

SAMHSA's Center for the Application of Prevention Technologies (CAPT)

National Learning Event Series

Enhancing the Structure of State Epidemiological Workgroups (Session 2)

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RACHEL: Thanks once again to all of you for joining us. Just a reminder that today's training is developed by SAMHSA's Center for the Application of Prevention Technologies, and these materials are for training use only. So we will be recording today's webinar, and we will be making the recording from today's webinar available to all participants. And so if any of your colleagues weren't able to join, just know that the recording will be sent to you after today's session.

I want to walk through the audience for today. We're joined by state-, tribe-, and jurisdiction-level epidemiologists and epi workgroup chairs, as well as National Prevention Network and single state agency representatives. And finally, SPF SIG, SPF TIG, and Partnerships for Success project directors. Welcome to all of you on the call today.

I am so happy to introduce our two facilitators for today's learning community. First, we have Candace Peterson who's an epidemiological technical assistant provider for the CAPT's Central Resource Team. Candace has more than three decades of experience in public health programming and evaluation. In her work with the CAPT providing direct technical assistance to epi workgroups, Candace has first-hand insight into the best practices being adopted by workgroups, and how workgroups can become an integral part of the state-, tribe-, and jurisdiction-level prevention system.

In addition to Candace, we also have Sandeep Kasat, and he is the Associate Director of Epidemiology here at the CAPT. Before joining the CAPT, Sandeep was a principal investigator for the State Epidemiological Outcomes Workgroup Support Contract, and then in a former life he was a state epidemiologist and workgroup member for the State of Maine. So, you know, kind of with that broad range of experience, Sandeep's able to share his personal insights from his experience on the ground in this type of work, as well as the national picture of the ongoing value of epidemiological workgroups to our prevention systems. And as you can see – I feel like this is a game of, like, what do these two things have in common – both Sandeep and Candace have a big love for the mountains and for hiking, as you can see from their beautiful photos here. So welcome to the two of them.

SANDEEP: Thank you.

RACHEL: So as I mentioned before, this is part two in a two-part learning community, and so I just wanted to introduce you to a framework that's going to guide our discussion today and kind of make the connection between Session One and Session Two. So this framework was designed by the CAPT to help guide epidemiological workgroups through actions necessary to strengthen their group, and this is going to be the road map that we're going to use for our discussion today.

This framework was designed to support states, tribes and jurisdictions that were looking to revitalize their workgroups, either because of staff turnover, or because of a new funding strain that was leading to wanting to revitalize the group. However, I want to point out that this model can also be useful to existing workgroups that are hoping to assess their current groups and re-engage their members. So I'm just going to quickly walk you through the steps, starting with step one. In this step workgroups assess their current resources, which can include expertise and skills of current members, and then look at identifying the key agencies and current activities around preventing substance abuse within their communities, states, tribes and jurisdictions.

Once doing that assessment we move on to step two, and this is where workgroups use the assessment to identify and recruit new members that have the knowledge, skills, abilities and expertise that they're looking for. And so those of you that attended session one, this is where we move into, kind of, the thinking about, you know, what's missing within our group.

In action step three, this is where workgroups identify what the value added is for each workgroup member that will keep them at the table and keep them engaged in the work. So this is kind of about that give-and-the-get mentality. So we've got to figure out what people are going to bring to the table, and also what this group is going to offer them. And finally, in action step four the workgroups provide their members with clearly-identified and meaningful responsibilities and opportunities.

So just to give you a sense of where this fits into the bigger picture, during Session one, and this was the April 30 session, we covered action steps one, two, and three. In today's session, we're going to have a continuation, kind of fill out that section on action step three around gauging interest and desire of members, and then we're going to talk about action step four. And you'll see we've added this extra component in the middle, and this is around engagement, and this is because, you know, although all four of these steps are distinct, they really, the common theme is around engagement. And so just so that you know, that's going to be a common theme throughout, both about bringing new people to the table and then keeping them there and keeping them engaged. So this entire framework is described in greater detail in the CAPT technical assistance tool that's titled *Actions to Strengthen Your State Epidemiological Workgroup*. And we're going to make sure that that's available to you at the end of today's

seminar as a handout.

So just to check in here, a little knowledge check, this is what we did during session one. So whether you did or didn't attend, it's been about two months. So just as a reminder, we talked primarily about membership recruitment strategies and membership retention strategies, and one of the sub-topics that we thought about in talking about recruitment was about rethinking traditional membership structure, that it doesn't always mean everybody sitting at the table at the same time. And then, in terms of thinking about retention strategies, really trying to hone in on what that value-added is for the member and what's going to keep them at the table.

So you may recall that during registration for today's event we asked participants to identify what topics they'd like covered in today's session. So these were the major themes that rose to the top in terms of what you were looking for: getting buy-in and engaging members, determining workgroup tasks and activities, and finally defining member roles and responsibilities. So based on that feedback, and we love to get that from you, this is how we developed the learning objectives for today. So based upon your responses, by the end of today's session, participants should be able to identify strategies for getting buy-in from potential members and re-engaging current members, describe approaches for setting clear epidemiological workgroup tasks and activities, and we're going to talk about how those two groups are distinctly different, and then describe best practices for setting epidemiological workgroup goals and member responsibilities.

So using that framework, this is going to be the road map for our discussion today. So we're going to start out having a discussion around effective pitches for engaging potential and existing members. Then we're going to move into action step four and think about epidemiological workgroup mission, the core tasks and activities, and Sandeep's going to help us walk through how those are distinct categories, and workgroup responsibilities and member roles. Finally, we're going to round out the conversation today with some peer sharing from current workgroup members. And with that I'm going to turn it over to Candace.

CANDACE: Well, good morning every – good afternoon, everyone. Good morning to Claire in Alaska. This is Candace Peterson, and I'm also known as Bugs Bunny apparently now, and I want to extend a welcome to all of you. Thanks for joining us. So what we'd like to do here is to do a participant poll. And you will see on your screen that there are some choices up there in the gray box. So when it comes to recruiting members and keeping members at the table, what do you think is the greatest barrier to maintaining member buy-in? So please choose one of the reasons that appear on your screen. Or if you have a reason that does not appear, you can select *other* and then type it into the chat box.

And I can see we've got a number of people responding. See we've got a close, close tie between unclear member roles and responsibilities and lack of connection between workgroup mission, and member needs and interests. Those are kind of running neck and neck. I also see

people typing in the chat on other. Work outside of the meetings from Greg. Susan says, "It's partially unclear roles, but that is driven by lack of time the members are able to commit." Good point. Mary is commenting, Mary Hickok, "Members are overworked and so do not have the time to put in." And then from Ann Marie, "Reluctance from current members to grow our membership." All good points. Stephanie is agreeing with Susan's earlier comment. Yeah, there seems to be kind of a theme going here in the chat box about busy people. Everybody is busy, and often people are really good, and a lot of people are asking for their time. This is a good point made by Elizabeth. "Yes, people are busy, but they're willing to do concrete tasks." So that is something that we're going to be covering a little bit later on in the webinar about being clear about roles and responsibilities, and making things more concrete. Stephanie is getting crickets when she asks to move things forward.

Back at the chat, back at the poll, rather, unclear member roles and responsibilities really seems to be getting a lot of votes. Luckily that's what we're going to be talking about more today. We're also going to be talking more, also, about the lack of connection between mission and member needs and interests. So, also appearing in the chat is having people on the epi workgroup who aren't decision makers or don't have the authority to make things happen at the department, or agency or organization that they represent. All right, unclear decision rules is also mentioned by Elizabeth. A lot of good comments. Thank you for typing in. And it looks like we're kind of nearing the end of our polling. It looks like most people have entered their answers. So we've got a lot of folks who are really thinking about those unclear member roles and responsibilities, and also the lack of connection. There's also quite a few votes on the disconnect between the work of the group, and what does that mean for the larger state, or tribe or jurisdictional prevention system.

Okay, thanks everybody for participating in that. Okay, back to the slides. You'll notice at the very top of this slide the title, and it says *Revisiting the Prospective Member Worksheet*. So, for those of you who were not on the call in April, the first one of this series of two, we shared this worksheet with participants in that first webinar in the series. And for those of you who were not on that call, there is a link to this document in the access information flier that you received yesterday in your email.

So in the first Webinar we talked about the first two columns of this chart. Considering what skills and knowledge or experience you really need to have in your epi workgroup, and then identifying potential members who would add value to the group by bringing those skills, or that knowledge or experience with them. As Rachel said a few minutes ago, after the first webinar, one of the things that those who attended said they really wanted to hear more about was getting buy-in and engaging members. So one important way to do that is to help the prospective member or the current member, if there's somebody that's on your workgroup that really is very minimally engaged. So one way to do that is to understand the value that their participation has to them, or to their organization or department. That's the third column here in this chart, and that's what we'll be discussing next.

So now let's focus on this middle column. What kind of elements are important to include when you're talking to a prospective member, and you want to make a compelling case that their involvement in your epi workgroup will be of value to him or to her, or what elements are important if you're trying to re-engage a current member. What does that participant perceive will be the value for him or for her from their involvement in the workgroup? That person is going to ask himself or herself, "What does this group do? Is this group doing important work? Is it effective? Does the work make a difference? And how will I, or my department or organization, benefit if I am involved? I'm busy. I have a lot of demands on my time. What's going to be – what am I going to get out of this?"

So an effective pitch to a prospective member, or in talking to a current member, is really designed to help that person reach a positive conclusion about the benefits of being engaged with the epi workgroup. So for engagement to happen, people need to know that they're involved in an effective group that does important work, and that they personally can make a meaningful contribution that will not only help advance the purpose of the group, but also will be of benefit to them.

So how do you make a pitch to a prospective member or talk to a current member? Before you even make the pitch, or the wind-up if you will, you'll want to think of a couple of things. First, I would encourage you to expect the conversation to be a two-way street. So be prepared to listen as well as to speak. Secondly, I would do some homework ahead of the conversation. And the homework that you're going to do would prepare you to, one, tell them about the epi workgroup, especially if they're a prospective member, two, talk with them about both the value their participation adds or would add to the group and the value that that individual can expect from being a group member. And then three, you'd really need to be able to describe or to clarify what their participation involves, and this would be making it more concrete for the individual.

So let's take a look a little bit more in depth about the components of a pitch, and I've got an example up on the screen here for us to look at. So back to your homework. Your homework should prepare you to do the four things listed on the left-hand side of this chart. You'll need to be able to describe what the workgroup is, why it exists, why the work is important. So you can see, on the right-hand side you might want to describe the purpose to them as – that substance use and abuse is a serious issue in our state, with an estimated annual cost of X number of dollars. And our purpose is to improve the scope and the quality and the relevance of prevention efforts through the applied use of data.

So the second column, the value added to the group, the second row rather. You'd also want to be able to explain why the person's participation is important to the epidemiological workgroup's effort. So you might want to say to them, you know, "You're really skilled in data analysis and interpretation, and you also know how to make data understandable. We really need that in our group. We really value that."

The third one, value added for the member. How will the potential member benefit from participation? So for example, “John or Jane, I know that your department has been working hard to reduce motor vehicle fatalities, and we know that many involve substance use. We can work together to help reduce the risk factors associated with use.”

And number four, the responsibilities of members. What is the individual going to be expected to do? The person will want to know what they're committing to, so clarify what's going to be expected. For example, what is the time commitment needed? How often do you meet? Is the group advisory only, or do members really actually wear the sweatband in terms of doing work and producing epi products or providing services.

So while that third bullet point, value added for potential members is something I'm going to be focusing on a little bit more in a minute, it's also important to keep in mind that for a person to perceive that it's going to be of value to them, it really intersects with the other three points on this slide. They're really intertwined. If you have clarity in your mission, your core tasks, your workgroup responsibilities and member roles, that's really foundational to having an effective group who can get things done, and that's the kind of group that people want to be a part of. Clearly defined work and roles helps get and keep people engaged, and it really strongly fosters perceived value.

Finally, after you would go through these four points listed on this slide, it's important to call to action. In other words, to ask for their commitment or ask for them to consider it and get back to you. And that's an important to remember, to really then ask for their engagement.

Now we're going to look in more depth at this third row here, the value added for the potential member, and how to really articulate that to an individual so that they can really understand that their participation would really be of benefit to them.

So when making your pitch, think about using relevant data, and you really want to talk with them about how what they're interested in in terms of their own department or agency, and how what the workgroup is doing, they really intersect. So helping individuals appreciate how their participation benefits them is really critical to cultivating buy-in from them. So depending on who you're trying to engage, consider how substance use or abuse might affect their organization or department, for example child welfare, crime rates, hospitalizations, admissions to the emergency departments, suicide, motor vehicle injuries or fatalities. So think about how substance use affects whoever you're trying to engage, and then do some research to get some relevant data on that intersection. So what role does substance abuse play in their area of interest? For example, a good source for state data is the Centers for Disease Control and Prevention – Alcohol-Related Disease Impact application, or ARDI, A-R-D-I. ARDI is available online. It's an online application, and it provides both national and state estimates of alcohol-related health impacts, and these estimates are calculated for both acute and chronic causes using alcohol-attributable fractions, and they are reported by both age and by sex for

2006 to 2010. So for example, this website, this application of ARDI can tell you the impact of alcohol on motor vehicle crashes, homicides, drownings, suicide, injuries from falls, firearm injuries, child maltreatment among many others.

When possible, it can also be very eye opening to include what the economic impact is of substance abuse to their area of concern. For example, in Wisconsin, which is where I live, Wisconsin used national U.S. estimates of the economic cost of excessive alcohol consumption which were obtained by Bouchery, Hendrick, Sacks, Simon and Brewer in 2011 and extrapolated the economic cost for Wisconsin, which are estimated to be over \$6.8 billion. That's annually. Binge drinking is responsible for the majority, about 76%, of alcohol-related cost and was therefore used to determine the percentage of the national estimates attributable to Wisconsin. Other states have used a similar methodology for estimating alcohol-related cost, and they include Mexico, Oregon and Minnesota.

Now I'd like to ask you again to do a poll. So please type into the chat box. Let's say your epi workgroup does not yet have a person from the Department of Transportation involved and you'd really like to engage that agency, or your workgroup doesn't have a member from the department of – they do have a member from the Department of Transportation, but their engagement is really minimal. So think about this. What kind of information would you want to share with them about the benefits to their own efforts that would be compelling to them in terms of being involved in the epi workgroup? What do you think interests them? What do they care about? How does substance abuse intersect with that?

And I can see that many people are typing. Elizabeth is first on the board. “The number of alcohol or drug-involved traffic crashes.” Absolutely. Good response. Candace dittos what Elizabeth said. And also, we know a little about drunk driving. How could our group address that? Yeah, recidivism rates of DUI post treatment. Claire wants to show statistics about the magnitude of the problem of substance-related motor vehicle crashes, and highlight the epi workgroup as an opportunity to integrate prevention efforts and reduce the problem. Great comment. Fatalities – yeah, Sandeep: data on binge drinking, drinking and driving, the cost of alcohol-related crashes. Drinking and driving by use. Yeah, the number of related accidents resulting in fatality. Yeah, very good. And Anna and Dimitrix and Susan commenting. Motor vehicle crashes in a specific area of the country; that's awesome.

Susan says what she struggles with is, “We all understand the problem with substance use. It's mapping on how that meeting is going to change it, if that makes sense.” “How is the epi group meeting going to change the problem?” Yeah, and that's – if I'm understanding you, Susan, I think that's a very good question. Great point. And I think one thing you can say about that to people is that the epi workgroup is a number of people from various state departments and agencies who are all bringing their information and their ideas together to identify consequences from use, and to put their resources and their minds together about what are the risk factors that go into those consumption and consequence patterns. What are the patterns,

and then to make recommendations to those who are policy makers or program funders on how to best address those consequences, and the risk and protective factors that precede consumption and consequences. Environmental factors; great. I see we still have a couple of people typing, and we have time for a couple of more comments. Oh, Donna, I love your comment. "Showing the density and proximity of accidents to alcohol outlets." Yeah, that can be very impactful to a non-epi public. Great point.

So yeah, looking at the mission and objectives of the DOT. Absolutely, great point. Finding out what their efforts are geared towards. Overall road safety and safe driving as a tie-in. Then you explain how the group participation can help that be accomplished. I'm just going to have one or two more comments here, and then I'm going to move us on. Thanks everybody for typing into the chat box. We're right, all on track. Gosh, people have a lot to say about this topic. That's awesome. Greg, very good comment, building on (inaudible)'s comment. "Understand what success looks like for the DOT prior to deciding what I would recommend." eah, great. All of this is about *what's in it for me, why should I be involved*.

Okay, so let's take a look. The Department of Transportation, what do they care about? Again, if you looked at their mission and their objectives, no doubt they would have some things in there about driving safety and fatalities and crashes. So they might be interested in the number of crashes, injuries, fatalities. They also might be interested in the price tag for substance-involved crashes or injuries or fatalities. If you're the person making the pitch, you would want to find the answers to questions like these to be able to firmly establish the connection between substance abuse and consequences that the potential member, in this case a person from the Department of Transportation, cares about.

So here's an example of what the benefits to the individual and his or her department might look and sound like. "So Jane, we know that -" I'm sorry. I think I might have just hit my phone there. I hope everybody can still hear me. Here's an example of what benefits to the individual might look and sound like. "So Jane, we know (inaudible) substance use has a big impact on motor vehicle crashes and injuries and deaths in Wisconsin."

SANDEEP: Candace, this is Sandeep. I think we are having a little trouble hearing you. Maybe you can speak up a little bit.

CANDACE: Sure. Sure, is that better?

SANDEEP: Oh, much better. Yes.

CANDACE: Okay, yeah.

SANDEEP: Perfect.

CANDACE: I think one of the buttons on my phone inadvertently was pressed. So thank you. Thanks for letting me know. So again, you might say, you know, "We know, Jane that there's a

lot of substance use in Wisconsin, and it has a big impact on motor vehicle crashes and injuries and deaths.” And I was just looking at the 2012, 2013 data from the National Survey on Drug Use and Health, and that data said that 26.5% of Wisconsin residents that are 18 or up reported driving impaired by alcohol over the last year. That's much higher than the national prevalence of 16.5%. And 17.0% of people 18 and up in our state reported driving under the influence of other drugs. Unfortunately, Wisconsin has one of the highest percentages in the nation of people who drive under the influence of alcohol. In 2012 there were over 30,000 arrests for operating while intoxicated in Wisconsin. In that same year there were over 2900 alcohol-involved motor vehicle crashes, and drivers with positive blood-alcohol levels accounted for over 1/3 of the fatalities in all the motor vehicle crashes. In 2012, 615 people died in motor vehicle accidents, and almost 40% of those deaths were attributed to excessive alcohol use. That's 240 people in 2012. And, you know, it isn't just cars either. In recreational vehicle deaths like boats, snow mobiles, all-terrain vehicles fully half of the deaths were attributable to excessive alcohol use. And, you know, the annual cost for all of this is \$418 million – that's annually – for alcohol-involved motor vehicle injuries and fatalities.

So again, to recap, while a pitch includes all four of those main points we discussed a few minutes ago, this one really demonstrates the impact of substance abuse on the person's own efforts, and helps make the case for how their department or agency's efforts can intersect with the broader group's focus, which is to work together to identify and address the consequences of substance use and abuse. And Rachel, here I'm going to turn it back over to you.

RACHEL: Great. Thanks, Candace. So I think we've got Christie all queued up and ready to share an example from her state, if you'd like to do that now. And I just want to test. Christie, can you just say something so we know your audio is on.

CHRISTIE: Hello, how are you?

RACHEL: You sound beautiful.

CHRISTIE: Good. All right, yeah.

RACHEL: So Candace, do you want to set her up?

CHRISTIE: Oh, sorry.

CANDACE: Yes, thank you. Thank you, Rachel. Yeah, Christie, thanks for agreeing to talk with us today. One of the things that I was just talking about was that people really are more interested in getting involved with a group that's effective and that gets important work done. So I think it would be really great if you could give an example, a specific example, of a success that your epi workgroup has had to demonstrate that you're effective in trying to accomplish things. So Christie has an example, a recent example from Wisconsin, of a success from their epi workgroup, and Christie, thanks for sharing that with us.

CHRISTIE: Thanks. Hi everybody. Yeah, thank you also, Candace for kind of presenting some of the data from 2012 on the different things associated with the Department of Transportation and the relevant data that might be used and attached to them. We really did have a success on our epi workgroup, particularly around drinking and driving, although these numbers for 2012, I guess, you know, still are very high. We have seen major decreases in this.

So we first began our epi workgroup in – our first report was done in 2010, or I'm sorry, 2008. And at that time we were seeing that the percentage of alcohol, fatalities that were alcohol related were very high as a percentage of the overall alcohol fatalities. But as we started collecting that data and working with people at the DOT on different campaigns and projects that could mutually benefit us and with the Department of Health Services in terms of our overall prevention efforts related to just substance abuse in general, or targeted priorities such as binge drinking, underage drinking and motor vehicle fatalities, we really relied on that partnership with DOT to not only get some of the data for our purposes, to help understand what the trends and what was happening in our area was, but then also help inform DOT in terms of some of their potential, excuse me, (inaudible) they could do.

So the success in that regard was really in about 2005 we wound up starting – we started seeing a very good, big decline in the number of alcohol-related total motor vehicle fatalities, or that were alcohol related. And so it really went down. Again, still high. We do a lot of drinking in Wisconsin, I must say that, but we did see almost a 50% decrease in the alcohol-related fatalities that were associated – oh, not quite 50%. I'm looking at the wrong data. I'm sorry. But we saw a pretty steady decline starting in about 2006 to what we are at now.

And so our, these lower rates, or the lowering of rates, I think, are really attributable to some of the discussions that we had with DOT and some of the partnerships we formed in order to develop other strategies for reducing this and keeping it on people's radar. So for example, our Department of Transportation did develop a campaign called Zero in Wisconsin, and that was really aimed at having zero deaths on our roadways. And so that has really been able to take another form in terms of – texting and driving has been put under that subheading too, but it really started off with an effort to get people to stop drinking and driving and having those alcohol-related motor vehicle fatalities.

As Candace also mentioned, we do have a high percentage of – 50% of our ATV or recreational vehicle deaths are alcohol related. And when we started looking into that a little bit more, we realized that while overall, of all the recreational vehicles, 50% were alcohol related, when we looked specifically at snow mobile deaths, 70% of them were alcohol related. And so that actually was something that we started looking at through the DOT, but were able to then take that to a larger scale and then go find some other partners that we could share that data with and work with in terms of trying to reduce those numbers. So we got a hold of our snow mobile – there's a snow mobile association, and so we started working with them to identify specific targeted strategies that could reduce those numbers.

And so I think it was a really – knowing the numbers, and having the right people at the table, and being able to keep – and it wasn't always the same number. So we did have some of that staff turnover. And so being able to show how this data has helped in the past and how it's helping us move forward into reducing some of the consequences really helped keep people engaged from specifically that segment, but then also allowed us to branch out to other departments or organizations that had a stake in the outcomes as well. So with that I will finish up, unless, Candace, you think of anything else you wanted me to touch on. But that was really one of the successes that I think runs really well into what Candace was saying about matching the indicators and making your pitch.

CANDACE: Yeah, and thanks. Thanks a bunch, Christie. And it really does help to give, to explain to people that your, you know, group does important work, that it's making a difference. And thanks for sharing that example, Christie. So, Rachel, over to you.

RACHEL: Great. Thanks, Candace. And Christie, I completely agree with what Candace said. I think that it really reiterates what a lot of people were saying in the chat, that you really, you need to be informed about the needs of what these different departments are. And it's very clear, you know, that you're really informed about how the impact you're making is going to keep people at the table and keep them engaged. So that's great. So I'm going to be checking in here. Let's just see where we're at in the road map. So thank you, Candace for walking us through some of those pitching exercises. And now if we think back to that framework, we're going to move on to action step four where Sandeep's going to walk us through some of the elements that you'd want to consider when you're thinking about how to provide meaningful responsibilities and opportunities to your workgroup members. Sandeep?

SANDEEP: Yeah, thanks Rachel. So, like Rachel mentioned, the workgroup goals and responsibilities were identified as one of the challenges you guys are currently facing from the previous webinar that we did in April, and from the service planning calls to CAPT, and also the poll today Candace conducted. So what I'm going to try to do is, I'm going to – like, we noticed that almost 80% of you on the poll today said that having a clear mission and core tasks, or having clear roles and responsibilities would be very helpful. So to address that better I'm going to try to split this section into two major areas, and I'm going to flip the context a little bit. I'm going to talk about the epidemiological workgroup mission core tasks and activities, sort of big-picture things first, and then the second step after that is I'm going to talk about how these mission core tasks and activities, the big-picture things, relate to your workgroup responsibilities and member roles.

But before we get to the discussion on the mission task and roles and responsibilities, I think the first step any epidemiological workgroup can take is think about who your primary audience is. I know the list you see here is not exhaustive, but roughly there are three major target audiences that every SAMHSA-funded epidemiological workgroup deals with or has dealt with in the past. You are expected to address the needs of your host agencies. In many

cases it's substance abuse, single state agencies. I know some of you are at the Department of Behavioral Health or mental health as well. Second is your Federal funders or clients, which is SAMHSA, CSAP here. And third is your communities or sub-recipients that your single state agency or your host agency is already working with. And I know some of you also address your key stakeholder needs like (inaudible), Department of Mental Health, and also assist policy or decision makers or state advisory council in setting prevention priorities. So we do identify those as target audiences, as well.

The key here is, like balancing these target audience needs, and by balance I don't really mean that you need to address all target audience needs at all times. We all know how limited our funds and resources are, and we saw that in the chat box that folks were responding that as a challenge. What I mean is you may need to prioritize certain target audience needs over others at times. For example, you may need to prioritize responding to SAMHSA needs when you're submitting your state strategic plan for SPF SIG or SPF PFS when you respond to those needs assessment and planning sections. Or you may be channeling your resources for addressing, let's say, an emerging epidemic, for example a growing example in the state, just like sometimes the Northeast states we're dealing with in the last couple of years.

So here, what we're going to do is let's take a brief poll on assessing what target audience you think you are currently catering to. And check all that apply. And it's okay if you're not addressing the needs of all of these. And what I want to mention, that we actually use this response and feedback in the T/TA services we provide at the CAPT and also, the products that we are working on like the epidemiological workgroup roles and responsibilities. So this will help us identify where you are going with it, and sort of incorporate your feedback into the products we keep developing.

So I already see that it's a good spread. It's really good to see that communities and your single state agencies are, like, neck to neck. You're also thinking about your decision makers, Federal clients. Your SAMHSA and CSAP requirements are also there, but rightfully so, I see that your host agencies and your community needs come first before you respond to your Federal client needs. And actually, it's great to see that your single state agency and community is actually rising to the top. And we're going to give maybe, like, a couple more minutes for folks to respond. And I see that there are other key stakeholders folks are listing. And I saw that Candace gave an example of Department of Transportation, and Christie talked about it, so we do know that there are some of you actually looking at making a pitch to your other key stakeholders, or maybe producing fact sheets or profiles that are useful to them. So I see that that category is also rising, which is funny, that Federal clients is actually the lowest, and then your state and communities are rising to the top, and that's the way it should be. And then I'm going to cover a little bit further on how Federal requirements are also recommending that you focus more on your single state agencies and communities as a workgroup as well.

Yeah, and then, Candace, you're making a really good point, that you serve Federal clients to

assisting the host agency, and that's the expectation from SAMHSA and CSAP, as well. So, not surprising that your state and communities, the single state agencies and communities, are your target audiences. But good to see that you're catering to the needs of your policy decision makers as well. And I know some of you identified that as a challenge as well, so it's good to see that many of you are actually looking at that as well.

So maybe we can go back to the slide. So thank you for responding to this. So based on the target audiences we identified, let's try to refine this big-picture things most workgroups start with. So, mission is generally the big picture of where you want to be or what you want to achieve, like, let's say for example building a house. And core tasks are the major goals or steps you take to achieve your mission. In this example, let's say like building a ground floor of your dream house.

And to achieve these core tasks you undertake short-term activities like building a ground floor and getting down to the nuts and bolts of cutting the wood or something. And I know it can get confusing since these terms are related to each other, and there isn't really a right or wrong way of defining them, but broadly speaking, we're defining mission as where you want to be. Core tasks are the measured goals, and activities are short-term steps or short-term goals you take to achieve your long-term goals.

Putting this in the context of the epidemiological workgroup and SAMHSA, CSAP work, your workgroup mission can be to support your single state or host agency, and also SAMHSA's mission, like improving behavioral health for your community. So you can see that even in SAMHSA's mission you can see that the community shows up as part of your mission statement. The core tasks or long-term goal you may undertake to achieve that is to integrate and align resources from, let's say, Department of Substance Abuse and Mental Health, and look at all behavioral health indicator data to inform prevention planning.

Some of the short-term activities, or goals, short-term goals you may want to undertake to do that is create a fact sheet that highlights how substance abuse and mental health problems intersect and co-occur, or creating a comprehensive epidemiological profile that highlights key priorities from behavioral health data you analyze. One thing to note, that although most mission statements are broad and static, your core task activities may vary depending on what target audience are you dealing with, like, for instance, like I mentioned, if you're addressing SAMHSA needs your core tasks and activities will look a little different as opposed to if you are catering to your community needs.

So what I wanted to do is provide a brief history and overview of SAMHSA's expectation for the epidemiological workgroup. Like most of you have been involved with the epi workgroup, we know that epidemiological workgroups were first created under SPF SIG Cohort 1 in 2004, 2005, and SAMHSA has continued to fund them through successive SPF SIG cohorts, SEOW contract states, Partnership for Success, and now the SPF PFS grant. But regardless of funding

streams, SAMHSA's mission for epidemiological workgroup has stayed the same. SAMHSA expects the workgroup to bring data to prevention planning using the SPF model. The workgroups are expected to use the outcomes-based approach and look at consequences, conjunction pattern and risk and protective factor data to come up with data-guided priorities, and the focus is on implementing prevention programs that have a broader impact. So, sort of public health focus and a community focus as a whole. And the figure on the right is from the SEOW contract, and I know some of you might have seen that figure, and maybe been part of the SEOW contract. And then I'm going to explain the tasks and deliverables corresponding to each SPF step from the SEOW contract on the next slide.

And before we go into a little bit of detail on this, I wanted to mention that you have this as a handout. So for visual purposes, we had to split this table into two, but you will get this table as a handout as well at the end of this seminar.

So under the SEOW contract, the SEOW or the grantees focused on activities and deliverables products under each step. So the workgroup always had an end-product in sight corresponding to each step. If you note that the capacity-building step, which is the second step in the SPF model, is listed as the first step here, the reason being that many of you build your epidemiological capacity before you even started conducting a needs assessment. We do know that most of you are involved in mobilizing and building community capacity, but we want to acknowledge that there is this epidemiology capacity-building step even before you start implementing the SPF model. And if you look at the needs assessment core tasks and activities, you will note that the majority of heavy lifting your epidemiological workgroup does is under this step. So this was also evident from the workgroup assessment done by the CAPT, and during the first webinar, that this is where most workgroups felt that they contributed the most, and the two major products that almost all of you produced, state and community profile, are created under this step.

We also know that, and I've also seen that many workgroups, many of you have been directly or indirectly involved in setting statewide priorities under step three. Some of you have also created detailed tool kits, guide books, or implementation guides under Step 4, where communities can use those guides and implement the SPF model. And lastly, many workgroups have also built tools and websites where you can host and disseminate data to the communities, and also track progress and emerging priorities from the field.

So although the major heavy lifting is done under the needs assessment stage where you build those comprehensive epidemiological profiles, I want to emphasize that the fact that your work doesn't really stop there. SAMHSA expects the workgroup to stay actively involved throughout the SPF step, and make sure that data gets to those who are involved in prevention planning, especially at the community level. SAMHSA also expects that the workgroups continue to track progress and monitor emerging trends. So one way to look at it, at this table, is you can use this table as a starting point or reference guide that corresponds to SPF step and SAMHSA

recommendations, but I want to mention that that's only a part of the puzzle. You can take this table and tailor it based on your target audience's needs, as we talked earlier. You can add a couple more columns for identifying, let's say, person responsible and timeline, and this table can become a formal document you can forward to or share it with your members or your leadership, or if you want to recruit someone new. And the CAPT team can provide you access and guidance on these products that were developed in the past. And the CAPT epidemiology team right now is taking a stab at creating an updated version of this table that goes beyond just SAMHSA expectations. So this table from the SEOW contract only includes SAMHSA expectations. We're taking it a step further and try to include recommendations with best practices, examples for how to go into the community and build some tasks and collaboration around community work that the SEOW should be undertaking.

So I want to mention that as you move forward with your core tasks and activities, there are some things you may want to think about. First, the target audience need can change based on the context, so you will need to continue to access them periodically. For example, if you are in SPF step one, you may want to think about updating your epidemiological profile, but if you are in SPF step five, you may want to work with your evaluator for monitoring progress and tracking emerging trends. Sometimes the context is driven by emerging priorities. For example, a recent heroin epidemic in your region may lead your workgroup to create a subcommittee which then becomes a part of a statewide task force to address this epidemic.

You can also choose to look at your data gaps. I know many of us struggle with small sample size issues at the community level, so you may want to focus on generating county-level estimates by combining multiple years of data together. And I know that there were a couple of SEOW contract states that produced products on that. Many of you already create state and community profiles, but it might be worthwhile to think of whether it makes sense to rethink what products you need to create annually. I know that some SEOW contract states in the past have made the state epidemiological profile a two-year product, and focused more on getting data out to the communities annually, and did some training every year, and produced the comprehensive profile every two years. And this is, again, all of this becomes a balancing act based on your immediate needs and available resources. I know this is a lot to do, and given limited staff and resources it may boil down to getting the low-hanging fruit first and then move on to other stuff.

So I wanted to pause a little if there are any questions, but I see that given the time we're going to hold the questions a little bit in the end, and we'll see if we get an opportunity to interact in, on this as well. But I know we gave a lot, and many of you have already done this, but I know there are some new folks in this group, and I wanted to keep, encourage them to put their questions in the chat box as we move forward. So I just wanted to pause and mention that if you have any questions on the content, just keep putting them in the chat box, and we can address them in the end.

So we actually discussed a little bit about what SAMHSA's expectations about the SEOW, the epidemiological workgroup are, what historically the SEOW contract states have been doing in terms of mission, core tasks and the activities. But in the next step we're going to talk a little bit more about where the rubber meets the road. So we're going to try to make a connection between the epidemiological workgroup mission, core tasks and activities, and how it relates to what you do in your day-to-day epi workgroup roles and responsibilities, what you do in your meetings.

So I know that some roles are a little bit more clear than the others. Like, for instance, if you have epidemiologists in your workgroup, like data analysis, it's really clear that your epidemiologists will take a stab at data analysis. Or, for instance, if you have your (inaudible) or single state agency director attending your meeting, it's really clear that probably the decision-making role will go to that particular person. But the whole idea of having the workgroup talk to each other is to make informed decisions. So the member roles and responsibilities are not just one-to-one task, and it should be a coordinated group effort.

So when we are analyzing the information you provided on your epidemiological workgroup strengths and challenges during the service planning calls, it became clear that this was also the area a lot of you struggle with, and which was also clear from the poll we did, and partly because of the staff turnover that someone pointed out in the chat box, and partly because of having no clear guidelines on what the workgroup is expected to do. Historically though, we have seen variability across how grantees have addressed this in the past. But one thing is for sure, that you will need to sit down with your workgroup to talk about this given your capacity and resources. And to begin this conversation, what we have done is we have put together a member roles and responsibility worksheet that will be made available to you after this webinar, and you can see the example shared on the slide with this. And the first step may be for you to take this worksheet and tailor this to your workgroup.

So I think it's important to look at workgroup responsibilities and member roles in a little bit different way and sort of separately. So if you were on the first webinar that we did in April, we broke workgroup responsibilities into two major categories: workgroup organizational structure, where you have your meeting and workgroup coordination, some decision-making rules; and then process and products where you get down to work on data and create profiles and reports, or provide TA to the communities. And to do these tasks you've got, like, five or six core members that every workgroup has. You've got your epidemiologist. You've got your grant coordinator. You've got your workgroup chair, your NPN or SSA director, your SPF SIG and PFS evaluator attending meetings. And then there are always some key members who are active in each workgroup.

We know that many workgroups will have members that wear multiple hats, as well. For example, your NPN could be your workgroup chair, or your evaluator could be your epidemiologist. For the purpose of this discussion and the slide, we consider these as separate

roles. And the point I want to make here is that – and you will see that in the example listed on the previous slide, and in the roles and responsibility handout as well, that aligning responsibilities to workgroup members is, again, not necessarily a one-on-one process. For instance, you can have your epidemiologist working on member recruitment and data analysis, and you can have all of these folks involved in decision making at various levels. And again, you can use this slide as a starting point to think about what's missing from your workgroup, or take this and modify with what your workgroup responsibilities and member roles are. And I know that some of you are still looking for core staff like epidemiologists, and not having this core staff available can be a challenge. But I've seen epidemiological workgroups sharing resources among their stakeholder agencies in the past. So maybe having this conversation will open doors for more collaboration, and this could be a good first step for if you are thinking about revitalizing your workgroup as well.

So what we're going to do is let's do a quick poll where we get a sense for who's responsible for these key responsibilities in your workgroup. For this poll what we tried to do is select a couple key responsibilities from the organizational structure and process and product categories. And on the poll you will see core members list that you saw on the previous slide like your epidemiologist, NPN, evaluators, and you may select all that apply. This will help you see how workgroups across the board are delegating these responsibilities, and maybe give you an idea of what next steps you should take when you convene your workgroup.

So I see that membership recruitment falls, I think, majorly to your workgroup chair, is doing the membership recruitment. I see that in decision making your workgroup chair is also involved in your decision making. I see, and I'm not surprised, that your epidemiologist is involved in the data presentation and dissemination, but I do see that your workgroup chair plays a role in it, and then maybe, I know that there are some of you where your epidemiologist is workgroup chair as well. And Candace, that's a great point, that you try to get consensus when possible around decision-making. And then I see that there is a good spread among decision-making.

So I see that across the board a lot of you are actually working on, like, sort of consensus process when you are making your decisions. And in terms of T/TA to the communities, I see that your epidemiologist is involved, your evaluator obviously, because they are working closely with them in terms of collecting data for their grants. I see that some of the key stakeholders are involved in providing T/TA. They're providing, they're involved in data dissemination as well. And Candace, that's a great point. Yes, it doesn't always work well, because I guess maybe too many cooks sometimes do spoil the broth. So there might, you might need to have one decision-maker who has a final say. And when I was a SEOW epidemiologist in Maine, when we produced any kind of data analysis presentation or product our workgroup will sign off on it, but it will go to our NPN and SSA and prevention team director. One person was wearing multiple hats, and that person would sign off on it. So maybe having that person can help as well.

So I see that there is a good spread of what your epidemiologist does here and what your workgroup chair is involved in. I see that evaluator is involved in providing T/TA to the community, and also in data analysis. I see that your coordinator is involved in decision making and also membership recruitment. So this is exactly the point of this exercise, and the point I wanted to make on the previous slide, that there are multiple roles, and multiple people can do those roles. So, and I'm seeing that across the board everybody is actually doing that. So can we go back to the slide format?

So, lastly I want to mention that when you start thinking about this mission, core tasks and activities, and member roles and responsibilities, and have this discussion in your workgroup meeting, it is actually very important that you start documenting it. And when I was the principle investigator of the SEOW contract, I was actually surprised that several grantees identified their formal workgroup charter document as equally important as their big epidemiological profile. So they thought that it helped them create realistic goals. They could see their own progress, and it became a document that they can send to someone they wanted to join their epidemiological workgroup. Plus, given that there is staff turnover, this formal document or your workgroup charter can be very efficient in orienting the new person.

I also wanted to bring us back to what Candace talked about in her example of making the pitch. All these things, making the pitch, being clear about your tasks and responsibilities and membership, will help you with recruiting and retaining a member as well, and also will bring clarity to your own epidemiological workgroup road map. And if you do decide to create this charter, we'd encourage you to consider adding this introduction that talks about why this is important, just like what Candace was mentioning, and getting the specifics for your mission, tasks and responsibilities. So thinking about meeting the workgroup members, prospective members, where they are and providing a little bit of information on why they should be joining the workgroup, and what's in it for them, and how they can contribute with supported data, can go a long way. And the CAPT team can provide you with examples of charters from the past. We're sharing a couple on this call. You'll have access to Guam's charter which talks about their mission, guiding principles and membership, and also Mississippi's charter as handout after this call, and you will hear a little bit more from Mississippi about their charter as well.

So with this I'm going to turn it over to Rachel. And I don't know, Rachel, if you have time for a couple of questions, or we should hold our questions for later.

RACHEL: Yeah, I think it would great, Sandeep if we could just hold questions for later until after we've gone into this grantee experience. But I think I agree with you, that if we could be adding them to the chat, Sandeep, you and I can kind of monitor them, and then we'd like to save some question-and-answer. So just like Sandeep said, feel free to post them in the chat. Like Sandeep said, we're going to move now into the road map, to hearing some grantee experiences on the content that Sandeep just shared with us. So, Candace, can you introduce

our grantee presenter?

CANDACE: Absolutely. I'd like to welcome and introduce Thia Walker, who is the chair of the epi workgroup in the State of Mississippi. Welcome, Thia, and thanks much for agreeing to share your experiences and insights with all of us today.

THIA: Okay, well, thank you. Can you hear me?

SANDEEP: Yes, Thia.

THIA: Hello?

CANDACE: Yeah, yeah.

THIA: Okay, great. So hi everybody, and thanks Candace, Sandeep, Rachel and Christie for the wonderful presentation thus far, and for having me on to present.

CANDACE: Yeah, Thia. I am so glad you're able to join us. And what I'd like to do is just walk you through some questions.

THIA: Okay.

CANDACE: And you'll see them up on the screen here. So let's just go through them one at a time. First, what process did your workgroup use for establishing roles and responsibilities for your members?

THIA: Okay. Well, first some background information. I've been in the position approximately two years. It will be two years next week. And so when I came on board, I was trying to learn, okay, what's my role and responsibility as the epidemiologist and the sole chair for leading this group and accomplishing tasks. So I started by reviewing old documents that were in place, old minutes and things of that nature and came across our charter which was generated in 2006. And so the charter, of course some of this stuff had been completed, and it was kind of outdated, so I decided, okay, well, let's leave the charter in place.

So we needed to kind of create so bi-laws that kind of build off of the charter, and to address things that were currently taking place and the current needs of our SPF PFS, of course, and to meet the current needs of the workgroup. And so we started by addressing the bi-laws. Our, brought them to our entire workgroup, and they provided guidance and feedback on our bi-laws. And then eventually, after a couple of revisions, they voted to adopt the bi-laws. And then, just for me, and needing some support from someone who had been in the position, or from our evaluator, I kind of drafted one of our lead evaluators as my co-chair, someone because of his knowledge as working on the SPF SIG and the SPF PFS, of course. I needed his input, and just help to kind of keep me on track, to make sure that I was aligning the goals of our SEOW with our mission and goals and objectives of our PFS grant.

CANDACE: Thia, do we still have you?

THIA: Yeah, I'm still here.

CANDACE: Okay. Is there anything else you'd want to say about that one?

THIA: Not about that one. I think that pretty much covers, you know, the formal documentation and our bi-laws, and pretty much covers the purpose of our SEOW, the member roles and responsibilities, subcommittees, voting attendance, MOUs, officers, special means and our work plan.

CANDACE: Okay, let's – go ahead. Sorry.

THIA: Okay. No, you can go ahead.

CANDACE: So, what were the different types of responsibilities that you assigned to different members?

THIA: Okay. Well, first of all we established our, kind of, standing subcommittees for our SEOW within our bi-laws. And we had our executive committee, and the executive committee consisted of myself, the chair, evaluators and other members who were interested in being on the executive committee. And one thing that we did was we kind of, like, let people kind of assign their selves to different subcommittees, because we didn't want to kind of force somebody to be in a committee or something that they didn't feel comfortable being in.

So the executive committee was one that – and pretty much the executive committee is, kind of oversees, responsible for coordinating all the meetings and kind of coming up with the agenda for our meetings. The next one, standing committee, was the membership committee. And the membership committee was responsible for assessing what areas were missing from our workgroup. What areas or entities that we haven't tapped into, whether, like, kind of like Department of Human Services or things of that nature. Then we had our website committee who was responsible for, kind of, reviewing our current website, and kind of seeing, kind of giving us some ideas and ways for enhancing it and bringing forth that knowledge, and that consisted of people who were statisticians and just regular community people who could tell us, like, what were some things they would like to see on the website, and what would help them in their communities when they were going out and establishing their coalitions and needing to provide information to their coalitions. And then finally our evidence-based workgroup is a subcommittee of our, overall, so, workgroup.

CANDACE: Okay, thank you, Thia. And as Thia mentioned, one of the things that they did early on was to draft bi-laws for their revitalized workgroup, and then taking it to the workgroup for guidance and feedback. Here's basically a screen shot of the first page of it, and this is basically a slide that gives me the opportunity to remind you, as Sandeep said earlier, that you'll receive the full document as a handout after today's Webinar.

Okay, Thia, last question for you. Can you share some of the best practices or challenges that you identified in this work?

THIA: Okay. Well, as far as best practices, what worked for us, we have four meetings a year, and we kind of have a set schedule for those meetings. We meet, like, the third Tuesday of, during the second month of each quarter at 10:00 am, and that's just so it's established way ahead in, far in advance, and it gives our members an opportunity to plan around, because as a lot of people stated, people are extremely busy. And so that has been working for our group forever.

Another thing, we decided not to cap the number of members for our workgroup, and that works well for us, because, you know, there are always going to be some times where people cannot make it, or they have conflicts, but we always seem to have a full house and a forum to get things done.

Another thing, another best practice, is networking. A lot of people attend meetings, and you go out and hear different presentations. And if you see where something that you're hearing or is – I always go out, and I invite people if it's related to what we're doing in some form or fashion, invite them to come to our meeting and present on the data related to what they're doing. And then that's kind of how I kind of draw them in, and then they come and see what the SEOW is all about and what you're working on. And then they'll say to me, “Well, okay, I like what you all are doing, and I want to be a part of this group.” And that's just kind of how I, kind of, you know, I guess woo them in, or – and when they come and they present, then I present them with a package of, like, my bi-laws and deliverables that the SEOW has produced, and then they are often very impressed with what we have done and want to, you know, contribute to our group and be a part of our group.

And again, I always like to try to give people the most bang for their buck, so to speak. So because they are busy, at our meetings I may set aside maybe 30 to 45 minutes for our subcommittees to kind of convene at the meeting; break off into little groups and convene, and then they kind of, where they can kind of develop their strategies and work through specific tasks right then, and then they may not have to, you know, worry about trying to do it on their own time or doing on their work at their regular job or whatever.

And another thing I find interesting – don't be afraid to follow up with a simple email if it's something that couldn't get finalized or solved in your actual SEOW meeting where they broke off into the group. And usually if you send them a follow-up email, if they haven't done it, they will do it before they respond and get you something.

CANDACE: Yeah. Yeah, that's great.

THIA: Okay.

CANDACE: And, you know, I'm noticing over here, Thia, in the chat box that Janet Porter is asking a question. And Janet asks, "Do your bi-laws state if you have a minimum number of members? And if so, what's the minimum?" And I'm wondering if you could answer Janet. And also, we probably have time for a couple of other questions if people want to type into the chat box, questions either for Christie who spoke earlier from Wisconsin, the NPN from Wisconsin, or for Thia. So Janet's question was, do you have a minimum number of members, and if so what's your minimum?

THIA: I don't think that we set a minimum. I think initially, in our charter it said 25, but just when I evaluated our chart and looked at our current number, we had – well, current membership that was attending our SEOW meetings, we had more than 25 people attending our meetings. So it wouldn't make sense to exclude people. If people are willing to come and participate, I definitely didn't want to exclude them. So that was one reason why we didn't limit, but initially in our charter it was 25.

CANDACE: Okay.

SANDEEP: Good point.

CANDACE: Okay, any other questions, either for Thia or for Christie? I see some people are typing -

SANDEEP: Elizabeth had a great point, that they have used advisory members. So people who need partnership, but who can't attend all the meetings. We know that if we need something, we can call on these people. That's a really good point, that they are on the workgroup, but they are part of an advisory committee. So you have access to them as, like, sort of an expert. That's what I think she means.

CANDACE: Yeah. I see another question from Candace White. "Either for Christie or Thia, what are some of the professions or titles of your most productive customers? Like what sectors do they represent?" So either Christie or Thia could -

SANDEEP: And I think this probably will be the last question before we wrap up. And we can follow up with folks individually later. So Christie or Thia, you want to take that question, and then we can move on?

THIA: Okay, I'll take it. Our most productive members are our evaluators, our epidemiologists from the different areas or different departments within the health department. We are in the Department of Mental Ill – so those people have been really valuable, the epidemiologists and biostatistics. Of course, our grant coordinator, our NPN, and those like our prevention program director has been very valuable, a very valuable asset. So, and even like, just a data – I don't know, data analyst or data person. Somebody who – a lot of people who have been in prevention for 15 or 20 years, they have provided great insight to our group, and those are the

ones who I can always call on to get whatever I need done.

RACHEL: Well, thank you, Thia.

CANDACE: Thank you so much.

RACHEL: Thank you. Candace, obviously we're both really appreciative of Thia sharing all of this today. So just in the interest of time, I want to be respectful. So thank you again, Christie, and Thia, for both of you for sharing. It really – you know, we here at the CAPT can talk about these topics until we're blue in the face because we love it, but it's really when you guys share your experiences and your best practices, that's really when it's kind of brought home, and we can actually walk away with something tangible.

So on that note, I just kind of want to do a quick check-in about where we've been today. So looking back to that framework and thinking about, you know, what Candace brought up about this pitch—that this is not just something you use in the elevator when you're getting people to the table. This is about how you engage new, but also keep your existing members, at the table. And thinking about what Sandeep talked about regarding the workgroup mission, core tasks and activities, those are going to vary from state, tribe and jurisdiction. This is really about what – you know, this is about what your target audience needs. And finally, in terms of determining responsibilities and roles within your group. Like, this is, there are no rules when it comes to this. This is like when we looked at those polls. These are going to be different from group to group. And so that, the most important thing is about ironing them down. So I think that's great.

And I want to leave you guys with a question. And I'm going to ask over the chat, in the interest of time, but thinking about everything we've talked about here, think about what you could do in the next 6 to 12 months. And when you're leaving today, you know, mention it to your colleagues, or bring it back to your workgroup. What could you do in the next 6 to 12 months to strengthen the structure and function of your workgroup?

And, you know, I'm always going to make a point here to – even though we do a number of these national services, just remember that you have your CAPT T/TA liaison available to you. And so if you still have some lingering questions after today's session, remember that the CAPT can provide some customized TA to your workgroup. And I just listed couple examples here, but there's really numerous examples of the support that the CAPT can provide. And, you know, don't be afraid to ask if you want help with anything. So just feel free to reach out to your CAPT T/TA liaison if you want support in any of these areas.

One last pitching element here. If you are interested in the pitching component that Candace shared with us earlier, the CAPT's doing a much broader series, webinar series, starting in July on pitching prevention. And so if that's something that's particularly interesting to you, we're going to delve into that in much greater depth. So I just wanted to make you aware of those

particular dates.

And just finally, I wanted to say thank you so much to all of you for joining us today. We had some really interesting discussion in the chat. Thank you so much to our grantee presenters. And I really urge you, if you can, take the time to fill out this feedback survey. We read all of these surveys, and we really take them to heart and try to incorporate them into our future series. And so if you – you may have been contacted by some of our staff during the webinar if we didn't have your contact information. We're just trying to track those of you who attended today.

And so you'll see, this is obviously a very busy page here, but we've got the survey link if you're able to complete that, as well as all of the materials: the handouts that Sandeep and Candace and I mentioned throughout the presentation today. You will also be receiving these in addition to the recording in a follow-up email. So if you don't, I'll leave this screen open so you can download them, but if you don't have time to download them today, just keep an eye out in your email, and we'll be sending those to you within a week.

So again, I'm sorry for running over by a minute, but thanks to all of you for joining us today. I really appreciate all of you and was so appreciative of the discussion that we had. So have a wonderful rest of your afternoon, and we will be seeing you all soon.

SANDEEP: Thanks Rachel.