

State of Nevada  
Department of Health and Human Services · Mental Health and Developmental Services  
**Substance Abuse Prevention and Treatment Agency (SAPTA)**

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**STATEWIDE EPIDEMIOLOGY WORKGROUP (SEW)  
MINUTES**

<b>DATE:</b>	January 18, 2012	
<b>TIME:</b>	9:00 a.m.	<i><u>Video-Conference</u></i>
<b>LOCATION:</b>	Truckee Meadows College Redfield Campus 18600 Wedge Parkway, Room 103 Reno, NV 89511	College of Southern Nevada Cheyenne Campus 3200 E. Cheyenne Ave., Room 2647B Las Vegas, NV 89030

**Committee Members Present**

Alicia Hansen *	Public Member
Angel Stachnik	Staff Epidemiologist, Indian Health Board, Nevada
Cody Phinney	MHDS Planning
Misty Allen proxy for Debbie Gant-Reed	Crisis Call Center
Deborah McBride	SAPTA Agency Director
Eric Ohlson proxy for Kevin Quint	Join Together Northern Nevada
John Johansen	Nevada Office of Traffic Safety
Misty Allen	DHHS-Office of Suicide Prevention
Ron Pierini	Douglas County Sheriff's Office
Sue Meuschke	Nevada Network Against Domestic Violence
Tony Fredrick	Southern Nevada Health District
Kristen Clements-Nolle proxy for Wei Yang	Nevada Center for Health Statistics and Informatics
William Gazza – Committee Chair	Clark Co. Coroner's Office

**Committee Members Absent**

Brad Towle	NSHD- Health Statistics, Planning, Epidemiology, & Response
Chris Pritsos	UNR
Diane McCoy	Boys and Girls Clubs of Western Nevada
Muriel Kronowitz	Public Member
Pauline Salla	DCFS- JJPO
Susanne Paulson	Nevada State Health Division

**Consultants Present**

Michael Coop	Coop Consulting
Arianna Trott	Coop Consulting

**Public Present**

Michelle Frye-Spray	CAPT Western Regional Expert Team
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**SAPTA Staff Present**

Bill Kirby	SAPTA Health Program Specialist
Charlene Herst	SAPTA Prevention Team Supervisor
Charlene Howard	SAPTA Health Program Specialist
Kim Davis	SAPTA Administrative Assistant
Margaret Dillon	Management Analyst
Minden Hall – Recorder	SAPTA Administrative Assistant
Nan Kreher	SAPTA Health Program Specialist
Tami Jo McKnight	MHDS

\* Attended Telephonically

1. **Welcome and Introductions**

Chairman William Gazza opened the meeting in due form at 9:10 a.m. by announcing the locations where notifications of the open meeting were posted and welcoming the attendees. A quorum was established.

2. **Public Comment and Discussion**

There was no public comment.

3. **Discussion and Approval of Statewide Epidemiology Workgroup Minutes of November 30, 2011**

There were two corrections to the minutes: inclusion of proxy for Deborah McBride and change in wording in page 2, item 6. It was moved by John Johansen and seconded by Tony Fredrick to approve the minutes as corrected. Motion carried.

4. **Discussion and Approval of Special Report, *Minorities and Substance Abuse in Nevada***

It was moved by Deborah McBride to approve the report, and seconded by Cody Phinney. Motion carried.

5. **Review, Discussion, and Approval of Memorandum of Understanding Template**

Charlene explained that the Memorandum of Understanding (MOU) is a document that defines the data that the SEW members and their agencies are willing to share with SAPTA, and to be made available to partners, participating agencies and stakeholders. This is only a template; the protocols for working with the SAPTA data team will be set up with each of the SEW members' agencies. A template of the MOU from the Health Division was sent over and received on the previous evening. Charlene distributed a preliminary draft of the MOU and asked the members to review the document and be prepared to work on it further at the next meeting.

Alicia Hanson offered to provide another document to address how the data will be shared and secured. Kristen Clements-Nolle suggested the MOU could contain more about data protection and security. William Gazza offered to obtain information from his supervisor that would help to speed the process. Deborah wants to define the procedure for handling any personally identifying information SAPTA may receive to comply with HIPAA requirements. Charlene agreed and will follow-up on their suggestions. She will send a new draft to everyone for further comment.

6. **Update of SEOW Grant Deliverables**

Nan Kreher reported that the second year window to complete the grant deliverables began in November, and the SEW Charter has been submitted. The Epidemiological Profile is the most important component of the deliverables and due in March. She asked for suggestions from the SEW for this year's Community Report – an epidemiological-profile with focus on a special topic of their selection, perhaps highlighting a group in the community. Last year, for example, SAPTA highlighted the Hispanic population. This Community Profile will be a much shorter report than the larger epidemiological-profile.

Michael Coop suggested focusing on prescription drug overdose deaths, and asked if the Clark County Coroner's Office could share data. William Gazza said his office could work on it after 60 days because of other pending deadlines. Deborah suggested marijuana use to make the report broader, and add the coroner's data as a piece of the entire report. Information from northern Nevada is needed to round out the data from southern Nevada. Contacts will be made with hospitals and emergency rooms, as well as Washoe County and Douglas County to add to the data from Clark, Nye, and White Pine counties.

William Gazza asked for specific parameters on the data needed; Michael Coop will meet with William to define the specifics and gather trend data. John Johansen asked if SAPTA could drill down past trauma as the reported cause of death, to an actual cause if it is a drug-induced accident. He also asked SAPTA to include the data on injury-non-fatal incidents. Charlene would like to separate those deaths that are accidental, suicidal or a result of violence. She said she would like the data to be as broad as possible, and Nan could then narrow the focus if necessary. Kristen Clements-Nolle offered her under-graduate students to provide the manpower to get the data sorted. The Community Report is due the end of May.

7. **Update on the 2012 Epidemiologic Profile**

The profile is due in March, and the next SEW meeting is also in March. A link to the report will be sent out so members may review the profile and be prepared to approve it at the next meeting.

8. **Update on the SAPTA Annual Report**

The Annual Report differs from the epidemiological profile in that it includes information on both treatment and prevention, and describes all SAPTA activities including grant work. It is due in March and will include the role of SEW. A link will be available and will be on the next meeting's agenda for review.

9. **Update and Discussion on the Strategic Prevention Enhancement Grant Deliverables**

- **Database Warehouse and Reporting System Contractor**

Margaret Dillon reported that the data contractor was now on board and is working towards planning and development. More information will be available at the March meeting.

- **Capacity Building / Infrastructure Plan Components**

Charlene asked for feedback on the handout, *Strategic Prevention Enhancement Grant*. The handout describes the four mini-plans and the goals, objectives and strategies that will be added to the larger strategic plan in December. This outline of the mini-plan will provide a background for the members as we go forward.

- **Strategic Planning Process First Tier Survey Instrument**

Michael Coop will incorporate the recommendations from the SEW that the survey instrument be shortened, that the definitions be added to certain terminology used, and that the questions be prioritized. If there is anything further, Michael asked the members to provide their feedback immediately so revisions can be made quickly. The finalized survey will then be distributed through Survey Monkey to begin gathering

data. There will then be a telephone survey follow-up to ask the questions that are more subtle in nature, or which answers will contain more intricate information than can be collected in the survey.

The point of the survey, Michael said, is to get a big picture - a cross-agency perspective – on how the prevention issues can be handled collaboratively, with coordinated resources among various agencies. Perhaps within a community we could narrow our focus to two or three areas of concern and attack the problems through multiple agencies, simultaneously. With collaborative focus and combined resources, we can turn some of the indicators around and have a measurable impact.

- **Strategic Planning Process Next Steps**

Charlene has forwarded various needs assessments to Michael to provide a preliminary picture, not just of substance abuse and mental health, but also of chronic diseases and economic issues that will provide comprehensive community profiles. Charlene feels the communities will be better served by using their existing individual needs assessments to establish a data-driven direction first, and then seek input from the community programs. The town hall meetings will come later in the process. We will put together a list of things that need to be prioritized, and the SEW, MPAC and community stakeholders will provide input to the plan and the direction the state takes, based on data and indicators from the communities.

#### 10. **Update on Bach Harrison, LLC Contract**

Nan provided background on the contract and reiterated that data dissemination is part of the grant. SAMHSA is creating its own national database, Behavioral Health Information System (BHIS), which will include our data, as well as that from the other states, and national surveys like the Behavioral Risk Factor Surveillance System (BRFSS). Communities will have access to the database. Our contractor, Conrad Krinock, has extensive experience with the Utah epidemiological reports and is familiar with presentation. Bach Harrison has done this previously for four other states and the infrastructure is already established and awaits our data.

Charlene stated that she specifically wants Nevada's online format to stand out from the other states, which all look similar. Deborah added that it should also be user friendly and invite the user to view maps and examine specific data. We can add any data we choose so that it will encompass more than substance abuse data and provide a comprehensive picture of Nevada. Nan's deadline is the end of August.

#### 11. **Discussion on Mental Health Meeting with SAPTA on Data Sharing and Needs Assessments**

Charlene introduced Tami Jo McKnight, who is doing epidemiological work for Mental Health and Developmental Services (MHDS). Tami was asked to provide data that MHDS had gathered specifically related to diagnoses of mental health and substance abuse. The last data she was able to find on depression and anxiety was from 2006, and based on information from the BRFSS questionnaires. MHDS has done nothing further with the data gathering since that time. In the future, MHDS is hoping to forge a close relationship with SAPTA, as required by SAMHSA. MHDS has not done a needs-assessment since 2008, and Tami is working on a

new one which is nearly finished. She has analyzed the available data and compiled it into reports to look at consumer and provider needs from a health perspective and also for basic needs such as transportation and food. Mental health needs will be built on that data. They have gathered valuable information from the rural communities as well as from Las Vegas, Reno, and Carson City in relation to mental health and substance abuse. Deborah asked how the information would be available, and Tami responded that it would be posted on the MHDS website. Cody said Avatar could provide information on the population receiving mental health services from MHDS, but cannot provide an overall picture of the state in general. A discussion followed on BRFSS data. Michael asked if there was a place to obtain Medicaid data. Charlene said that the Health Division now has access to Medicaid data and she has already talked to them about allowing us access to that data.

Michael also mentioned that in a module of the telephone survey, there is a question on the frequency of mental distress, which has a strong correlation with all the major behavioral disorders we are concerned about. He said that the answers to that one question alone will probably yield a lot of analysis. For prevention purposes, it is an excellent indicator because it shows, across the population, the likelihood of future disorders.

12. **Update on Office of Traffic Safety Funding to Statewide Coalition Partnership**

John Johansen updated the group on the impaired driving funding which he mentioned at previous meetings. For the implementation of the program and community training, the Office of Traffic Safety hopes to collaborate with the coalitions because of their existing infrastructure at the community level, and because the implementation is usually more about prevention than interdiction. John is encouraging the interest of the Statewide Coalition Partnership to apply for the grant when it opens online in February. The two areas of interest are impaired driving (usually targeting the teenage demographic and includes the dangers of alcohol and drug use) and distracted driving. They are unsure how many applications to expect, but John is hoping for a productive working partnership to come out of the process.

13. **Discussion and Approval of Agenda Items for March 21, 2012**

- MOU
- Community Report focused on marijuana use and prescription drug overdose
- Updates on the SPE and SEOW
- *Nevada Fact Sheets: Native American & Alaskan Native Substance Use 2007/2010*

14. **Public Comment and Discussion**

Michael Coop distributed copies of *Nevada Fact Sheets: Native American & Alaskan Native Substance Use 2007/2010*. In response to a request from Monty Williams for data to use for tribal initiatives that focuses on substance use initiation, Coop Consulting combined various data sources to compile enough data to produce this one report. The report is focused on substance use initiation as well as a range of behaviors surrounding initiation. He said this is a first draft and asked for committee comments and suggestions.

Arianna Trott walked the group through the document. A short discussion followed regarding some preliminary suggestions. It will be an item for discussion and possible approval at the next meeting.

William thanked the SAPTA staff for the SEW By-Laws and reminded anyone who had not done so already to submit their signed disclosure statements.

15. **Adjournment**

There being no further business, the Chair called for a motion to adjourn. Sue Meuschke moved, Misty Allen seconded and the motion carried. The meeting was adjourned at 11:43 a.m.