

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

**DATE:** July 18, 2012  
**TIME:** 1:00 p.m. *Video-Conference*  
**LOCATION:** Truckee Meadows College College of Southern Nevada  
Redfield Campus Cheyenne Campus  
18600 Wedge Parkway, HTC Room 103 3200 E. Cheyenne Ave., Room 2647B  
Reno, Nevada Las Vegas, NV 89030

**Committee Members Present**

|  |  |
|--|--|
| Brad Greenstein                              | Foundation for Recovery  |
| Brad Greenstein proxy for Judge Cedric Kerns | Las Vegas Municipal Court Regional Justice Center                        |
| Chuck Bailey, proxy for Deborah McBride      | Agency Director, Substance Abuse Prevention and Treatment Agency         |
| Elizabeth Fildes*                            | Director of Clinical Services, Nevada Tobacco Users' Helpline            |
| John Johansen                                | Impaired Driving Program Manager, Nevada Office of Traffic Safety        |
| Michael Bakios                               | Resident Agent in Charge, Drug Enforcement Administration                |
| Monty Williams - Chair                       | Director, Statewide Native American Coalition, Intertribal Council of NV |
| Muriel Kronowitz*                            | Public member  |
| Ron Pierini                                  | Sheriff, Douglas County  |
| Scott Shick – Co-Chair                       | Chief Juvenile Probation Officer, Douglas County                         |
| Tami Jo McKnight                             | Clinical Program Planner, Mental Health & Developmental Services         |
| Tom Chase                                    | Executive Director, Nevada Health Centers                                |

**Committee Members Absent**

|                 |  |
|-----------------|--|
| Jeff Fontaine   | Nevada Association of Counties   |
| Karla Bee       | Nevada Health Division   |
| Peter Quigley   | Justice Outreach Specialist, Department of Veteran Affairs, So. Nevada |
| Shirley Hampton | Nevada Rural Health Clinic   |
| Susan Mears     | Planning & Evaluation Unit, Division of Child & Family Services        |

**Others Present**

|                                  |   |
|----------------------------------|---|
| Michael Coop – Consultant        | Coop Consulting                                 |
| Michelle Frye-Spray – Ex-officio | T/TA Specialist, CSAP CAPT West RET, CASAT, UNR |

**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   |
| Linda Kreeger        | SAPTA Health Program Specialist  |
| Meg Matta - Recorder | SAPTA Administrative Assistant   |
| Nan Kreher           | SAPTA Health Program Specialist  |

\* *Attended telephonically*

**1. Welcome and Introductions**

Monty Williams thanked Scott Shick for chairing the last meeting in his absence, and opened the meeting in due form at 1:05 p.m.

**2. Public Comment**

Charlene introduced Muriel Kronowitz who has switched membership to the MPAC from the SEW.

**3. Discussion and Approval of MPAC Minutes of May 16, 2012**

There were no corrections to the minutes. Ron Pierini moved and Tami Jo McKnight seconded to approve the minutes. The motion carried.

**4. Discussion on Partnership for Success II Grant Opportunity**

Charlene Herst explained how this is a discretionary grant, and there were only 5 awards made on the Partnership for Success I grant offered a few years ago. Although SAPTA scored high, we did not receive the grant award. The Partnership for Success II Grant only gave less than a month to respond. This time, up to 18 states will be awarded the grant. We were eligible for this grant because our Strategic Prevention Framework-State Incentive Grant (SPF-SIG) timed out two years ago. We are still benefiting from the State Epidemiologic Work Group Grant (SEOW) which pays for our epidemiologist, Nan; and the Strategic Prevention Enhancement Grant. The grant is due at SAMHSA on July 19, and we sent it in a week early. If awarded, the grant is expected begin on October 1.

There are three tiers of funding for the Partnership for Success II grant, and Nevada is in the highest tier because our data shows we have more issues. We applied for 1.2 million dollars. If awarded, we will lose the third year of the SEOW grant, but this grant will replace it. We applied for 2 of the choices provided: underage drinking and prescription drug use/misuse through ages 10 to 25. We added a third focus based on Nevada statistics, for an expansion of the age group on prescription drug use/misuse to include ages 25 upward all the way through the life span. We also included as our over-arching goal, the SAMHSA goal number 1: behavioral health, substance abuse prevention and mental health promotion.

85% of the dollars go to coalitions to serve local communities that are at high risk. Those communities shown by data to be high risk for underage drinking and prescription drug misuse will become our focus. We will be selecting three liaison coalitions, one in each Nevada region: north, south and rural. Those coalitions will be responsible to subgrant out to those coalitions shown by data to be in the high risk communities. We can mandate that up to 20% of the grants that go out to each community must have an evaluator. We can hire a state-level evaluator that each of the liaison evaluators will work with to get local and regional data analyzed at the state level. 15% of the grant will remain in SAPTA to pay for salaries, contracts for evaluation, and for added questions to the BRFSS survey and the YRBSS. We are data heavy in this grant application because it is an important goal. Another part of the 85% SAPTA will be awarded to the Statewide Native American Coalition to be used strictly for underage drinking because it is a serious focus. Charlene will be sure to make an announcement as soon as she hears if we have been awarded the grant.

**5. Update on State Epidemiology Outcomes Workgroup Grant (SEOW)****a. Data Dissemination System**

Nan provided an update on the system and described how powerful the functions and capabilities will be. Data will be split up into groups by coalitions, so it can be used to compare the state vs. coalition data. She added that due to input from the previous SEW meeting that morning, she may be adding another tab and indicator. The next step is to add the

most recent data on certain indicators, and the deadline for completion is end of August. Hoping to have a roll-out in September. Chuck Bailey plans to develop an 8-hour training for the coalitions to use the system.

The link to the data dissemination tool is:

<http://indicators.bach-harrison.com/nvsocialindicators/Resources.aspx>

Nan reminded everyone to click on the Resources tab to see the publications we commonly refer to; and that additionally, the epidemiological and community profiles can be found on the SAPTA website: *Publications > Administrative, Grants, and Epidemiologic Reports.*

[http://mhds.state.nv.us/index.php?option=com\\_joomdoc&task=cat\\_view&gid=94&Itemid=81](http://mhds.state.nv.us/index.php?option=com_joomdoc&task=cat_view&gid=94&Itemid=81)

### **b. Community Profile**

The Community Profile is focused on prescription drug use/misuse. Nan described the suicide data and prescription drug use/misuse data collection. She commented that the emergency room discharge data on overdoses was interesting because it showed that 50% of the people who overdose on prescription medications are women, while over 67% of people who die of overdose are men. Of those who die of drug overdose, it is common to find that they have 14 or more different drugs in their systems.

## **6. Update on Strategic Prevention Enhancement Grant (SPE)**

### **a. Data Warehouse and Reporting System**

Chuck indicated in the last meeting that a request was made to SAMHSA to extend the SPE funds to cover the data warehouse and reporting system development beyond the original end-date of the grant. SAMHSA has indicated that it will consider and probably allow us to extend to June 15, 2013. Everything is on track – infrastructure is in place, and they are now working on the web portal, data extension, security, and confidentiality issues. The growing issue, currently, is whether there will be enough IT support provided as we combine agencies and lose staff. A progress report will be produced sometime in August.

### **b. Five-Year Strategic Prevention Plan**

Michael Coop presented a working draft for MPAC feedback, and stated that in terms of performance indicators, the plan will be shaped around specific substance abuse issues. Those issues are: underage drinking; underage binge drinking; underage drinking and driving; riding with a drinking driver; adult heavy drinking and adult binge drinking. He will align targets with Healthy People 2020 report. Charlene Herst would like to add prescription drug use for people aged 26 and older.

Michael said that there are a few indicators that data could not be obtained in time for this plan, and those are: pre-natal substance abuse; pregnant women enrolled in treatment; fetal alcohol syndrome; and Synar compliance. Synar is the federal law that requires states to keep their illegal tobacco sales by retailers to kids under 20%. Nevada has been under 3% for a very long time, and it is crucial to remain so or we would lose significant funding.

The MPAC will create action planning teams to focus on individual pieces of this plan. Those will be: system coordination (how agencies represented in the MPAC will work together); workforce development; evidence-based practices workgroup; monitoring and evaluation using data decisions and changing practices as appropriate and evaluation results. These will be long standing and permanent workgroups.

The plan includes collecting, polishing and disseminating data; and measures to determine community readiness. There will be a quality improvement team developed to track different indicators. The top planning effort will be MPAC as lead prevention planning group in the state. One goal is to create a certification process for tribal best practices and evidence based programs. There will be policy-level work on how that is established and will function. Oregon has already pioneered a program on tribal best practices, and we have permission from them to utilize some of their tools. The CAPT will also assist. There is also a plan for SAPTA to coordinate with the Mental Health Division on mental health promotion of mental illness prevention pilot projects.

Michael said the draft will be done by August and if anyone has any further feedback, to please email it to him before the end of July.

7. **Discussion and Approval of Development of an Evidence-Based Workgroup Subcommittee**

The Evidence-Based Workgroups will be tasked to review the levels of evidence in programs reported by communities. Some programs that are not in the National Registry have been proven to work best within Nevada communities. The goal is to build that capacity for communities to evaluate what is successful for their population, and develop programs that have fidelity to their specific community needs. A further goal is to develop a Nevada Registry.

Elizabeth Fildes and Monty Williams both volunteered to be on the workgroup. It was moved by Elizabeth to approve the development of an Evidence-Based Workgroup, and seconded by Brad Greenstein. The motion carried unanimously.

8. **Update from the Center for the Application of Prevention Technologies (CAPT)**

The CAPT webinars help practitioners implement environmental prevention strategies. Michelle Frye-Spray discussed the success of the series of three webinars in May on non medical marijuana use. Based on review of research, it covered the consequences, risk factors and prevention strategies. Prevention strategies included state prescription monitoring programs which enlist the help of pharmacists and doctors to reduce the number of prescriptions and curtail the flow of commonly abused prescription drugs into the community. Participant comments indicated a need for more information and a perception that the norms surrounding marijuana use have changed, making prevention more difficult.

Other upcoming programs are a regional series for states and tribes focused on evidence-based workgroups and SAMHSA's Guidance Document; a webinar entitled Finding Health Data on LGBTQ Populations; and a synthetic drug use seminar with follow-up on Nevada-specific implications.

9. **Update on the Prescription Drug Drop-Off Boxes**

Michael Bakios provided further information on the legality of prescription drug drop-off boxes. They may only be placed in law enforcement agencies such as local police and sheriff stations; and the site must first obtain, in writing, permission from the DEA. Michael received approval from the Los Angeles DEA for the police stations to purchase the drop off boxes. Linda Lang is working with the police and sheriffs to get the drop off boxes ordered and in place by end of September.

10. **Member Update from John Johansen, Impaired Driving Program Manager, Nevada Office of Traffic Safety**

John Johansen shared his background with the members and discussed trends in impaired driving.

11. **Discussion and Approval of Agenda Items for October 10, 2012, Meeting**

After discussion, it was approved to move the date of the next meeting from September 19 to October 10, 2012.

The agenda items suggested were:

- Set dates for MPAC meetings for the next year – for every three months
- Change the regularly scheduled starting time for the MPAC meeting to 1:30
- Update on the SPE no-cost extension

12. **Public Comment**

There were no comments.

13. **Adjournment**

It was moved by John Johansen and seconded by Tami Jo McKnight to adjourn. Motion carried and the meeting adjourned at 3:15 p.m.