

SEOW Meeting Minutes for July 21, 2006

Members present: Amanda Thornton, Terry Cohen, Martha Payne, Dave Bozell, Sheila Nesbitt, Kim Manlove, Rick VanDyke, Bob Teclaw, Mary Lay, Niki Crawford, Barbara Lucas, Ruth Gassman, Barbara Seitz de Martinez, Jeannette, Marcia French, Jeannette

Eric called the meeting to order at 9:11 a.m. The first order of business was to approve the minutes from the last 3 meetings. The minutes were approved.

Eric indicated that the main matter of business to address in the meeting was to review and approve the priorities. Eric stated that on the meeting of July 7, there was an initial vote but there was not a quorum. However, as that vote was not the final vote, the issue of quorum was not important. After that meeting, the analysis team computed the mean for voting and nonvoting members for each of the priorities. Eric then opened the floor for thoughts and discussion. Eric thought that the SEOW could go through the priorities priority by priority and SEOW team members could then make arguments for or against each priority. Eric wanted members to feel comfortable with the priority ratings prior to voting on the priorities.

Eric asked for comments regarding the alcohol priority. Eric noted that this was the highest priority regardless of how it was measured, although there was some discrepancy based on voting and nonvoting members. As no team members made comments, Eric asked if the team wanted to move to the tobacco priority.

Before the tobacco priority was discussed, Barbara Lucas wanted to know if there was a significant difference between voting and nonvoting members. Barbara also wanted to know what columns we would use for voting. Eric indicated that we can recalculate the totals reflect what people think is appropriate. Eric indicated that there were a lot of non-votes for the changeability column as people seemed to have less comfort with that column. Eric suggested the team may want to weigh the changeability column less than the other columns in making ratings.

Rick VanDyke stated "I kind of felt that magnitude and social impact were more important. Trends are important but to me that is like secondary. Personally, for me, magnitude and social impact says it all in terms of just importance and of course, ultimately, changeability. Why would we spend money if you can't change the problem. Ultimately that is what is critical. I couldn't judge that (i.e., changeability). Eric asked Rick why he could not judge changeability. Rick responded that you can't do that until you have a specific initiative in place to look at. Eric wanted to know if changeability could be rated before you had the initiative. Rick said that he was going on faith that things can change. Eric asked if Rick wanted to make a motion on weighting changeability differently. Rick said no, that he did not.

Eric proposed that the group discuss the issue of weighting the ratings in each column. Barbara Seitz de Martinez suggested that maybe the group should look at changeability more. She argued that we are going on trust that things will work. She proceeded by

stating that this (changeability) is a futuristic thing and it is really important and it does carry as much weight in the rating as anything else because in our imagination, if we cannot conceive of a strategy that will work, then why put money into it. We are going with trust that things will work. Rick Van Dyke wanted to know if we were just putting problems/issues on the table and not exactly what the solutions are.

Eric indicated that at the last meeting, the group did discuss the issue of dropping capacity. Eric said that we had put capacity in the list but we thought that we would not have sufficient information to estimate it, so we decided to drop it. Eric continued by saying that the group could decide to drop changeability but thought that Barbara had argued at the last meeting, when we didn't have a quorum, that we should not drop it. Barbara agreed that that was true because it is based on trust.

Amanda Thornton indicated that there are evidence based programs that work but then questioned as to whether the priorities are telling communities that these are the evidence based practices to use or is the SEOW group just putting things out there for them to develop strategies. Eric responded that we are also responsible for strategic planning. It is possible that our strategic plan could outline the evidence based practices that you can use and only fund those approaches. With that in mind, Eric asked again if we should include changeability or exclude it from the calculation.

John Viernes indicated that we don't have a choice because the goal is to move things at the local level. The whole goal is change.

Eric indicated that this is true in the strategic plan phase.

John Viernes said again that we don't have a choice for changeability.

Rick VanDyke responded by if at this point if changeability does not have as much weight right now as a factor could it be more highly weighted later on? Eric suggested reweighting the priorities to put less emphasis on changeability and make it a little "softer" than the other criteria. Eric asked if people wanted to do this. Eric indicated that all the factors are somewhat "soft" and the group is using its judgment but all the states are doing the same thing so it is okay to do so.

Bob Teclaw wanted to know how many zeros there were for changeability. Eric indicated that 25% of changeability scores had zeros. He proceeded to say that the next time we go through the priorities we will have more data on how well evidence based practices are working. We will also have evaluation data and maybe people will feel more comfortable rating changeability.

John Viernes indicated things like culture, urban/rural, age would impact changeability too. John disagreed with Marcia French on trends being the least important because they also point to change. John continued that when you implement a strategy in the community, you are trying to bring about change.

Eric indicated that in intervention research, you can only predict about 25% of the variables associated with change because people are really complicated. Social science is difficult because of people's complexity. Changeability will depend on the interview you pick, however, the intervention will only affect about 25-30% of the people you target.

Marcia wanted to know about nonvoting members and voting members and what were the top priorities. Alcohol, tobacco, and methamphetamine were the top 3 by voting members. Nonvoting members ranked methamphetamine lower. Either way, alcohol and tobacco were at the top by everyone.

John raised the question with tobacco about funding and the restoration of penalty dollars for tobacco and if it would be wise to put money into tobacco if their funding was going back to what it had been. Eric said that the issue of current funding is a good point but we should wait until we have a strategic plan and then we can decide what to do. We can also then talk about hot spots. Eric reported that he spoke with Jo Brickmeyer about the strategic plan.

Mary Lay wanted to know about prioritizing priorities such that there are some that are of biggest need but then there are other priorities that are of concern but of lesser importance. Eric said that yes, the group could decide to do that. The group could say that we have 3 priorities and 4 areas of concern or something like that. We can make that decision. I know that it makes people nervous since what we decide is going to affect things for the next year. We will address these priorities again next year, however. Sheila Nesbitt followed up by saying that other states winnowed down their number of priorities and then, after discussions got under way, the number of priorities kept increasing back up to the original number. Mary Lay again emphasized that maybe having the priorities and areas of concern will show that we are still considering these when we present to the council.

Eric stated that other states had focused on indicators as the basis for the priorities rather than taking the approach we did by going by what the data said and then subjectively analyzing the whole based on the reports that we prepared. We took the approach of weighting all drugs equally – alcohol, tobacco, methamphetamine, marijuana, cocaine, prescription drugs, and heroin.

Marcia French wanted to know if we took the mean for everything, because she got prescription drugs for number 3. Eric agreed that she was correct. Marcia thought marijuana would be but that is not what she got.

Rick VanDyke began a discussion on the changeability of prescription drug abuse by pointing out that changeability was about in the middle for all priorities except for prescription drugs which was much lower. Rick wanted to know why it was so much lower or perceived to be harder to change. Barbara Seitz de Martinez thought maybe the age group, like young people using to get high rather than someone using a drug accidentally for health problems and being unaware of the consequences. Changeability for getting high would be different than other uses of prescription drugs. Barbara Seitz

de Martinez saw it as any other drug with equal changeability. Ruth Gassman added the issue of social acceptance of prescription drugs, delivery of drugs affects accessibility of drugs, people keep a lot of rugs in their medicine cabinets and most people do not put locks on their cabinets and the issue of access would affect changeability. Mary Lay thought that these issues would mean there would be a higher level of changeability because very little has been done in the area of prescription drug abuse. If we put education out there, Mary thought it would lead to better changeability. Rick indicated that he is in a program to improve prescription practices of psychotropic drugs. Rick indicated that there isn't evidence that we have had great success in it. Rick is less involved in the evidence based practices on other drugs so that may have to do with his base of experience for judging changeability and Mary's, Ruth's, and Barbara's base. To Rick, prescription drugs are easier to change because there are a lot of controls on supply so there is an avenue to know which households are getting which drugs, so there is a mechanism there that can be used. Rick continued by saying that will illicit drugs, there is not mechanism which is similar. Amanda Thornton replied that there is a social acceptability for prescription drugs that keeps people from seeing prescription drugs as being an issue. Barbara Lucas indicated that Adderal and Ritalin prescriptions made out by doctors also makes it more difficult to change prescription drug use. Rick VanDyke countered by saying that he thought that prescriptions drugs were different from the rest of prevention because there is a way to monitor things.

John Viernes asked about funding for prescription drug monitoring. Amanda Thornton replied that the money does not come from CJI.

Mary Lay and Ruth Gassman were wondering about what state practices were in place for monitoring prescription drugs and since we don't know what is out there, it may mean we can weight changeability less.

Eric indicated that the group will revote at the end of the meeting taking into account the discussion of today and then we will recalculate the votes. Bob Teclaw wanted to know if we were trying to be too specific with somethamphetamineing that is too broad. He went on to indicate that the group has general feelings about these things and now, the group is trying to refine the issues by inches and that may be too much refining.

Eric indicated that we could walk out with priorities and areas of need and that what we do with the priorities would come in the next phase, which would be strategic planning. Eric said he wanted to winnow down the priorities because it will help with strategic planning and also help with funding since the pot of money is small and we don't want to have funding be too thin. Eric went on by stating that simplicity would be helpful in developing our strategic plan.

Rick VanDyke indicated he was more concerned with the current step of choosing priorities because the group was weighting these and inevitably, how the group ranks these and the spread on the ranking could enter into the funding decisions. Eric replied that the rankings could enter into those decisions if we say that we want to weight

funding according to priorities is something that could be addressed in the strategic plan.

Eric asked for a vote as to whether the group wanted to reballoon. The vote was not to reballoon but just go with the vote brought to the meeting. Eric reviewed the voting of the voting and nonvoting members. Eric pointed out a difference between the groups in that methamphetamine and marijuana switch. Alcohol and tobacco are at the top of the list regardless of the group. The issue is then methamphetamine and marijuana. Barbara Lucas said that prescription drugs were 3rd and 4th on the lists so it is of concern to people as well. Eric reiterated that there are 2 drugs that are definitely at the top, 2 definitely at the bottom. Alcohol and tobacco are clear, heroin and cocaine are clearly at the bottom but there is a debate on the other three. Amanda Thornton said that if people see heroin and cocaine are at the bottom, there could be a tendency to push those out and forget about them.

Eric states that by highlighting these seven areas, it could not just affect SPF SIG but also other agencies could pick up the information and it could affect the entire state system.

Rick VanDyke said, on the other hand, with the middle 3, there is less consensus, if you don't go to three tiers are you going to have five and two on one hand or are we going to get into a tough debate about which 3 are in the top 3 or 4. Eric replied that if we have the 8, we should order them. Eric asked the group if we want to order the 3 which are more in the middle and then determine priorities. No one in the group responded. Amanda Thornton said she was in favor of 3 or even 2 priorities. Eric indicated that making such a decision would require a vote but that would then go back to the tobacco funding issue.

Dave Bozell said that the funding should not be part of this vote. Mary Lay thought maybe deciding this would be better for the strategic plan. Mary thought that the group could also address the 3 middle drugs with hot spots. Barbara Seitz de Martinez said that we didn't want to screen out people based on drug because it could affect racial groups. For example, Barbara pointed out that Hispanic may not get services because of cocaine being less of a concern while if we go with methamphetamine, we are focusing on whites. Barbara continued by wondering do we write off Hispanics because we don't have the data locally even though they are high users of specific drugs nationally? Martha said that speaks to changeability as Hispanic will be coming into the community more and more but over time we will have to change interventions and we will need to plan for this eventuality.

Eric replied that if we go with race, then that raises political issues. If we go with the data, we don't have enough to say what will happen with Hispanics. Maybe, over time, we will have more data and can go back to that. If we stick with data at hand and leave the politics to the SAC that is their role. Eric said the race issue is very political and we should just leave it to them to fight it out.

Niki Crawford indicated that her data shows that methamphetamine arrests have been higher than cocaine since 2003. Niki is concerned how many at the table are coming

from a rural background versus an urban background. Amanda Thornton indicated that a lot of methamphetamine issues have been dealt with by law enforcement. There has not been a big prevention push but Niki's group has been focusing on prevention.

Eric replied that law enforcement is very present centered, but we are having to deal with data which are a couple or three years old. The view of law enforcement may not be representative of the state. Arrests don't necessarily mean use.

Niki Crawford indicated for law enforcement, that is what she is seeing. Niki stated she had worked with urban and rural and drug use patterns differ. She indicated she had a lot of different perspectives.

Eric indicated that cocaine and heroin use are pretty stable whereas methamphetamine is more changeable.

Niki Crawford replied that what the public wants to see is efforts focused on change, if you don't look at changeability then the public will want to know why we are bothering to do anything. Why are we bothering if we are not trying to change things?

Eric indicated by weighting changeability differently does not mean taking it off the table, but how much do we weight it at a population level.

Eric proposed that the group could consider dropping some priorities based on age, such as heroin injectors who are in their 40's. Maybe they are just too hard to reach by that point.

Jeanette believed that if cocaine was taken off of the list, we are going to ignore African-Americans and we should focus on the children because it is a big issue.

Sheila Nesbitt interjected that the group had to remember that SPF SIG dollars is not the only funding available. Jeanette indicated that cocaine isn't getting enough funding right now so if we ignore it with the SPF SIG, then it will continue not get funding. Eric said we could leave cocaine but drop heroin. Jeanette indicated that marijuana spiked with cocaine starts things off to cocaine and ultimately heroin, but heroin use would be rather far down the road of drug use. For African-Americans, the focus needs to be on cocaine and particularly with the young African-American population it is a problem now that had not been there before.

Eric indicated he was hearing a consensus about dropping heroin. The group seemed to agree. Rick VanDyke chimed in saying he heard a tension between harrowing and keeping a larger group of priorities. Rick indicated that we should just present the priorities and have the rankings from the group and leave it at that.

Mary Lay indicated that she was shocked that marijuana was not higher on the list because it is used so widely and research indicates that it is a gateway drug and if you address marijuana, you can also start addressing the African-American cocaine problem.

Niki Crawford's concern is money currently is being spent on alcohol and tobacco. Maybe we will get a lot of proposals for alcohol and tobacco and not enough for cocaine, methamphetamine, and prescription drugs. Barbara Seitz de Martinez did not want to lose the ability to target specific hot spots of certain drugs by having alcohol, tobacco, and marijuana dominate. Barbara indicated she would hate to see cocaine drop off the list and if methamphetamine is on the list, cocaine should be too. It could be argued that more people are affected by cocaine. I don't want them to disappear but I don't want them to dominate either.

Eric replied that the group seems to be worried about these issues because Rick VanDyke says we should weight the priorities. We can't address the money issue until we know how much is currently being spent. If we split dollars evenly, then nothing may happen. SAC may see 6 priorities and divide the total pot of money by six and then there may not be enough of an impact. Maybe you can fund only two counties with a certain drug such as meth or cocaine.

Eric reported that there was something about how Kentucky divided money which made him uncomfortable and that was that the "hot spots" were predetermined. Indiana does not have the same kind of infrastructure as Kentucky. It will be hard for the group to determine hot spots based on the kind of data that the state has. Rick said that taking certain drugs off of the list resulted in tying a specific county's hands. Rick wanted to leave the door open to target drugs in certain counties.

Barbara Lucas wanted to know on what consequences we are focusing on. According to Barbara Lucas, if we focus on a specific consequence, then we don't have to worry about a specific drug because interventions will focus on improving the consequence and then the drug will be immaterial. Eric indicated that consequences were considered in determining the priorities.

Eric said he heard a consensus about leaving everything on the table but with heroin, dropping out long-term injectors. Barbara Lucas said that makes sense because then you are focusing more on treatment. Ruth Gassman wanted to know if we were focusing only on primary prevention or not. John Viernes said no, we are also focusing on secondary and tertiary.

Eric asked for a vote on dropping long-term heroin injectors. The group voted to remove that priority.

Jim Wolfe wanted to know if perhaps we should collapse some categories. Alcohol in one category, tobacco in another, maybe marijuana alone. Maybe combine marijuana and other illicit drugs and then leave prescription drugs separately since it is unique. We have education for alcohol and tobacco in place. Prescription drugs are different because the way to get the drugs is so different. With marijuana and other drugs, they cannot be obtained legally. Will making this separation help for the next step Wednesday on dividing up the money. Do they want the money to be used to make a big impact in a

specific area or use the money to start making an impact on an area where we know very little on how to impact but start making in roads?

John Viernes pointed out that another way to look at collapsing categories was in terms of treatment. Heroin, methadone, and prescription drugs are all treated the same, with methadone therapy. Consequences are all very similar to one another for these drugs. Maybe you can create a broader category because the responses to these are the same?

Eric said he was reluctant to collapse categories because then, the categories become less specific and will not be innovative. Jim Wolfe was afraid of the issue of just dividing the pot by six. He believed it would help if you can have more money going into four groups. Ruth Gassman believed that having more money go to alcohol and tobacco will give the state a bigger bang for the buck because of the gateway drug effect.

Jim Wolfe was afraid the SAC will start discussing the same funding issues if we present them with the priorities and they will not know what to do. Mary Lay said she thought that the age groups would also create difficulties for the SAC because there are no consistent age groups and drug use affects all age groups.

Rick Van Dyke countered by saying he thought that with the scores, we were actually weighting the priorities and that the numbers would mean that specific drugs were of more importance. Rick wanted to know if we should change the scale so that you can discuss how much bigger a problem is such as a 10-point scale so that we can say if you score 8 for alcohol, it is 60 times more of a problem than heroin, assuming it is score at a 2. Eric believed that changing the scale would not change the dispersion because people would end up scoring everything as important, around a 9 or 10 and drugs like heroin would end up with a 5, so, the group would still have the same problem.

Eric proposed a vote to the voting members to determine if the voting members were going to allow non-voting members to be included in the voting of priorities. Of the nine voting members, 9 voted to allow non-voting members to vote on the priorities. There are a total of 14 potential voters. Eric said that the group is going to go through and vote on the individual priorities and vote if they should be included as amended.

Vote for alcohol as written: 14 – yes/0 – no
Vote for tobacco as written: 13 – yes/ 1 – no
Vote for marijuana as written: 12 – yes/2 – no
Vote for cocaine as written: 11 – yes/3 – no
Vote for prescription drugs as written: 10 – yes/4 – no
Vote for meth as written: 8 – yes/6 – no
Vote for heroin as written: 3 – yes/11 – no

Jim Wolfe asked about the ranking of meth and maybe moving it up and having a vote as to which one should be #1, #2, etc. Eric suggested that everyone can give a ranking of 1, 2 or 3. Each priority will get a vote of 3 – most important, 2 – second most important, 1 – third most level of need.

Barbara Seitz de Martinez summarized for Jim Wolfe the discussion to the point of when he came into the room. Barbara indicated that the group had a discussion about meth, cocaine, and heroin having to do with the group's reaction to them as a state and pointing out that while meth is receiving a lot of attention, and it is a huge problem, it is affecting the white population more than people of color and actually involves a smaller number of users than cocaine or heroin and the point was made that we consider that potentially cocaine may not receive as much attention as meth and there is a disparity there. Eric also indicated that the group discussed capacity issues and how much was being spent elsewhere, such as tobacco.

Before voting, Eric again reminded everyone of the voting process (John Viernes stepped out of the room during voting and did not vote for prescription drugs or meth).

Vote for Alcohol:

#3 = 13 yes

#2 = 1 yes

#1 = 0 yes

Vote for Tobacco:

#3 = 8

#2 = 4

#1 = 2

Vote for Marijuana:

#3 = 6

#2 = 7

#1 = 1

Vote for Cocaine:

#3 = 2

#2 = 7

#1 = 5

Vote for Prescription Drugs:

#3 = 3

#2 = 6

#1 = 4

Vote for Meth:

#3 = 1

#2 = 7

#1 = 5

Vote for Heroin:

#3 = 0

#2 = 2

#1 = 12

The rankings were exactly the same as written. For the r3ecord, 2.92 alcohol; tobacco 2.42; marijuana, 2.36; cocaine and prescription drugs 1.79; meth is 1.57; heroin 1.14.

Eric pointed out that the evaluation committee of the SAC has requested that we submit our minutes to them in advance as soon as possible in advance of the meeting. Given the spread of the numbers, there are a couple of options. If we use 2 as the midpoint, we have 3 priorities and 4 areas of concern. The other option is to send the list of priorities as being rank ordered but not necessarily discuss magnitude.

Mary Lay wanted to know if we would include the scores or just rank them and say these are the priorities and these are the areas of need.

Rick VanDyke said that his concern is that the method of voting affects ranking and proposed we do not report the scores.

Kim Manlove said that the SAC will debate this anyway.

Eric looked over the distribution of scores and said that prescription drugs had more threes than cocaine.

Barbara Lucas did say that since SAC is supposed to do something with methamphetamine then listing it as an area of concern will prompt people to not look at our recommendations. Eric stated that Sheriff Frisbee said we needed to look at meth but that doesn't mean it has to be a priority. Eric said that we have not made a decision about priorities and areas of concern. Eric wondered if the group should perhaps just have a list of priorities and a list of needs and then avoid ranking. Eric suggested a vote on how to describe the needs as either all priorities are as priorities/concerns.

Four members voted to have all points listed as priorities.

10 members voted to have two groups, priorities/areas of concern. Based on the vote it was decided to use priorities/areas of concern breakdown in discussing how the issues will be presented to the SAC.

Eric said that if we use 2 as the cut off, then we will have 3 priorities and 4 areas of concern. Rick VanDyke asked if we should vote on whether each one should be a priority. Eric indicated that we could do that. It was determined, based on review of votes of priorities earlier, that heroin had been voted completely off of the list. That left six items and a vote will be taken to determine priority:

Vote for alcohol to be a priority – 12 yes/2 no
Vote for tobacco to be a priority (majority of votes were yes)
Vote for marijuana to be a priority 10 yes/4 no
Vote for cocaine to be a priority 1 yes/13 no
Vote for prescription drugs to be a priority 1 yes/13 no
Vote for meth to be a priority 2 yes/12 no.

The voting resulted in 3 priorities and 3 areas of concern. Alcohol, tobacco, and marijuana were determined to be the priorities and cocaine, prescription drugs, and meth to be the areas of concern. The priorities could be viewed as issues that have a statewide

impact while the areas of concern can be seen as issues that have a more localized impact.

Rick VanDyke believed that prescription drugs are a statewide issue and concerns should not be viewed as state/local.

Eric indicated that all of the issues were statewide issues but that some drugs may affect certain areas more than others.

Eric pointed out that with the strategic planning phase, we will have to figure out how we want to allocate funding. On Wednesday, Eric said he would present the priorities and open up the conversation for how strategic planning should look like.

Eric said that we will give communities a good menu of evidence-based practices from which to choose. Jo Brickmeyer, according to Eric, indicated it may be better not to be so rigid about what we want communities to do because we want to allow them to do things that go outside of the box. We want to use some money to help build low capacity areas and we have to decide how much money goes to high capacity and how much money to low capacity areas. Eric indicated that the group could split the money in half and say that half goes to high and half definitely goes to low capacity areas.

Rick VanDyke indicated that the group needed to realize that it is not just a broad issue of alcohol but it is specific populations within alcohol and these other drugs that we are going to address. Eric indicated that the priorities are a lot more specific than specific drugs. Rick Van Dyke indicated that we are targeting 18-24 year olds that the group made that decision and data support that decision.

Eric stated that the last item of new business was the nature of the strategic plan. On the next meeting of August 18th, we will have a draft of the plan. Eric said that if no one has suggestions, he will write it using all of his thoughts. Eric said that we need to take the priorities and document the process of how they were developed and then say how we are going to carve up the money. Each community will then go through the process we just did to determine priorities within their community. A big piece of the strategic plan is to document how you got to the priorities, what is the rationale, and then, what the goals are for the future.

John Viernes said that another issue is that we have lost our CSAP liaison so that problem will slow things up for our strategic plan approval. John Viernes was thinking that we could draft the RFA along with the strategic plan. Jo Brickmeyer (per Eric) said that this is a two-step process and the RFA should not be written at the same time. John Viernes wanted to know if we could get examples of what other states have done so we can improve our turnaround time. Sheila Nesbitt said that she can get Connecticut's plan to us and then there is documentation from CSAP that indicates what needs to be included. Eric indicated another problem is that the SAC would not meet until the end of September. John indicated that the executive committee will meet and then it will not vote on the plan until November or December, which John said was fine.

Jeannette questioned about whether we were making decisions about how much of the money we are allocating for each priority and area of need. If so, then allocating money in a certain way can help free up money from other places for addressing areas of concern. Mary Lay indicated that for DMHA, one can look at their data document to see how funds are allocated. Miranda Spitznagle said that she has a rough draft for tobacco prevention allocation. Eric questioned if there would be sufficient data on money based on age groups since we are focusing on 18-24 year age group. Mary Lay believed that we also wanted to look at gaps for funding and then allocate money to that area such as youth access to alcohol. Focusing on that works, but there is very little money currently allocated to that issue.

Barbara Seitz de Martinez said that allocation needs to be based on criteria such as use, money spent, etc., that all has to be worked into the strategic plan.

Jo Brickmeyer (per Eric) said one thing the group should do is focus on hot spots. Eric was not sure how that would affect the RFA and equal opportunity and so on. John Viernes said that he can send a document that outlines how RFAs are to be written. Eric wanted to know how specific the RFA can be. Can it be county-specific? Mary Lay answered that yes, it can even be as specific as a neighborhood within a county.

Eric adjourned the meeting at 11:47 a.m.