients, or organizational structure first, seems like a logical place to start. And that, again, is the reason for this call.

So, to prepare for this call, we kind of took an in-depth look of SEW organizational structure. Specifically, member-related challenges listed by you all in those T/TA surveys—planning calls. We know that some of you are still in the process of acquiring an epidemiologist and core staff. And you can contact the CAPT if you need help, and what you should be looking for when you hire them, because CAPT has previously helped in terms of looking at what skills you need in epidemiologists for hiring. And a majority of you identified recruiting members and keeping key stakeholders engaged, keeping the members engaged, clearly identifying the roles of members.

Again, these three things are related. For example, you'll need to define roles to get new members and to sustain existing members. Organizational development, we all know a lot of this, by working in groups before. It's not rocket science. I think it will build the framework to start these discussions. First place is recruiting workgroup members. This is the lifeblood of the group. You are constantly working on it. If you have a SEW already, then recruiting specific members can get things off the ground.

One of the things I found was that people had two ways to do this. One is that we should know all the functions and know what we should do. Another is get people around the table, find out what people are good at and then match them to those functions. You do want to have a sense of the functions you have and are missing. You want to improve and change functions over time so things don't get static and do evolve. I found this quite often working with groups. One of the group's work is to figure out why work in this group to begin with?

I was responsible for a coalition and hiring a coordinator to increase membership but this had not been going well. So I sat down with her and she said "why are we increasing membership in groups? It's more difficult." You want to be sure of the value-added of the group and members of the group. One of the things I often tell groups is what members you have and who provides what. People may have

analytical skills, relationship skills, system skills. And if you go back to original you might want some people who understand process and organizational development. Matching those people up is a skill in and of itself.

We would like to do a quick chat poll. If you could add any expertise or skill [to your workgroup table], what would it be? Analytical, access to data, relationships, and systems are some skills. Data gate-keepers are definitely important.

This slide shows that if you start out with a general approach to recruitment you won't do as well as if you customized the approach. You need to be realistic with the group—who you have and why you want them to do a good recruitment. I think the more you customize the approach, you can anticipate what they want and what their challenges are.

I think the key for busy people are understood to be doing all the work and that's not necessarily the case. The recruitment is the responsibility of the group as a whole. Here are some the things I hear when people turn down and offer to join a group: "Not enough time," "I hate meetings," "It will be too much work," "Too many projects," "This doesn't relate," "I heard about this —not for me," and "My department is reorganizing."

These are kind of common things that people will say. Time is usually the biggest obstacle. Some people just back away because they are afraid of not being able to do as good as a job as they are expected just because of their experiences. A real simple thing is you can counter some of the barriers you encounter. The people in your group is a direct reflection of the goal of the group. Determine the roles to make the meetings more efficient. Putting together things you already have, and fill it in with some easy things. I have a colleague who is very successful at recruitment and it is because she has worked out a typical agenda for the first meetings. It says there won't be time wasted and what is needed. It gets rid of some of the barriers. Keep track of some of the things you do in your approach. This is why it isn't a single person's task to be the recruiter—it is an additional task for the group.

The other piece is having some group members who are good at networking and that would like to talk to prospective members. I have to say this is a key number one thing. I have, over time, learned that some people really enjoy this. Give the

people who enjoy this type of work this task. The people you are reaching out to are more likely to join when they see that you really enjoy what you do. It is very simple, not rocket science, and can make a huge difference. The CAPT is recruiting consultants and we found it worked just by asking the right person.

Define the prospective participants. This sounds basic but it lets you know exactly what you are being recruited for. This is really helpful for getting buy-in. We have a handout for this which you can fill out. Decide, if you want to bring in a coalition lead, what is the benefit for them? The more you can let them know this, the more likely they are to join. Who can make the best connection? This is really strategic of who you are asking and why you are asking them to join.

[Rachel]: Thanks, Sandeep. At this point, we will be joined by Shawn Macgregor. She is the project manager for Leech Lake Band of Ojibwe. And we've asked her to join us today because her epidemiological workgroup has recently been revitalized and so she's just gone through this recruitment process and has some best practices for recruitment.

[Shawn]: Yes, hello everyone.

[Rachel]: So, it'd be great if you could just give us some historical context on the epidemiological workgroup within Leech Lake.

[Shawn]: Sure, I'll do that.

I've been on board with Leech Lake since last August. Prior to that, we had the work set up—an Advisory Council, an epi workgroup. Unfortunately, when I came on board, most of the members had drifted off. And when I asked them to rejoin, it seemed like there was lot of meetings and not enough goals met. That was prior to my joining. But we were greatly aided by our deputy director of the tribal council. Giving direction that they were to participate in the Advisory Council. The advisory councils referred their staff to be on the epi workgroup and where people fit in some of the categories we have been discussing. Such as who had access to the data, and who would be the key organizational people.

[Rachel]: That's great, Shawn.

It sounds like you got the buy-in from a key stakeholder to help you do that outreach. Like Carol was saying, it doesn't necessarily need to fall all on the hands of the person that started the workgroup. If you've got someone who has either clout or connections, it sounds like that's what works best for you.

[Shawn]: Yes, that worked very well for us.

[Rachel]: That's great. Can you share a little bit about what's been working so far about keeping people? I know you haven't been there long but any key things that have helped?

[Shawn]: I feel that being organized and showing an agenda on what needs to be accomplished really helps. We were able to bring a few people back with having an organized agenda. So that was very helpful. Also, I think there was a sense of making our program relevant to people and show how important their contribution was. For example, we extended an invitation to housing. It didn't have a lot to do with them but we related it to substance abuse. It has a lot to do with them. We helped find an angle for buy in and once we found that angle for buy-in it was much easier to get members to join. And people really committed themselves.

[Sandeep]: I have a question. Was any of this data driven? Did you use that to recruit and get buy in? I was kind of curious—do you have access to data in your tribe just like showing them like what data can do?

[Shawn]: Yes. We have used that but we don't have a wealth of data. We had a lot of youth data and were able to take that across communities—such as eight schools with issues such as drinking and drug use. We were able to take that to the organization and beyond to show what kind of numbers we were coming up for with youth. Our relevance of topic was able to persuade people and how it was relevant to them, as well as to community need and prevention.

[Rachel]: I am curious about what new task a new revitalized group has taken on?

[Shawn]: There was a vision for this grant that we could try a "cradle to grave" prevention strategy but we realized we needed to be more specific when we got down to brass tacks. The important task at hand was underage drinking and smoking. The smoking numbers edged out the alcohol numbers but we had already had an established prevention against smoking so we decided to build an alcohol

prevention. We decided to promote teaching youth how to promote using social media in prevention. Our program is called Robins Nest. We had a young man committed to hip-hop on substance abuse and we hosted him and held a concert and partnered with the YMCA. Frank helped with a writing workshop on writing, videography, social media, and visual art. We also offered acting but none of them chose that social media form. But we had good attendance of youth. And we would like to allow them to continue to use that media to use their own message against underage drinking. So we've had a great kick-off and we're really excited about that.

[Rachel]: I can see how excited this idea is. I think of Sandeep and his comment about how promoting epi workgroups through hip-hop is a one of the best practices. One of the things we've talked about is using other successful tribal strategies to promote your own epi workgroups. Can you speak a little about that?

[Shawn]: Yes, we have been happy to have access to the work done by a tribe in Washington State. They have the same focus that we do and have the same size that we do. Some of the same data numbers showing up in their community around underage drinking. So they were really helpful in getting started. We knew we needed to collect more data both from adult and youth. They allowed us to use their approaches to modify ours and tailor the questions to meet the cultural and traditional backgrounds of the youth in the area to evaluate how to use the survey to measure what we needed to measure for the data we needed.

[Rachel]: Yeah, that was great Shawn. Did someone else have a question? I'm sorry. So Shawn, do you think that it's important that the CAPT can help facilitate this sharing of approaches? Of course, like you pointed out, with tribes you have to get permission to share documents, but of course, with that permission, the CAPT would be happy to try to make connections for you to help share what other epi workgroups have done to be successful and how they can assist with that is really important.

[Shawn]: And yes, that was really important. Especially that we got to talk to the key people, including the tribal elder who approved the program from the start.

[Rachel]: Well, thank you Shawn. I know I was able to ask a lot of questions but now we will open up for questions. So as we wrap up with Shawn, feel free to use the chat if you have any questions, and I'll try to read some of those out loud.

[Carol]: You know, Rachel, as you were saying, it just occurred to me that one of the things people forget is that, you know, sometimes people are motivated because they are connected to an issue, and oftentimes when we end up doing work on workgroups, sometimes our task is so specific we lose touch with that. So, you know, what is behind the data? The use? The substance? What does all this mean? What is their connection to the issue? So that was something I sort of took away from that, as well.

[Rachel]: I completely agree, Carol. Definitely. And thank you, Shawn. Candace just said "Thank you so much for sharing" in the chat. So I'm going to leave it at that, since there are some people still typing. So in case there are more questions, because of the large number of you on the call, we have your phone lines muted—so I know it can be frustrating to get all these thoughts down in a chat. We have a few more minutes that we could ask Shawn for.

[Shawn]: Are there any tribal entities represented in today's conference?

[Rachel]: Um, I believe that there are. I haven't been able to check in terms of people who registered, and people who are actually able to attend today, but I can check back in and see if I can get that answered for you.

[Carol]: You know, this is Carol. And I agree about letting them see what can happen when you are able to include more members. It's sort of like "what's the value added?" And it's the buy-in, right? It sounds like your members don't have buy-in to expanding, you know? And I remember learning about organizational development and learning about the difference between open groups and closed groups—and closed groups are like the membership is set and sort of like not wanting to include outsiders. And it sounds like your group is kind of in that closed place. And I think, from an organizational development perspective, it's almost like moving them on a continuum of readiness to change. One is that they may have to make sort of a paradigm shift. And I know that may take a little time and that's OK because of where they are starting from. But one of the questions that I would bring in is, you know, there may be a reason they're concerned about letting

outsiders into the group. And getting to their fears—whether that's, you know, "we know each other," or "somebody's going to make us do something we don't want to do, you know, it's going to cause us more work." So, in addition to them seeing the benefits in expanding to see what different kinds of members you can have, I would also want to find out what their resistance is around, and what their fears are. And can you, in addition to showing them the benefits, illustrate that what they're afraid of doesn't necessarily have to happen. So those are some of the things from an organizational development perspective, as well.

[Sandeep]: That totally makes sense, Carol. And I think sort of what you're saying is there is like a two-part answer to it. You think in terms of organizational design, like the presentation you just did, they need to think like "what's in it for me?" They need to answer that question. They need answers to that question. And what I'm bringing up is that if you see the value-added to process and product, then you can see the point of involving the other members, as well. So a combination of both can be helpful to the SEW workgroups who are adding members to think outside the box.

[Rachel]: Yeah, I think that's great.

So, I'm getting a lot of questions coming up from the chat here so I'm going to read one more and then we'll save the rest of them for the end. I have one from Valerie asking how you can get outsiders to take interest in the epi workgroups.

[Shawn]: Show new members who are not directly related how substance abuse is affecting them. It's a ripple effect. It's affecting economics, it's affecting education, and it's affecting housing. You need a good presenter to explain that to them.

[Sandeep]: I think a good way to explain it is that we are starting fresh and heading in a new direction. But I think we need to move on so I'll leave it at that.

[Carol]: You know, this is Carol. I just wanted to say one other piece of that. It reminds me of like old versus new members. This idea that we're a new group and you engage in some sort of planning steps to give them a new identity. Sometimes when I bring groups together, I do like a group history introduction. What it does is it will hopefully become their collective history. Get everybody to sort of identify

with a similar story. Set everything up ahead of time in terms of functions and how thing are to be done so that there are no misunderstandings such as like "well, we used to do it this way." So those are just some ideas.

[Rachel]: I think that's great, Carol. And I think it's true what Sandeep brought up in the chat, that these are some of the difficult questions. How do we bring new things into old ways? And so, I think those are great suggestions. So like Sandeep mentioned, we are short for time so I am going to move on. But I'd like to thank Shawn for the work that she did today. And we really appreciate having your input here. And with that, I'm going to turn it back over to Carol.

[Carol]: Sure. OK. So before we go and do this piece, what I also wanted to say is that you can also use the CAPT to ask the questions that you're talking about. There are people at the CAPT who are really good at the organizational development stuff and you can talk it through with them. And they can give you some ideas of what other people have done and what has worked. So in addition to the data pieces, and the product pieces, you can come to the CAPT, as well.

So I was thinking of this when Valerie asked, "What do you do with a member that it's not affecting them?" So we kind of need to re-think how we look at things—we've always thought that we have to have everyone at the same table, and that we have to have everyone together. But what I found over time, and this especially goes for your housing people, if you think of having different tables, and think that your epi workgroup isn't just one table, but it may be that you have a main table, and then you have a smaller table, and then you have someone at one or the other table, so you may be able to do things differently. And you may be doing this already, as it's not rocket science. So you can have a diverse type of membership and partner with different types so it then gives you a lot more variety of the function you can get out of partners. So not everyone has to be in the room at the same time. So you can have the core members, a leadership group, and partner members that you bring in a couple times a year and you learn from them, they learn from you. It will give you more options from other members who may not have the time commitment that you need. So this is just stuff that I've learned over time that may be really helpful.

[Rachel]: Thanks Carol. I have another example that kind of highlights what you said in terms of "rethinking workgroup membership" — meaning not everyone has to be meeting at the same table for every single meeting, or task or activity. So we're lucky today to be joined by Renee Faber from Nebraska, their NPN, to talk a little about her epi workgroup and how they've been rethinking membership and some of their strategies. So Renee, can you just give us a little history of the epidemiological workgroup in Nebraska?

[Renee Faber]: I can. So like many other groups, we have had a long-standing epi workgroup which had a long history of working primarily with substance abuse. And so, like many other states, we were a recipient of the support contract with SAMHSA. So that was an interesting time for our state because we were shifting around leadership, kind of back and forth with prevention. Previously it was grant-driven, through our public health division. So around the fall of 2012, our behavioral health division kind of reassumed that prevention leadership role. And then, at the same time, sort of taking on that support contract shifted gears to really align the focus with mental health. So it was good time for us, being a better leader in bringing a behavioral health background, but it was a tall order at the same time as there was not really a formal charter in place—you know membership was a little loose, so we were really charged with revitalizing that group, restructuring it, and getting it organized an putting that charter into place.

What happened the first year was we were able to bring the CAPT to also get organized. So what does that mean to focus on behavioral health issues together? How do you get aligned? So that helped. That helped get more people at the table. We had someone come in that was a treatment provider. We had someone representing our child welfare system. So, bringing new partners to the table. Then, as we got a little better and got a little organized, we stalled with our agenda, what we were talking about. We really wanted to move things forward, you know, look at a survey and make decisions. And we started to get that glazed-over look by members.

So we started to think, OK, who's here and who's invested? And how do we move things forward on kind of a timely basis? And we were meeting quarterly. And that's kind of where we came up with the idea of establishing an executive committee. And we were talking about that today—like looking at a core group of

people who can make decisions or even, in our case, just do a little more of the detailed work that you can't do in a larger group. So in 2013 we got that going and it was really helpful. It was a smaller group that we could get together on an as-needed basis. And we also talked today of how you have those old members who have been there awhile, and have those new people that have those clashing ideas.

So that's when we brought in the CAPT to kind of say OK, what are our guiding principles and how do we make sure that everyone's on the same page and understands what their responsibility is. Adding that to the group was really beneficial. And then, back to structure, the epi workgroup wasn't attached to anybody. In 2013, we had to revitalize the prevention advisory council, as well. So that's kind of where we are now. So we've just been getting things organized and we feel like we're finally able to move forward now. I'll stop there and then I'll talk a little about recruitment unless there are questions.

[Rachel]: Yeah, that was great Renee. I think you hit on a bunch of things that Carol mentioned already in terms of strategies for recruitment and utilizing this executive workgroup in order to drive some of the initiatives. So that goes parallel with some of the ideas Carol has about thinking outside the box and not always focusing on that big table. I'd love to know what, as far as retention, has worked for you.

[Renee]: Absolutely. We ask members to commit for at least a year. And we meet four times a year so we ask that members are accountable to the group. We have also, you know with that one-year timeline, taken an annual refreshment—taking a step back, who's missing from the table, if somebody's dropped from the group, do we have somebody who'd be a good replacement? It's everyone's role to bring members to the table. We also have an open-door policy. We are very much an open meeting. We allow everyone to kind of make partnerships on their own and then we talk together about who's missing and how we can fill that gap. And that's where we use our charter as.

[Rachel]: That's fantastic, Renee, and it's really great that you've had that approach in terms of recruitment. And that's what Carol's going to talk about soon. Groups that have had success in that approach seem to use recruitment and retention and utilize the group as a whole.

[Sandeep]: Renee, it's been a long time. Quick question for you. Your group was producing deliverables. Have you been able to continue some of them as you revitalized?

[Renee]: We were successful in administering a survey, developing community-level profiles. A lot of the work we did in that year has continued to grow.

[Rachel]: Renee, if it's alright with you, I asked people to ask questions in the chat. Is that OK?

[Carol]: I think you did a wonderful segue into recruiting and retaining members. We spend so much time trying to get people to the table, we often forget how to keep them at the table. What keeps you at a table and what makes you want to leave? I found that very grounding. If you're having trouble in a group, sometimes going back to your own experiences can be a helpful grounding piece. You want to find the value-added for the group. You also want to find out what is the value-added for them. You want to know that for retention, because you want to be thinking of that and put that into the meeting agenda. Is there anything we've done to give value-added to the group members?

When I see groups getting burnt out, I often see that the members were doing a lot of work and not really getting much in return. So it was really going one direction. So the other thing is measuring group satisfaction. I think you already do this. Paying attention to those group dynamics. How engaged are people? You were getting blank stares, so you switched the membership structure so that group worked better.

Some of the things you can do is do periodic member surveys. Once a year, check in on how it's going. What do you need? You can do it officially or just kind of a check-in meeting. I have this activity and it works like a charm. What is one thing that has to happen? Find out the bottom line things from members. Meeting group member's needs. Bring the CAPT in for group reflection or strategic planning process, bring member skills in.

The other thing is make sure your success is well defined. Sometimes groups are in disagreement about what success looks like. Different people look at it in different ways. People will become discontented if they don't feel the group is

accomplishing anything. Make sure you're having an impact on substance abuse prevention. Contributions to other work can be helpful in keeping people motivated. I just did those slides quickly—I just didn't want to go over.

[Rachel]: That's the benefit of doing the follow-up in June. We'd like to know where you'd like us to focus more greatly. So I'm seeing a lot of engaging members and organizational goals. Thank you for that feedback. And I'll see if we can leave that poll up for another few members. We'd love to have you at our next webinar and thank you so much for that.

Finally I just want to know that we really take your evaluation feedback to heart, so if you could follow the link to the survey. We also have the prospective member handout and the slides from today's call or you can download them, as well. So I know we are over time here so I want to thank you all and we hope we can see you all again in June.