Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner

Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058

Statewide Coordinating Council for Public Health
Draft Meeting Minutes of June 20, 2020
Zoom
10:00 a.m. – 12:15 p.m.

Voting Member Attendance:

Seat	Roll Call	Name	Organization	Representing
1	x	Betsy Kelley	Partners for Healthier Communities	York District
2	x	Courtney Kennedy	Good Shepherd Food Bank	Cumberland District
3	x	Erin Guay	Healthy Androscoggin	Western District
4	x	Melissa Fochesato	Mid Coast Hospital	Midcoast District
5	x	Denise Delorie	Mid Maine Substance Use Prevention	Central District
6	x	Patty Hamilton	Bangor Public Health Department	Penquis District
7	x	Maria Donahue	Healthy Acadia	Downeast District
8	x	Jo Barresi Saucier	Aroostook Area Agency on Aging	Aroostook District
9		Nirav Shah	Maine CDC	State Government
10	x	Victor Dumais	Office of Substance Abuse & Mental Health Services	Department of Health & Human Services
11	x	Emily Poland	Maine Department of Education	Department of Education
12	x	Kerri Malinowski	Department of Environmental Protection	Department of Environmental Protection
13	x	Kenney Miller	Maine Health Equity Alliance	Essential Public Health Services
14	x	Kalie Hess	Partnership for Children's Oral Health	Essential Public Health Services
15	x	Doug Michael	Eastern Maine Health Systems	Essential Public Health Services
16		Peter Michaud	Maine Medical Association	Essential Public Health Services
17		Meg Callaway (resigned)	Penquis	Essential Public Health Services
18	x	Erika Ziller	Maine Rural Health Research Center	Essential Public Health Services
19		Kolawole Bankole	Portland Public Health	Essential Public Health Services
20	x	Joanne LeBrun	Tri County EMS	Essential Public Health Services
21	x	Abdulkerim Said	New Mainers	Essential Public Health Services
22	x	Kristi Ricker		Wabanaki Public Health District
23	x	Carol Zechman	MaineHealth	Essential Public Health Services

Attending:	21	Attending by Phone:	Zoom
Planned absent:	?	Absent:	2
Vacant Seat:	1		
Total Council Makeup	23		

Total Voting Members Attending: 21 out of 23 = Quorum = Quorum **Achieved**

Interested Parties and Stakeholders Attending

Nancy Birkhimer (MCDC), Adam Hartwig (MCDC), Drexell White (MCDC), James Markiewicz (MCDC), Andrew Finch (MCDC), Sue Mackey-Andrews (Maine Highlands Investment Partnership), Julie Daigle (MCDC), Jamie Comstock (BPHCS), Christine Lyman (Midcoast Public Health Council), Al May (MCDC), Stacy Boucher (MCDC), Susan Kring, Heather Drake (MPHA), Jo Morrissey (Maine Shared CHNA), Connie Putnam (Knox County Community Health

Coalition), Dora Anne Mills, Lisa Tapert (Maine Mobile Health), Elizabeth Snell (UM), Reshid (Good Shepherd Food Bank), Margot Kelley (Virtual Agora?), Kristine Jenkins (MCDC), Becca Matusovich (Partnership for Children's Oral Health),

MEETING NOTES		
Agenda	**Discussion**	**Next Steps/ Resolution/ Assigned To**
Welcome- Kalie Hess, SCC Chair		N/A
Approval of Minutes	Motion to approve the minutes from the last meeting in December was made by Patty Hamilton and seconded by Emily Poland. Erin Guay abstained. All in favor, none opposed.	Patty Hamilton made a motion to approve the minutes from December; Emily Poland seconded it. Erin Guay abstained. All in favor, none opposed.
Membership and Call for Nominations	Discussion involved the process for filling a seat on the SCC. Meg Callaway, who was identified as representing Penquis Public Health District, has resigned. *Note: she has since been re-identified as representing EPHS/Penquis CAP.* The resigning/resigned SCC member's organization has the responsibility to nominate an alternate. Kalie reminded the group of previous discussions about diversifying membership in the SCC, and specifically looking for qualifying candidates who are also people of color or those who work with people of color and other disadvantaged populations when recruiting to fill seats.	Kalie will work with James and the steering committee to request nominations to fill the seat.
Annual Report Vote	Kerri Malinowski, Emily Poland, Nancy Birkhimer, and Jamie Paul worked on the annual report. Christine Lyman introduced discussion about an item under II. Public Health Infrastructure: "The Districts were created based on both land mass and population criteria." Due to some confusion to what "land mass" refers, and in order to reflect the discussion which occurred during the meetings during which the districts were created, the language will be amended to read "…based on both square miles and population criteria." In that same section, the current language reads "in addition to the nine Districts, each municipality in Maine has a Local Health Officer, and the two largest municipalities (Portland and Bangor) have a public health department." This will be	A cover letter will be drafted by Kalie, Nancy, and Erin. Julie will submit the notes before June 26. A motion to submit the annual report to the legislature as amended (described in the paragraphs to the left), with a cover letter, was made by Patty Hamilton and seconded by Denise

	amended to read "…and two municipalities (Portland and Bangor) each have a public health department." This eliminates potential controversy over which communities in Maine are the largest. Joanne Lebrun introduced a discussion about an opportunity for greater clarity under V. Shared Community Health Needs Assessment, by defining when the community outreach/engagement for the CHNA processes occurred and when the participation of 2,500 people occurred (as described in the sentence in the second paragraph of that section: "Over 2,500 people attended community forums held in every county in the state."). Jo Morrissey clarified that the community outreach/engagement occurred in 2015 and 2018, with reports disseminated in 2016 and 2019. The next iteration is occurring now, with community outreach/engagement slated for the fall of 2021. Erin Guay introduced a discussion about adding a reference in the report to the ongoing COVID 19 disruptions. After some discussion, Kalie clarified that the report is intended to be a report to the legislature about SCC activities only, occurring in 2019. The group came to consensus that there was a need to include a reference to COVID in the introduction, specifically why rest of the report is not focused on COVID, given that it's ubiquitous at the moment. Nancy provided the following language, to be inserted at the end of the introduction: "This report was completed at the end of 2019, prior to the COVID 19 epidemic." A motion to accept that language was made by Courtney Kennedy and seconded by *unknown.* All were in favor, none opposed. Al May suggested different language, emphasizing submission in 2020. Consensus remained with the approved language; no motion was made. A cover letter will be drafted by Kalie, Nancy, and Erin. Julie will submit the notes before June 26. A motion to submit the annual report to the legislature as amended, with the cover letter, was made by Patty Hamilton. Denise Delorie seconded. All were in favor, none opposed.	Delorie. All in favor, none opposed.

Maine Statewide Public Health System Assessment (SPHSA) Update:	Al May presented. The Maine CDC is still figuring out where the SPHSA fits, in terms of agency responsibility fulfill DHHS mandates, governmental and legislative mandates, federal and US CDC mandates. The vision of the MCDC at the moment is that it fits within the context/arena of performance evaluations. The MCDC is responding to a legislative resolve which was written that requires a report submitted to them by January 2021; due to COVID 19, we may be able to ask for an extension, but this is the driving motivation behind the push to continue with the SPHSA during these times. The current plan is to have the SPHSA conducted on September 17 2020, in Augusta. MCDC committees are meeting and looking at an invitation list and at the best ways to conduct the meeting. Several participants suggested ideas for invitees (e.g. Joy Barresi Saucier suggested a representative from the Eastern Area Agency on Aging and someone to represent the CAP agencies; Joanne Lebrun suggested DPS, which houses Emergency Medical Services; Abdul Kerim Said suggested someone from a community based organization/health professional from the immigrant population and the Maine Developmental Council (?); Joanne Lebrun suggested the Maine Ambulance Association; Emily Poland suggested the Maine Association of School Nurses; Kenny Miller suggested representation from LGBTQ+ health providers and people who use drugs, especially from a harm reduction perspective; Jo Morrissey suggested the Maine Cancer Coalition; Al mentioned the people who work with children and adults with physical and developmental disabilities and delays). Al clarified that the representatives would have to be from a state-level organization/a state partner, not necessarily a local or district-level partner. So, for example, regarding Joy's suggestion about a representative from the Area Agencies on Aging: a representative from Spectrum Generations would not be invited, but a representative from the Maine Council on Aging would (or potentially a representative from the Maine Association of Agencies on Aging; Joy clarified that this would be the state-level organization for the AAA's). Regarding Abdul's suggestion about the immigrant population, Maine Mobile Health was introduced as a possibility for the appropriate state-level partner. More discussion at the CDC committee level will need to occur. Christine said that the need for state-level membership associations comes in part because they know whether services are reaching the whole state or only certain parts. Erin Guay asked if the SCC would be invited; Al indicated that he thought yes.	Send suggestions for state-level partners to be included on the SPHSA invitation list to Alfred.May@Maine.gov.

	Patty Hamilton/Kalie asked people to send their ideas in to Al; his email is Alfred.May@maine.gov. The general flow of anticipated process for the SPHSA would include an introduction for participants, small group discussion, an evaluation of the results, overview of the results, report creation, and some analysis- or, potentially, just presenting the basic results. There will be an opportunity to share this in a wider way, in order to get input and comments after the meeting; the next step would be the production of a final report to the legislature and a final report for planning purposes. Al shared the models used for the SPHSAs, or equivalents, in three other states: New Mexico, Illinois, and Oregon, and explained why they were of interest. He explained what the Maine SPHSA process was in 2010, and described how it is likely to be similar/different for the one planned for this fall. For one, it may be conducted virtually. Likely to provide some preliminary education and training on the SPHSA process through a webinar; may utilize a FAQ page; may conduct a SWOT through a survey disseminated to a large group of people. If we end up using Zoom, we may require the tech support and facilitators, etc to be in one room together; participants would be able to connect remotely through their own computers. These details are still in discussion at the state level.	
Public Health Services Block Grant (PHSBG):	Nancy Birkhimer presented. Background- the PHSBG provides critically needed flexible funding. Based on Healthy People 2020 objectives. In 2021, the objectives will likely shift to 2030 services, and will add unique preventative health needs. The PHSBG is a two-year grant; funds must be spent down by the end of the second year and are typically spent all in the second year. Focus in the '19/'20 budget includes community engagement, epidemiology capacity, accreditation, sexual assault prevention (required), health inspection program (last year), and laboratory capacity (this year). Because there is some of the new COVID funding that is going to support improved lab capacity, this grant will likely be focusing on helping to pay for the move of the lab into a new facility/some upgrades. Current FY2019 activities end September 30. Have put re-accreditation activities on hold; still doing some QI activities. Of all MCDC staff funded through this grant, 3 have been shifted to COVID response. Looking to increase other supports within the current activities, such as increasing support for the epidemiological efforts. The LPHSA efforts have been delayed, but CCs are still supporting the Councils. The USCDC is providing funding for COVID activities, so	Erin Guay made a motion to approve the budget and workplan for 2020. Emily Poland seconded it. All in favor, none opposed.

	they've directed the MCDC to avoid using this grant for those sorts of activities. In 2020- all expenses have increased by a small amount, even with the same personnel. The budget may shift as personnel are shifted over to COVID response activities. The budget provides for continued support for the public health system assessments, both at the local and state levels, as part of community engagement activities. It also provides for support for the 2021 Shared CHNA under Epidemiological support, along with reduced support for the epi personnel themselves (who are doing a lot of COVID response activities). There will also be a lot of data analysis and the new lab support project. Consideration- there is limited ability for full analysis of CDC funding gaps, partially because the current COVID response efforts are requiring continuous response to shifts in categorical grants, in terms of budget and associated grant management efforts. This is relatively small amount of funding for DHHS; the ability to use this funding is limited. The PHSBG cannot be used to supplant state funding. Therefore, the plan is to continue a strategy to support one time projects, and to support projects for which categorical funds are not available- like accreditation and the DCCs. F2020- Beginning Oct 1 2020- about 40% of the budget will go toward community prevention projects or comm engagement, about 20% to epi projects, and 30% to accreditation projects. Lab capacity piece is minor, as is sex assault prevention. Admin- 20% of Nancy's salary is provided by this grant, plus some required out of state travel. Indirect expenses went up a little, but that affects all areas equally and therefore will be shared across all proposed program areas. Because there was no March SCC meeting, we are at the end of the timeline for getting approved and submitted to the US CDC- has to happen before July 1. If we feel like this is not the right direction, or needs to be tweaked- there is an option to amend it in the fall or winter and submit to US CDC as an amendment. Group discussion included the following items: Joanne Lebrun asked about a date on page seven; Nancy confirmed that it should say 2019, not 2020. Joanne commented on the doubling of QI projects (as shown on page 16) and asked if there was something specific on which the funding will focus. Nancy said that the MCDC was trying to improve QI in general- trying to work with staff to better document QI processes. These are getting done, but documentation of them is not well implemented; also looking to make sure the methodology is solid. The goal is to get a more consistent record to links QI to ongoing projects. A good outcome for the QI improvements would be to help identify gaps and other needs, not just on long terms outcomes like smoking	

	and obesity and STD outcomes, but also to identify what we are doing that is successful or unsuccessful; also whether we are measuring our progress effectively and whether we are using the most effective methods for achieving our goals. Kalie asked what is included in this grant for BRFSS support. Nancy said that the grant provides for funds around sex orientation, transgender questions, questions around mental health and domestic violence incidences, and questions around sexual assault- all things that don't have categorical funding but are still important. The grant also provides some funding for the BRFSS coordinator (who receives a small amount from the USCDC as well). Some funding provides assurances that we have a robust enough survey to get county-level data and race and ethnicity data (this is supported by the Shared CHNA work at the hospital level as well). Abdul asked about supports to engage immigrants and if it would improve moving forward. Nancy said, yes, the intent is to improve assessments around New Mainers. Jo Morrissey said there is a shared CHNA subcommittee looking at this as well. Refugees and immigrants don't have great quantitative data, so we are looking to improve qualitative data, and to support a lot of quantitative analysis (the DLs also support gathering qualitative data?). Becca Matusovich asked about funding for the MIYHS. Sue Mackey-Andrews added that the survey could help gather data about the impact of COVID 19 on students. Nancy said she is not sure if this will happen; they haven't talked to their MIYHS coordinator or Project Manager to find out what their needs are yet. Erin Guay made a motion to approve the budget and workplan for 2020. Emily Poland seconded it. All in favor, none opposed.	
Public Health Infrastructure Response to COVID 19 Round Table:	*Kalie- For DLs: Since there is limited capacity at the district level/ all DLs cover a wide area and have a lot of different hats they wear, what can the SCC or other partners help with?* Adam Hartwig- York district- EMA director has worked closely with CDC in the past; there is a unified command and he has invited Adam to served as part of a joint incidence command, which gives Adam access to EMA staff and the ability to work with towns on a daily basis, which in turn provides Adam with a platform to coordinate PPE, and respiratory and fit testing in long term care/group homes. MCDC has been creative using staff to respond to COVID 19/contact tracing. Caution is that there are a lot of community organizations who want	Patty will send the masking messaging website to Kalie for distribution. Links are also found to the left, in the body of this section.

	to help; it's important to make sure that a consistent message is being shared. The masking messaging and resources found on the website that Patty shared (below) is a good example of how to take the MCDC message and make it your own without changing the essential message. Kristine- Cumberland district- there are a lot of moving pieces, but there are a number of community partners working to address specific issues: like healthcare partners, community partners, city partners working on COVID 19 in the homeless population, and with immigrants and refugees. This highlights the need to improve contact tracing and prevention education with partners in immigrant and refugee communities. MCDC is engaging with them a regular basis. Concern is that, while we are working on COVID response, sometimes community partners aren't aware of what we are doing and make an assumption that something is not getting done. Communication is extra challenging during a pandemic response. Stacy Boucher- Aroostook district- The the work that SCC is doing with SPHSA will be helpful, in terms of learning from the virtual/in-person hybrid or whatever format that will be decided upon in order to apply it to assessing Aroostook District, when we can resume local planning. *Kalie- Is there a way to help communicate regional updates?* James Markiewicz- it is helpful for communication purposes to be sharing with the SCC at this level. All 9 DLs are involved in activities outside of COVID response, as well as being deep into the COVID response, and therefore taking on additional roles within the CDC, such as outbreak response in long term care or group homes, which involves working with the epi staff to provide support as needed. Stacy and Al are also working with contact tracing and the SARA alert system, which has been consuming more of their time. Part of Andy Finch's responsibilities has been redeployed from DPH and has been heading up the review of all PPE request for accuracy and making sure that it is being communicated to the packaging warehouse so they can get supplies out as efficiently as possible. CDC is preparing now to prepare for the expanded opening across the state, and other activities such as testing efforts, increasing our efforts around contact tracing, training new case investigators, increasing our compliance- working with communities and municipalities through health inspections etc to address local concerns about adherence to the governor's executive orders and directives. There is a lot of information on the MCDC website for communities that don't have public health departments or might have municipal governments that aren't prepared to help disseminate this information. Non-profits can help. Patty shared with us an example of taking the basic messaging and packaging it into a format that is easy for others to access.	

	Patty will send this information to Kalie for distribution: (Mask Up For Me Campaign: Promotion Materials links June 2020: Link to materials to create your personalized 'mask up for me' material https://www.dropbox.com/sh/aqb7qo89o8xfe40/AADiAWZVpZlChN9k2rpuhQ9Ta?dl=0 website https://chlb.me/mask-up-for-me/ or facebook.com/chlbmaine/) Jo Morrissey asked what the rate is of COVID among racial/ethnic minorities compared with non-Hispanic white populations, and if there is a need to increase coordination between and among those working with ease at risk populations. Abdul said last week the report was for POC: 29.02%, and for black: 24.18%. Kristine provided a link to some information about COVID-related racial disparities: https://www.npr.org/sections/health-shots/2020/05/30/865413079/what-do-coronavirus-racial-disparities-look-like-state-by-state Sue Mackey-Andrews said that MPHA has partnered with MMA to provide an extensive list of these national and state level resources, and other resources through the webinar, and have offered on-going technical assistance to municipalities. This comprehensive list is posted on the MPHA website as well as available through MMA. James responded to a question by Margot Kelley about resources for municipalities which are not interested/don't have the capacity to help distribute messaging and resources by referencing the MPHA/MMA partnership and resources available through them. *Kalie- What is being left behind? (Content areas, populations, regions, etc.)* *Mental health* ● Youth mental health, with more kids home and not connected. ● Supporting educators with COVID education. ● Mental health of students and staff ● The re-engagement of youth who haven't been participating in distance learning, etc. especially given the reality of changing school structure in 20-21. The population of dis-engaged youth has increased over the past month substantially. *Food insecurity* ● Also concerned about the adequacy of food in the coming months. - Patty said the summer food program has expanded (in some areas?); there are more sites and more options. They have been serving 4500 meals a day. - Sue clarified that her concern is about not only food provided through schools but that, in general, that the cost of food is rising and its availability is tightening	

	Substance use ● Opioid use hasn't gone away. Recovery community is struggling without being able to meet in person. *Transportation/SDOH/Disparities due to race and/or age* ● People who don't have transportation, in general, and concerns about being able to safely ride in a car with someone. - People whose cars are not being used while others don't have transportation. ● Older adults not getting their basic needs meet at all/ older adult households not getting basic needs and social interaction ● Abdul asked if CDC has plan to diversify staff, issues with cultural humility and engaging with those populations. - Kalie said that there are efforts to expand the number of community health workers and contract tracing moving forward. *Kalie- What's working in pockets that could be replicated for broader application amid COVID?* *Telehealth and virtual resources* Al asked: What will regional/district and community meetings look like in the future? Do we need to get people some basic training on best practices for zoom or other types of platforms so that meetings are engaging and successful? Sue- There is so much we are learning about changing behaviors/access and equity - e.g., tele-health, tele-commuting, MAT administration, etc. How can we support continued use of these effective strategies post-COVID? Access to broadband was heartily heightened when the schools went to distance learning. We need to think about this differently - more like a utility (e.g., electricity) and not as a luxury. Patty- for many, virtual appointments are working better. The BARN has had greater participation with combination of in person, live stream and zoom. Melissa- capacity is tough, but having one local public health rep at local meetings (district meetings, camp meetings, New Mainer meetings) is helpful. *Partnerships with EMA, EMS, etc* Erin- Adam mentioned the partnership with EMA; can we explore ways to strengthen that model and reduce siloes between EMA and PH? Adam- it's easier in districts that are single county. Different with most of the DLs; all DLs work with them, but it's easier to work with them in York because it's one county.	

	Sue- we have enjoyed a good relationship with our emergency management in Piscataquis County. They are a regular partner in our coordination efforts. Patty- same in Bangor/Penobscot. Melissa- I'm serving the liaison with my county EMA, as a hospital rep. The newest example that's working so far is all districts [*counties in the Midcoast Public Health District?*] have re-opening planning, but don't have any common person. I'm serving as a liaison to help identify common themes. We have Drexell and Kristine as DLs, but between them, they are covering 5 counties. There needs to be more capacity, particularly since not all EMA personnel have public health backgrounds. Drexell- I regularly communicate with the four EMA directors in the Midcoast, and participate in the local EMA Directors meetings that are routinely held. Respiratory Fit Testing is a good example of EMS, EMA and Public Health collaboration - Several of the Midcoast EMAs have coordinated fit testing, using (volunteer) EMS to provide the service. Joanne Lebrun- I think we can do further work to improve/tighten our relationship between EMS, EMA and Public Health - it should become more routine as part of our daily work. EMS stands between MaineCare, Medicare, Public health- and everybody has a specialty. Lots of overlap; lots of siloes. Has gotten better as the pandemic has gone on. After action report/assessment needs to consider how to really improve to sustainability of this well into the future. *Partnerships between CDC and food security orgs/agencies* Courtney- Kristine brought together food pantries and food security-related partners in a forum for pantry directors to connect and talk. Kristine held these weekly until there was consensus that it could be dialed back. Lots of good topics at the forum, helped to provide information about things GSFB was/is able to provide- like culturally appropriate food grants that support the ability for immigrants and refugees to access food they know and want to consume. There were previously held county meetings but having the CDC pull it together provided a sense of comfort for the pantry directors. *New sustainable systems/task forces* Al- build any new systems at county or community level that are not just COVID-19 specific but sustainable. Example is a Washington County Basic Needs Helpline for getting resources and support to people across the county, and engaging volunteers to be empowered in their communities. Maria- there are a couple of region-specific task forces in Ellsworth and MDI. The MDI group is working on a communication plan and materials (that could be shared and customized for other areas, as Patty also mentioned for Bangor), and also working on an asymptomatic pilot proposal for front facing workers of businesses (a	

	collaboration of local chambers of commerce, our local hospital, and the Jackson Laboratory), and also helping to distribute medical-grade masks to front facing employees. *Kalie- What could be replicated that could support longer-term public health infrastructure build-out? (i.e. coronavirus task forces). What is going on now that we will look back at and think "thank goodness this happened because we now have _____."* Emily- school nurses were pulled in early on to connect with Maine Responds volunteer corps. Role changed once schools transitioned to home learning, distance learning. Some did step up to be part of 211 system- responding to nurse-type questions. PHN and School nursing are working more closely together than ever before; had worked some in the past but more evident that there's a need to continue that partnership. Creating seamless process for school nurses to refer to PHN so they can follow up with families at home Sue- we are hoping that our local COVID-19 cross-sector group will continue to focus overall on public health promotion in the region in partnership with the DCC/DL. Also, people are finally figuring out what public health is and how it affects them! Kenney- telehealth options, especially for behavioral health and MAT, and especially for subpopulations in rural communities that may face challenges in accessing culturally competent care. Courtney- a great example of something that has resulted from COVID has been the need for GSFB to continue to acknowledge and realize the need for culturally appropriate foods. We will continue to address this need as we move forward with our work. Erin- seeing a lot of neat collaborations around health education with the faith communities: messaging out to faith comm, working with leaders as they are re-opening safely. Our EM was able to give PPE. Carol- easing of Mainecare application process. Not having to submit documents will not be able to continue, but it is creating/developing other easier ways to help people, without a lot of back and forth. Eliminating in person interviews for SNAP, increasing efficiencies. Melissa- the "holes" in the safety net that are being exposed and filled by partners that obviously need to be addressed. People who have access to local trails & walkable communities are pretty thrilled right now. *Kalie- are there other opportunities for action?* Melissa- reflect back on if we could use some of the Fund for Healthy Maine monies to keep workers trained and ready. Prevention partners roles are impacted by grant restrictions, but a lot of this is under state control.	

	Kalie rephrased some of the previous discussion as: the need for people who can respond to local public health needs. Important to acknowledge public health realities and provide areas where CDC can plug in, which may be through the coordinating councils. Have the big picture view and provide insight.	
Adjourn	Adjourned at 12:15 pm	