

STEERING COMMITTEE MEETING MINUTES

June 7, 2016/9:00am

Worcester DPH

25 Meade Street, Worcester, MA

IN ATTENDANCE: Steven Baccari (Westborough)(Chair); Tom Bonci (Clinton); Lee Jarvis (Spencer); Sandra Knipe (Gardner); Philip Leger (Worcester/Royalston/Holden); Dorothy McNamara (Fitchburg); Trish Parent (Upton); Cheryl Rawinski (Sutton); Missy Kakela-Boisvert (Mendon)(Alt); Andrea Crete (Orange); Debra Vescera (PH Nurse); Wibby Swedberg (Westminster); Colleen Bolen (Worcester DPH/CMRPHA); Alissa Errede (Worcester DPH/CMRPHA); Liz Foley (WRMRC); Barry Lein (IT Consultant); Forrest Price (Program Planner); Jamie Terry (Program Planner);

The meeting was called to order by Chair Stephen Baccari at 9:08am.

Minutes Review: The minutes from the May 5, 2016 Steering Committee were presented for review and approval.

Trish Parent made a motion that we accept the May 5, 2016 Steering Committee meeting minutes as presented. This was seconded by Cheryl Rawinski. The motion passed unanimously.

Steve Baccari then presented the EAT Workgroup minutes from May 25, 2016 for review and approval.

Dottie McNamara made a motion that we approve the May 25, 2016 EAT Workgroup minutes as presented. This was seconded by Sandi Knipe. The motion passed unanimously.

Next Meetings:

- Steering Committee Meeting: July 7, 2016/9:00am/The Committee decided to skip this meeting due to the date being the week after the July 4th observance and the fact that it was at the very beginning of the BP5 grant year and the likelihood that there would be very little business to conduct.
- Steering Committee Meeting: August 4, 2016/9:00am/Location TBD. Colleen will check to see if the Charlton BOH could host this meeting. We also plan on holding the Executive Committee election at this time. Colleen will send out an email seeking personnel who would be interested in applying.

Program Coordinator/Host Agency: Colleen Bolen

- Colleen stated that the posting for the Regional Coordinator position has closed and that they had received 58 responses. They hope to have a new person hired and available by August.
- The state has not yet held the fourth quarter HHAN/WebEOC drill.
- Colleen reviewed the new requirements for PHEP purchase requests. The only forms required will be an official quote for the item and a completed state form (which had previously been emailed to everyone). The state is becoming quite strict on purchase requests.
- The Region 2 BP5 PHEP Workplan and Budget have been submitted to the state for their approval. The state will be holding meetings and conference calls next week with the sponsoring organizations.
- Colleen reminded everyone about the HMCC Table Top Exercise being held Thursday in Natick by the Harvard T. C. Chan School of Public Health.
- Colleen also asked if the first Thursday every month still worked for our scheduled Steering Committee meeting. Everyone present concurred with this schedule.
- Proof of purchases for PHEP-funded items must be sent to the Region by the end of the month.

Homeland Security Council: Chris Montiverdi

- Colleen briefed on Chris' email about a CAMEO course being held later in June at the Holden Public Safety Complex. Phil Leger stated that this is a good program but is probably more suited to HAZMAT and First Responder Teams.

Regional Mutual Aid: Darlene Coyle

- There was no report.

LSAC: Sandi Knipe/Steve Baccari

- The LSAC is worried about possible future cuts. We had a 7% cut for BP5 but the state was able to cover it with roll-over funds. One issue is if we receive a cut, how will we prioritize our work?
- Steve also mentioned that Mary Clark and sometimes a few other people from the state attend these meetings and it is a good venue for discussion. All regions are represented and this makes for good discussions.
- He mentioned that there is a travel problem for representatives in Region 1 (Western Massachusetts). If travel funds are cut this could impact those who have to drive long distances.
- One of the problems with the PHEP grant is that the Coalitions work on accomplishing the deliverables, not necessarily on real world problems or events.
- Another problem is that on the federal level we don't get the same funding as other responders.
- There is a question about whether the regions which divided into sub-regions should join back together again into one region, especially if funds are cut.
- The number and variety of meetings can cause a time commitment problem for many people and the cities/towns.
- Colleen mentioned that some other regions provide funding to their communities. This could cause a problem as funds shrink and these communities then receive less funding which they depend on.
- Phil Leger asked if the Zika virus would provide funding opportunities. In response to a question Steve and Phil mentioned that there appears to be no transmission from people who have the virus and are bitten by the types of mosquitos we have in this country.

Region 2 HMCC: Trish Parent/Sandi Knipe

- Trish stated that they have had multiple meetings, trainings, and leadership seminars and she thought that this was very valuable. They have received a good perspective on how other states operate and this was helpful.
- The Community Health Centers identified a gap in the lack of Personal Protective Equipment provided to them, they would have to scramble to purchase it. This is a problem since these facilities be a really big help to hospitals and public health during emergencies. If they don't have PPE they may have to shut down operations, forcing more patients to go to hospitals. Everyone agreed that some of their leftover money should go towards purchased a cache of supplies for these facilities.
- The HMCC is looking forward to improving their branding and marketing in the future to better identify who they are and what they do.
- Sandy Knipe asked about feedback on the Terrorism Conference. Trish reported that feedback was positive but that we needed to focus on a slight change in the way we would do it. Something like MHOA where we have a keynote speaker and then breakout sessions where people could identify what they are most interested in and go to those sessions. Most people agreed that some of the presentations, while good, were too long. Alissa stated that part of this was a last-minute change in the presenters due to a last minute family emergency.
- Debra Vescera asked about fit-testing for our masks. She volunteered to perform this for us if we wished.
- There was an extensive discussion on how other organizations in the HMCC arena branded and represented themselves to better identify their group and purpose.

MHOA Update: Stephanie Bacon

- Steve Baccari stated that MHOA is sponsoring a training session on the Zika virus problem to be held in Taunton on June 16th. He will provide a flyer for Colleen to send out.

Personnel Workgroup: Lenny Izzo

- No report.

EAT Workgroup: Sandi Knipe

- Colleen reviewed the West Boylston request for funding to assist in the purchase and installation of a 100KW Natural Gas Generator for their Middle/High School which is also their EDS and shelter location. The discussion on this request was deferred from the EAT Workgroup meeting for the Steering Committee to review and decide. The total cost is \$42,350.00 and the Town is requesting up to \$15,000.00 to help fund this. The EAT Workgroup was unsure of what precedent approving this request would set and they discussed what had been decided when a previous generator request had been considered and approved.

Phil Leger made a motion that we approve \$5,000.00 for this purchase and this was seconded by Trish Parent. When questioned why this amount Phil replied that it was a number to start with and to show some level of support for a substantial item. Colleen stated that we do have enough money to support this motion. She further stated that if we did approve this request that we should use the amount approved as a cap for any further requests from other towns. There was an extensive discussion about the previous purchase which was for the Town of Orange about eight years ago. Cheryl Rawinski stated that when we approved the purchase for Orange we stated that we would never again approve a generator purchase. After a spirited discussion the motion failed to pass with only one vote to approve.

- The Town of Boylston is requesting \$8,146.50 to purchase a trailer to store all EDS-related supplies and equipment. This would not be a regional trailer, just storage.

Phil Leger made a motion that we approve this request which was seconded by Lee Jarvis. This would support capabilities 7 and 8. Colleen also briefed that she had sent this request to the state yesterday since the state wants all requests sent on Monday and she wanted to get their comments now rather than wait until next week. The state is asking more and specific questions about such purchases. They wanted to know if this request and the Hardwick (QREHC) request had been approved by an HMCC working committee, had been approved, how other trailers were being used, and why we wanted more trailers when there were others in the area. Alissa thought that being approved by PHEP was sufficient. Colleen felt that we had or could answer all these questions. The motion passed unanimously.

- Colleen stated that she is still waiting on some paperwork on PHEP funds for the grant year close-out.

MRC Workgroup: Liz Foley

- Liz reported that the group has been meeting regularly to work on a NACCHO award they received.
- Greater Grafton held a training day with Tufts in Grafton. They had about 30 attendees.
- Jim Gareffi from Nashoba contacted Liz and stated that they are no longer interested on hosting the Northeast Division of the MRC. They will be looking to see if any other community may be interested in taking this responsibility.
- Andrea Crete reported that she received some assistance from the Wachusett MRC in an area they have never done before. Two of her public schools needed temporary nurses and asked the Orange BOH for assistance. The Wachusett MRC was able to identify two nurses who could fill this need.

Strategic Planning Workgroup: Sandi Knipe

- No report.

Old Business:

- None.

New Business:

- None.

Phil Leger made a motion that we adjourn the meeting which was seconded by Lee Jarvis. The meeting adjourned at 10:40am by unanimous consent.

Minutes approved at the August 4, 2016 Steering Committee meeting.

Respectfully submitted: _____ Steven Baccari, Chair, Region 2 PHEP Coalition

LOCAL/STATE ADVISORY COUNCIL
MEETING MINUTES

Date: May 23, 2016

Location: MEMA

Present:

Region 1A: Laura Kittross
Region 1B: Greg Lewis
Region 1C: Kelly Constantine
Region 1D: Brian McCartney
Region 2: Steven Baccari
Region 3A: Sheryl Knutsen
Region 3B: Thomas Carbone
Region 3C: Richard Day
Region 3D: John Coulon
Region 3E:
Region 4A: Jim White
Region 4B: Tim McDonald
Region 4C: Michael Colanti
Region 5A:

Region 5B: Amy Palmer
Region 5C: Lisa Cullity
MAPHN: Terri Khoury
MAHB:
MEHA: Alan Perry
MHOA:
MEMA: Jennifer Carlson
MDPH: Mary Clark, Kerin Milesky, Donna
Quinn
Regional Coordinators/ Staff: Michael
Nelson, Colleen Bolen, Archana Joshi, Lisa
Crownner, Jim Richardson
MPHA:

Acronyms:

BIDLS- Bureau of Infectious Disease and Laboratory Sciences
BP5- Budget Period 5 (July 1, 2016-June 30, 2017)
CDC- Centers for Disease Control and Prevention
DPH- Department of Public Health
EDS- Emergency Dispensing Site
EP- Emergency Preparedness
FOA- Funding Opportunity Announcement
HMCC- Health and Medical Coordinating Coalition
LSAC- Local and State Advisory Committee
MAHB- Massachusetts Association of Health Boards
MAPHN- Massachusetts Association of Public Health Nurses
MEHA- Massachusetts Environmental Health Association
MEMA- Massachusetts Emergency Management Agency
MHOA- Massachusetts Health Officers Associations
OPEM- Office of Preparedness and Emergency Management
PHEP-Public Health Emergency Preparedness

Introductions

Tom Carbone called the meeting to order at 11:08am. Tom explained that this meeting will focus mostly on strategic planning for the next budget year focusing on the group's priorities.

The group introduced themselves.

Approval of Minutes of April 25, 2016

John Coulon made a motion to approve the minutes from April 25, 2016, as written, and Tim McDonald seconded the motion. Kelly Constantine mentioned that her last name was spelled incorrectly in the minutes. The minutes from April 25, 2016, were unanimously approved with the spelling error corrected with no further discussion.

Important Announcements

Jennifer Carlson said that the MEMA Hurricane conference is this Thursday at the Four Point Sheraton Hotel in Norwood from 8am-4pm. Jennifer will also send mass care updates once she receives them.

Mary Clark introduced Jim Richardson, the new Region 3 Public Health Coordinator.

Mary Clark announced that the CDC has released an FOA for Zika totaling \$281,000 for Massachusetts. Travelers are the main risk in this state. The application is due on June 13th and the funds would not be available until August 1st. It is doubtful that any expenses would be accrued before July 1st.

Kerin Milesky said that the local public health conference call about the Zika virus was well attended and that OPEM and BIDLS are working on developing a webinar.

All of the DPH Public Health Regional Coordinator positions are now fully staffed. Kerry Evans continues to serve as the 4ab Hospital Coordinator. This position will be advertised soon. The DPH is in the process of second round interviews for the Health Volunteer Program Coordinator position. They will be reviewing resumes for the Health Educator Coordinator and Planning and Logistics Coordinator soon. The new Region 3 Hospital Coordinator, Felicia Balbi, will begin on June 6th.

Strategic Planning

Tom Carbone talked about the general ground rules to the planning discussion and he reviewed the outline provided prior to the meeting. He emphasized that this is a brainstorming session that will likely extend over a number of meetings as LSAC develops goals and objectives and a set of priorities.

Laura Kittross asked about future budget cuts. Mary Clark explained that this upcoming budget period (BP5) was cut 7.79%, or nearly a million dollars. Because of available BP4 carryforward funds and Ebola funding that could be re-directed, DPH was able to avoid cuts to local health. With the assumption of level funding in the next budget period (BP1), and the inability to carryforward funds, it is assumed that budget cuts will be necessary. The incoming Zika money will not be able to replace the PHEP funding because it can only be used for a limited type of spending and it is a relatively small amount.

The group went on to brainstorm what is good about the LSAC and what works. Mary Clark started by offering that it is helpful for the DPH to have regular meetings with local public health to understand and assess their needs and to have a mechanism for concurrence for the FOA. Tim McDonald said that it is valuable to have access to the OPEM staff at these meetings. Laura

Kittross also thought it was helpful to hear information directly from OPEM staff. Although monthly meetings work, Region 1 explained that it is financially costly for them to make the trips to LSAC meetings but are willing to commit those resources because the meetings are so important. There are currently 10 scheduled meetings per year. Lisa Cullity and Greg Lewis agreed that idea sharing is very important. Greg also said that the state and local commitment to attending these meeting gives them weighted value.

There was some discussion about revisiting the original intent of LSAC's formation and looking at its evolution. Laura Kittross said that during H1N1 it was very helpful to have a ready-made group to discuss the pandemic with the Commissioner. Rich Day said that it gave them an opportunity to discuss some non-PHEP topics. LSAC is beneficial to both local and state partners because there is input in both directions.

Kerin Milesky spoke about the purpose of the LSAC representative and bringing back information to the Coalitions and the local communities. It is unclear if this is happening uniformly but it may be helpful to have some talking points available. Some representatives said that they just send out the meeting minutes to their Executive Board and it is a standing item on their agenda. It is helpful that the meeting minutes are available within a week of the meeting.

The question was asked "What can we do better as a group?" It was said that it would be better to start to concurrence process earlier and to get answers to questions from the previous year now. Deliverables outcome was mentioned and Amy Palmer said it was helpful to discuss the Coalition wide projects last June. Lisa Cullity strongly stressed her belief that the deliverables are like training to a test and not for an actual emergency response.

Tom Carbone directed the conversation to look at the PHEP program as a whole. He asked if the group should look at the Coalitions more closely. Rich Day felt that it is good to stay with the big picture and general ideas. Many of those ideas filter down to issues at hand. There was discussion about respect for local public health by the federal government. This is based around the financial commitment to overtime, time and a half and backfill that is available to other emergency responders but not available to public health. During H1N1, there was a little additional funding but not since. Rich felt that in keeping people involved, respect goes a long way. John Coulon built on this theme saying that local public health is not given the consideration to be equal partners with first responders. It is unclear as to when public health should be involved in emergency response and when it shouldn't be. Public health constantly needs to answer to their boards of health and select boards how emergency preparedness training, activities and exercises benefit their community. Local public health does everything from food inspections to emergency preparedness and it is very important for local public health to market itself and advocate for the profession. Alan Perry said that after 9/11, Congress and the Bush administration said that local public health was an emergency response agency. During the process of the CDC audit of Attleboro as a sentinel community, it was clear to Alan that the federal government did not know what the role of local public health was. Lisa Cullity said this emphasized her point that local public health is checking off boxes. Laura Kittross said that in western Massachusetts they are working on getting their boards up to a certain level of understanding in local public health.

Tom Carbone switched the discussion topic to Coalition structure and role. Mary Clark said that the hospital regions, under which most of the coalitions fall, were originally designed to be similar to the EMS regions, and are not based on population or size. Region 1 has four coalitions; Region 2 works as one large group; Region 3 has 5 coalitions; Region 4A and 4B have 1 coalition each and fall under the hospital Region 4AB; Region 4C is the City of Boston; and Region 5 has 3 coalitions. When asked about how people envision the regions moving forward, Tim McDonald said that the biggest challenge with the HMCCs is how to have a more unified regional goal rather than small regions and small coalitions.

Tom Carbone felt that one challenge is that as the budget drops, how does emergency preparedness continue in the regions? Does planning continue at the coalition level or does the HMCC take over some of these things? Laura Kittross said that in Region 1, local public health depends on the local planners and wants to keep them. Even within Region 1, the 4 coalitions are different enough that it is very important to keep the local planning presence. Laura stressed the fact that there needs to be a certain level of funding to keep planning functioning. Greg Lewis said that this year's project in Region 1 will focus on capability 6- Information Sharing. Region 1 and its 4 coalitions work well together. He believes that local public health is important to the HMCC because of this function. Rich Day spoke about Region 3 challenges, including keeping locals engaged, advancing planning and enhancing regional response. Laura Kittross agreed that building local relationships is important. John Coulon said it's important to bridge relationships and reach out to the other coalitions within Region 3. Jim White said that Region 4ab is now two strong Coalitions who are learning how to work together. They will continue to work as 2 coalitions but will come together to figure out how to work closer. Lisa Cullity said it is helpful to meet people from different coalitions but it is difficult to commit time to more meetings. Amy Palmer talked about working with the planners in Plymouth and a bit on the Cape. She did say there was some disconnect about who should be at what meetings and Lisa Cullity agreed.

Tom Carbone said that the responsibilities have been spread out among their coalition members for different meetings. Amy Palmer said that planners are taking on more responsibilities because the locals don't have time. John Coulon wondered if LSAC representatives should be planners who are immersed in emergency preparedness planning or local public health. There was some discussion as to how things could be more efficient. Mary Clark asked if the open meeting laws are creating challenges. A couple people said that it can be difficult during times of concurrence or short turnaround times. Laura Kittross said that the open meeting law keeps everything honest during concurrence. Information must be shared and discussed. Steve Baccari said that in Region 2 there are 70 towns in the Coalition but they also struggle with getting people to LSAC and the coalition meetings and to get a fully staffed executive board. Rich Day said that they will start using different technologies because of the time commitments weighing on people. Conference calls and other media will be used in the future.

The conversation moved to how PHEP funding is allocated throughout the coalitions. PHEP funding is based on a combination of the number of communities and the population in each Coalition. The question was asked if there was a better way to allocate the funding. Mary Clark said that the funding formula has not been revised since 2007. Any cuts in total PHEP funding were evenly distributed by percentages among all the coalitions. Alan Perry said that he thought there would be more regionalization by now with shared regional sanitarians to help in an

emergency. Spending with PHEP money has moved to more regionalization with the purchase of shared resources. Laura Kittross said that Berkshire County is constantly losing population and if funding falls below a certain level, then they won't be able to sustain an effective EP program. Tom Carbone built on Alan's point that maybe regionalizing EDSs would help communities be more efficient, although regionalizing EDSs can have its own challenges.

Tom Carbone mentioned other possible ways to allocate funding: project-based or competitive grants. Lisa Cullity and Brian McCartney said that if people have to apply for the money, less people will be involved. Jim White agreed that there is frustration about the required work on local public health. Tom asked if it would be good to direct it all to the HMCC and let them do the planning. Laura Kittross said that her Coalition would not be comfortable with giving their money to the HMCC to do the planning because not enough trust has been built. Competitive grants would be a challenge because it would allow some people to get funding and others to not.

As ways to be more efficient, it was discussed that Region 3 could combine into larger coalitions or more shared technology could be used, consolidating different state agencies into one platform and operating system for alert networks. It would also be helpful if there were more templates for locals to use. Laura Kittross wanted to know more about how state funds were being spent and how their resources could be consolidated to best assist local public health. Donna Quinn asked about priorities at the local coalition level. Several coalitions agreed that the majority of their funding goes to planners, which is a top priority.

Tom Carbone asked for Regional Coordinator input. Archana Joshi has worked with local health departments to make deliverables as easy and as painless as possible so they are able to commit more time and resources to training. Lisa Crowner stated that having effective planners is very important. Colleen Bolen said that many of the smaller towns are dependent on their local planners. There was an overwhelming agreement that planners are essential to the EP program.

Lisa Crowner spoke about having a job description for hiring at the local BOH listing specific requirements. Several people were in agreement with Lisa and said that they have been advocating for this for a while. Alan Perry will bring the request back to CLPH who has been working on this. Alan said that CLPH has been trying to focus efforts on the empowerment of local health departments and health boards.

Due to time constraints, strategic planning will continue at future LSAC meetings.

Next meeting

After some discussion, it was decided to not have a meeting on June 20th. Tom Carbone will work on compiling the notes from the strategic planning session, which he will circulate for additional consideration and input.

LSAC STRATEGIC PLANNING NOTES, PART 1
MAY 23, 2016

What works with LSAC?

1. It meets regularly with a good mix of planners, local health and State employees.
2. Concurrence discussions can start earlier because of regular meetings.
3. LSAC members have better access to MDPH through OPEM.
4. Allows for face-to-face contact with OPEM; info coming to locals might be “filtered” or might not come at all.
5. Despite a 2 hour commute each way for Region 1 people, they see benefit in regular meetings.
6. Discussion of “best practices” and exposure to new ideas.
7. Allows for the sharing of ideas from other regions that makes everyone more effective.
8. Helped during extraordinary emergencies when locals needed access to MDPH – H1N1; Ebola... - Ready- made group for discussion/info distribution.
9. Benefits both state and local members to hear different views.
10. Good way/method to flow information out to 15 Coalitions.
11. LSAC minutes are generated quickly.
12. An LSAC update is a standing agenda item for many coalitions.
13. The June, 2015 meeting to showcase coalition projects was a success.

Challenges for LSAC

1. Do we plan on the local, coalition, or regional level?
2. Coalition planners are depended upon by local & county public health.
3. BOHs in the Berkshires have expressed support for planning at the local level.
4. WAG (Western Public Health Coalitions Advisory Group) has identified Capability 6 as a priority – the who, what, when of info sharing. It formalizes the role of the EP planners to share info, something HMCC staff can't do alone.
5. Keeping locals engaged.
6. Enhancing planning and regional response.
7. Building relationships between PHEP coalitions.
8. Merging 2 strong regions (4A & 4B) with large populations.
9. Cape & Islands are somewhat separate from the rest of their region.
10. Numerous meetings for LSAC, coalitions, HMCC, exercises, etc. are time consuming. Small staffing levels for local health stretch them thin – other work not getting done and Boards may direct staff to stop participating.
11. Confusion about role of local health at HMCC – who belongs at each HMCC meeting? Is HMCC replacing coalitions?
12. Increasing meeting efficiency – better use of time and effort.
13. Region 2 has over 70 communities; 12 to 15 people attend meetings consistently. Will be difficult to find another person to take on LSAC meetings if someone steps down.

14. Should review alternate ways to meet – video conference; facetime – open meeting law could cause a problem.
15. Distance and cost of travel for those on outskirts (like Region 1) has an impact on staffing and costs.
16. Consider if Monthly or every-other month meetings is appropriate.
17. Need to review the evolution of LSAC from its founding.
18. Info sharing from LSAC needs to be consistent and timely.
19. We need to start concurrence earlier / get answers to questions earlier.
20. We seem to be training to the deliverables - the deliverables are not realistic to real incidents.
21. There is not enough local input on deliverable development.
22. There is a lack of respect from the federal government – for example, police/fire get to hire backfill help while planning and exercises occur.
23. There needs to be a marketing of the roles of public health so that people understand all we are expected to do.

EP Coalition Structure / Role

1. How to integrate HMCC into the existing public health EP structure.
2. Communication media and transportation options differ within regions – different newspapers; television coverage (Boston vs. Springfield vs. Hartford vs. New York) – different regional transportation authorities.
3. Consider enhancing regional response, keeping in mind that all emergency response begins and ends at the local level.
4. Regions/sub regions rely on their planners to get the work done, improve local capacity and build relationships – they are important!
5. Representation at numerous meetings needs to be shared by multiple people – Coalition chairs / HMCC reps / LSAC reps.
6. Should HMCC sponsoring organizations be represented at LSAC?
7. Is the Open Meeting Law creating issues with meetings? Can conference calls substitute? What's the most efficient way to meet? (Especially important in emergencies to build a virtual capability.)
8. Difficult getting people to serve on committees.

PHEP Funding Formula

1. Current funding is population based as well as the # of communities in the coalition.
2. When there is a cut, we cut a percentage across the board.
3. Berkshire is affected by population based funding – all coalitions need a certain baseline of money for the work. To be effective, some staff time always has to be spent on emails, info-sharing, meetings, reporting, planning and relationship building in addition to the deliverables.
4. Should funding be project based? Competitive Grants? – Could lose community involvement as writing the grants is time consuming. And EP is needed everywhere, not just in regions with good grant writers. Better would be to spend time helping coalitions create effective work plans and meaningful projects.

5. Cannot mandate exercises and projects and not fund them.
6. Should consultants be hired to do all of the work? What about the State laws governing employees?
7. Direct all PHEP funds to HMCC? – too early as trust needs to be built.
8. Start budget planning earlier.
9. Look at possibly merging smaller sub-coalitions.
10. Need to invest in technology and have more uniformity – have one single alert system across commonwealth instead of multiple depending on agencies.
11. There is not a clear understanding of how the state uses the grant money.
12. What are OPEM/MDPH funding priorities? What are our common priorities? Knowing this will help LSAC understand how local/State priorities can work together.
13. If money is cut too much at the coalition level, we will lose effective staff.

DRAFT