

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

**MULTIDISCIPLINARY PREVENTION ADVISORY COMMITTEE (MPAC)
MINUTES**

DATE: May 16, 2012
TIME: 1:30 p.m.
LOCATION: Truckee Meadows College
Redfield Campus
18600 Wedge Parkway, Room 103
Reno, NV 89511

Video-Conference
Legislative Counsel Bureau
Grant Sawyer State Office Building
555 E. Washington Avenue, Room 4401
Las Vegas, Nevada

Committee Members Present

Pat Nelson, proxy for Brad Greenstein
Chuck Bailey, proxy for Deborah McBride
Peter Quigley
John Johansen
Susan Mears
Judge Cedric Kerns
Ron Pierini
Scott Shick – Co-Chair
Tami Jo McKnight

Foundation for Recovery
SAPTA Agency Director
Department of Veteran Affairs, So. Nevada
Impaired Driving Programs Manager, Nevada Office of Traffic Safety
Division of Child & Family Services, Planning & Evaluation Unit
Las Vegas Municipal Court Regional Justice Center
Sheriff, Douglas County
Chief Juvenile Probation Officer, Douglas County
Clinical Program Planner, MHDS

Committee Members Absent

Elizabeth Fildes
Jeff Fontaine
Michael Bakios
Monica Morales
Monty Williams - Chair
Tom Chase

Director of Clinical Services, Nevada Tobacco Users' Helpline
Nevada Association of Counties
Drug Enforcement Administration
Chronic Diseases, NV Health Division
Statewide Native American Coalition, Intertribal Council of Nevada
Nevada Health Centers

Public Present

Jen Thompson

Nevada Health Division

Consultants Present

Michael Coop

Coop Consulting

SAPTA Staff Present

Charlene Herst
Charlene Howard
Kim Davis
Meg Matta - Recorder
Nan Kreher

SAPTA Prevention Team Supervisor
SAPTA Health Program Specialist
SAPTA Administrative Assistant
SAPTA Administrative Assistant
SAPTA Health Program Specialist

* **Attended telephonically**

1. **Welcome and Introductions**

Co-Chair Scott Shick opened the meeting in due form at 1:20 p.m., announcing where the meeting notice was posted and conducting a round of introductions, and establishing a quorum.

2. **Public Comment**

No public comment.

3. **Discussion and Approval of Multidisciplinary Prevention Advisory Committee Minutes of March 21, 2012**

It was moved and seconded to approve the minutes with no corrections.

4. **Update on State Epidemiology Outcomes Workgroup Grant (SEOW)– Data Dissemination System**

Nan Kreher praised Bach Harrison and said that they were ahead of schedule on the system and will easily deliver before the grant deadline. She asked the MPAC members to think of the type of data that would be useful to them and to let her know so she could work on getting it included. Nan presented a live view of the system online, highlighted resources, and stepped the members through the various tabs. Under the Indicators tab, there are now forty indicators; and although the list was not fully populated, they want to place a limit on seventy indicators as the navigation can become unwieldy. She demonstrated how the Indicators tab worked using suicide data and further sorting out youth drinking and youth cocaine use. She drew charts from the data for illustration purposes. There were suggestions on places that could provide data for the system. Nan said that Bach Harrison has developed this system for other states, and has data across states that it can contribute; but the initial focus will be on indicators from the local level. It was suggested that SAPTA develop a project to engage several groups to contribute data and suggested the need for a clear definition of the age of the data in the warehouse, so that recent data is not confused with data that is old. It was also explained that the source of the data would be listed on the bottom of the chart, and Bach Harrison will add a column displaying the population numbers because small populations can cause rates to jump. The SEW members provided helpful and insightful input into the system development.

SAPTA would like to provide training to the coalitions and other users while the system is still less complicated than it will be when it becomes fully developed. Charlene added that SAPTA has been assured that if the dollars are available next year from the federal government, we will be funded for the third and final year for enhancement. Not all states received these dollars – only seventeen were eligible and they did not all apply- so we are very happy to have this opportunity. Charlene asked the members in Las Vegas how they would use this system, what additional data points would they need to make it most useful, and what data they could provide. John Johansen requested to be able to sort the data by county, see a three year summary of all data points, and perhaps be able to compare the county trends to the state trends.

SEW members were invited to browse the site and provide feedback and suggestions of data that will be useful to them. <http://indicators.bach-harrison.com/nvsocialindicators/Default.aspx>

5. **Update on Strategic Prevention Enhancement Grant (SPE) – Data Warehouse and Reporting System**

Chuck Bailey reported that during the planning stages of a project of this size and complexity, and with only a one-year time period to execute, it was difficult to foresee all the obstacles that could occur during the process. SAPTA has had to overcome unanticipated challenges. There were delays in attracting and hiring consultants, as they expressed concerns about relocating to Nevada for such a short term project. Further, the consultants advised purchasing a new server for the purpose of creating an optimum testing environment for the web portal being developed with grant funds.

Consequently, development of the Data Warehouse and Reporting System is behind schedule on the grant spend-out. SAPTA is exploring possible options to use funds for purposes not specifically requested in the original grant application. Charlene Herst discovered that Nevada is not the only state that is encountering problems with the short, 1-year time frame of the grant. She has had discussions with the grant project officer about the possibility of expending the unspent money during an extended time frame. A request has been submitted for a four to six month extension. All options proposed follow the intent of the original application with no additional spending, and directly relate to meeting grant deliverables.

To keep the project on track, the division's IT staff have filled in as needed and other funding sources were tapped when necessary. They are working to get as much delivered as possible in as short a time frame as possible. The focus is on providing the prevention coalitions and treatment providers an easy, navigational tool to be able to achieve their goals. The ultimate success of our SPE grant hinges upon the development of a well-built, extensible data warehouse framework and web portal. This framework will be integral to SAPTA's planning and evaluation functions at the state and community levels for years to come and it will be expandable to meet future needs. Once mature, the system will provide for simple and secure information dissemination to SAPTA's service providers, funders, state legislators, and the general public.

6. **Update and Discussion on the SPE Strategic Planning Process and Survey**

Michael Coop reported on the survey results completed by the SEW and MPAC members and identified the priorities that will be included in the strategic plan, based on that survey. The most commonly cited priority in the survey was risky behaviors by children or adolescents, followed by illicit drug use, prescription drug misuse and underage drinking. The second most cited priorities were co-occurring disorders, suicide risk factors, pre or perinatal substance abuse, and mental illness. The agency focus on population targets identified adolescents and early childhood as the highest priority, followed by pregnant women and native Americans. This information will be integrated into the process. The key deliverable is the 5-year State Prevention Plan. That plan will focus on reducing instances of substance abuse and establishing better outcomes by providing a 5-year target on leveling off or reducing the occurrence of specific indicators.

The next step will be to collect feedback from the coalitions and statewide communities. Individual agencies will be asked what they are actually doing about their prioritized focus, and what the impact of their local programs is expected to be. This information will be used to establish a guide on how interested agencies can collaborate on the same priority or targeted population. Michael will have a draft prepared for distribution prior to the next meeting so that members can be familiar with it and ready to contribute to the process. Charlene added that she was pleased with the number of members from the SEW and MPAC who responded to the survey.

7. **Update and Discussion on SEOW – Community Profile**

Nan reported on the Community Profile which is focusing on prescription drug abuse and overdose in Nevada. The prescription drugs that are being misused are mostly opiates. She is getting statistics from the coroner's office on deaths caused by prescription drug overdose, and from vital statistics on emergency room admissions, discharges and deaths. In Nevada, the instances of deaths due to prescription drug overdose are rising dramatically – twice as many now die from prescription drug overdose than by illicit drug overdose. The coroner's office attributes fewer than 15% of those deaths to suicide; the majority is accidental. They list the substances that the people have in their systems at the time of death, and the range is from four to as many as seventeen different substances. Further, the data is being broken down by various demographics.

A discussion followed about the prescription drug monitoring program which maintains a database that is supposed to be used by doctors and pharmacies to ensure against multiple prescriptions. The problem is that not all doctors and pharmacists access the system, or provide patient information into the system. The use of the system is not mandated, it is voluntary; and the many of the large chain pharmacies refuse to participate. However, SAPTA will set up a training class with the program organizers for the coalitions and providers at the local level to learn the system. In the future, the prescription drug monitoring system needs money to upgrade the system to be more sophisticated.

The Community Profile is mostly finished with the exception of addition of very recent incoming data; and will include consequences, consumption, risk factors, etc. Nan will send out a draft to everyone and track changes online so that she can get the final copy to Synectics by the end of the month. Changes may still be made after that time, if necessary.

8. **Review, Discussion and Approval of Memorandum of Understanding**

Tabled. It was recently learned that the document originates with the agency, not with SAPTA. If the agency does not require a signed MOU with SAPTA to share data, it can proceed to upload the data. If the agency does require an MOU, they will generate the document and SAPTA will sign it. It is possible that one MOU will suffice if an agency shares data with more than one division in the State.

9. **Progress Report from the Center for the Application of Prevention Technologies (CAPT)**

Charlene reported for Michelle Frye Spray who is working with a tribe in Alaska along with Monty Williams. The CAPT has just finished a three-part seminar on non-medical use of marijuana. On May 23 and 24, there will be a western state face-to-face training on the Adverse Childhood Experiences Survey (ACES). The CAPT is paying expenses for the states to attend. The importance of this was emphasized, as the adverse experiences lead to subsequent adult substance abuse problems. The seminars presented by the CAPT are calculated and focused, and it is disappointing that turnout is not higher. The CDC is now using ACES because it are so accurate in its prediction.

10. **Review, Discussion, and Approval of *Nevada Fact Sheets: Native Americans & Alaskan Native Substance Use***

Michael Coop received three edits, all minor typo-related. The draft formerly distributed is complete and the final version is ready for distribution. It will also be posted on the SAPTA website.

11. **Member Update from Scott Shick, Douglas County Juvenile Probation Office**

Scott Shick shared his background and his history working in juvenile justice. He identified three things that will keep kids out of the system: family systems, staying in school, and a positive involvement in the community. The trend he has seen is the rise of synthetic drugs such as spice, which presents an ongoing challenge to law enforcement.

12. **Discussion and Approval of Agenda Items for July 18, 2012**

- Review process because the deliverables will soon be due
- Strategic plan
- Data warehouse update
- Data dissemination update

13. **Public Comment**

Michael Coop commented that there is one specific charge in the SPE grant for states to develop a way for multiple state agencies to collaborate in prioritizing high risk communities, and direct their combined resources towards turning the curve on that community's outcome. He asked that SAPTA find out if they have the capacity, and statutory authority to work towards that goal. He would like to have a frank discussion at the next meeting about what could happen if we could examine all the data we have on a county and regional level, decide that one particular community had the worst indicators, and then all go in together to change it.

14. **Adjournment**

Scott adjourned the meeting in due form at 2:37 p.m.