

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

DATE: April 17, 2013
TIME: 1:00 p.m.
LOCATION: Truckee Meadows College
Redfield Campus
18600 Wedge Parkway, HTC Room 103
Reno, Nevada

Video-Conference
College of Southern Nevada
Cheyenne Campus
3200 E. Cheyenne Ave., Room 2638
Las Vegas, NV 89030

Committee Members Present

Deborah McBride	Agency Director, Substance Abuse Prevention and Treatment Agency
Jami Ross, Proxy for Brad Greenstein	PACT Coalition / Foundation for Recovery
Judge Cedric Kerns	Las Vegas Municipal Court Regional Justice Center
Michael Bakios	Resident Agent in Charge, Drug Enforcement Administration
Peter Quigley	Justice Outreach Specialist, Department of Veteran Affairs, So. Nevada
Scott Shick – Co-Chair	Chief Juvenile Probation Officer, Douglas County

Committee Members Absent

Elizabeth Fildes	Director of Clinical Services, Nevada Tobacco Users' Helpline
John Johansen	Impaired Driving Program Manager, Nevada Office of Traffic Safety
Monty Williams - Chair	Director, Statewide Native American Coalition, Intertribal Council of NV
Susan Mears	Planning & Evaluation Unit, Division of Child & Family Services

Others Present

Stephanie Asteriadis	NPRC - CASAT
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SAPTA Staff Present

Charlene Herst	SAPTA Prevention Team Supervisor
Kim Davis	SAPTA Administrative Assistant
Meg Matta - Recorder	SAPTA Administrative Assistant
Nan Kreher	SAPTA Health Program Specialist

* *Attended telephonically*

1. Welcome and Introductions

Scott Shick opened the meeting in due form at 1:10 p.m. and after introductions, a quorum was established.

2. Public Comment

There were no public comments.

3. Discussion and Approval of the MPAC Minutes of January 16, 2013

Cedric Kerns moved to approve the minutes and Deborah McBride seconded the motion. The motion carried and minutes were approved.

4. **Update, Discussion and Approval of the Evidence Based Workgroup Subcommittee Report of January 15, 2013**

Charlene Herst provided an overview of the subcommittee, the mission and goals they may be deciding to make their focus, and the impact they hope to have in Nevada. She also provided, as information only and not for approval, the minutes from the second meeting that was held the previous day. She explained that evidence based programs were created by developers who have collected data and tested the outcomes of the programs. The programs go through many years in the approval process before they are included in the National Registry. However, the programs that are accepted at the federal level do not always apply to a specific Nevada community and may need some altering. That creates a question as to whether the alterations have been approved by the developers, or if they invalidate the evidence of the program. Additionally, as a result of tailoring a program to a specific community, data may be generated which is valuable to the developers in expanding and enhancing their programs.

The subcommittee hopes to establish a Nevada registry which is tailored to Nevada's specific populations. A question was asked about the acceptance of an evidence based practice that is for use by Nevada populations, and whether it would be recognized by the federal agency. Charlene replied that on the federal level, they are asking the states to take on these issues. Our criteria will not be as strict as at the federal level; but it will be a first step for that program to be recognized at the national level.

By approving the minutes, the MPAC members were simply approving the direction the subcommittee was taking, and the specified areas of need which were becoming the focus. As the EBW is a subcommittee of both the SEW and the MPAC, if members wanted to suggest further direction to the committee, they were encouraged to do so. Scott Shick added that from his point of view in Juvenile Justice, they need to know what programs will work successfully. Evidence based programs are dynamic, and it makes sense to have Nevada program resources that can be matched to specific demographics. If the programs are readily available, they are able to provide help to the families in the communities that much more immediately.

Cedric Kerns said as long as it was not required that they attended the meeting, he moved to approve the intention of the EBW subcommittee as shown in the minutes, and Scott Shick seconded. The motion carried.

Scott Shick added that his Office of Juvenile Justice and Delinquency Prevention is kicking-off a new program called, *Staying Connected With Your Teen*. It's a dynamic, SAMHSA evidence based program which brings families into the same room to work together on their mutual parenting issues. They have found that in the past, when the program leaders have not maintained fidelity with some of the design it does not work as well. When they allow the parents to create the direction and dialogue and foster the process, it works much better because the families are working together on common issues not only in their own families, but also in their community, and in their schools. Scott said he has grown to appreciate the fidelity component for its effectiveness, rather than see it as a requirement to complete. He expressed that there is wisdom to attaching to federal programming, and there is no reason we cannot create that for our state.

Charlene added a request for suggestions for further committee members. She said they need people who are research based, who can measure fidelity, or who have expertise in specific populations.

5. Update on Legislative Bills of Interest and Budget Presentations to SAPTA and MPAC Members

Deborah McBride discussed AB 39, which seeks to provide restrictions on the retail sale of medications containing ephedrine and pseudo-ephedrine; and AB 372 which concerns substance abuse but which was killed because they failed to meet the deadline. Scott Shick discussed the bill to establishing an allocation of medical marijuana dispensaries, and their operations and protocols. He expressed his frustration with the inaccurate premise of the bill. Michael Bakios said that the DEA will shut down any operation that tries to open its doors in his jurisdiction. When asked about the growers' classes that are already being offered, Scott Shick replied that it is legitimate to discuss the horticultural aspects of the propagation of marijuana for people who want to get in compliance with the distribution laws. A lively discussion ensued, which brought forward a variety of interesting viewpoints. One point was that medical marijuana growers produce a product with a higher level of THC. This will result in access to high toxicity marijuana for the kids in our state, regardless of what the growers intend. Additionally, it was pointed out, the higher the THC, the less effective the medicinal properties of the product. It was clearly being produced for purposes of intoxication; but the measurement and health consequences of that intoxication have not been established. A question was asked: since the citizens voted to legalize it for medicinal purposes, how then do we place controls on the source? Wouldn't it provide a valuable new industry for the state? The question was answered with another question: since when do citizens vote to decide on what is medicinal? It was stated that even though there is lots of revenue to be gained from the industry, one would hope the legislators would have enough conscience to consider the impact on the populace.

Deborah McBride brought the discussion back into focus with information on the budget presentation. She said that for Prevention, the budget remained essentially flat. For Treatment, however, the governor has recommended that for a savings to the state general fund, they are reducing our funding by \$3 million in the first biennium and \$3.4 million in the second biennium. Those funds will be transferred will be used to expand Medicaid benefits, and funding for our providers will come from Medicaid before SAPTA is billed. Also, there is a possibility that certifications for residential programs will be moved to Health Care Quality and Compliance, and SAPTA may lose some additional funding if that occurs. SAPTA has requested some new positions.

Deborah added that she placed one item for special consideration into the budget. These are items that will be looked into near the end of the process if there remains any unallocated dollars. That item is to provide funding to place SAPTA staff coordinators in the emergency rooms to refer patients to available substance abuse treatment program options before their release from the hospital. This would provide a more seamless treatment to patients who may not know where to seek further help once they are released. She said the program would specifically target senior citizens and adolescents. The budget has not yet been approved by

the legislature.

6. Discussion on Sequestration Effects on SAPTA Funded Coalitions and Programs

Deborah McBride said that as a result of the sequestration that went into effect on March 1, SAPTA will experience a 5% cut in funding for the year. SAPTA has already received first and second quarter funding for 2013, so the amount would be 7% on the remaining amount of dollars. That remaining dollar amount would be about \$658,000. The final numbers will be provided by SAMHSA, but it appears that \$10,000 will be cut from Prevention, and \$20,000 will be cut from treatment. This cut will occur in the final quarter of the federal fiscal year; July through September, 2013. However, that is the beginning of the State fiscal year 2014, and it will be easier to cut the program funding in the beginning of the budget year than try to squeeze it in at the end of FY13. Every place that SAPTA puts grant funding out will be affected, as well as our internal operations. There is no way around it, but SAPTA will make it as fair as possible. The providers are all aware of the sequestration and have been apprised of the upcoming cuts.

7. Discussion, Recommendations and Approval on Strategic Prevention Framework Partnerships for Success Grant

Charlene Hearst said the grant is only for those states which have completed and timed-out of the SPF-SIG. The application is due May 16, and the Prevention Team is absent from this meeting because they are working on meeting that deadline. The grant requires focus on: underage drinking among 12 to 20 year olds, and/or prescription drug misuse among 12 to 25 year olds. States may optionally add another element to either of the aforementioned, and SAPTA will be including all three categories in their application.

For the optional component, SAPTA will include prescription drug misuse in adults aged 26 to 65 years old. This does not cover an entire lifespan, but data shows that prescription drug use, misuse, overdose and death from overdose has gone up tremendously in Nevada. The Clark County Coroner's Report, alone, shows a 700% increase in deaths due to prescription drug overdose over the past 10 years. The emergency room data collected by Nan Kreher shows the 45 to 65 age group is disproportionately high for overdose deaths, especially among men. Visits to the emergency room due to prescription drug overdose are most prevalent among a much younger age group, about 20 to 35 year olds, and this group includes women. SAPTA, together with the coalitions and direct service providers, needs to work harder on prevention programs that target prescription drug overdose.

The grant also requires a connection with mental health. Strategic initiative number 1 in the grant is prevention of substance abuse and promotion of mental health. We are working on both issues and will be highlighting them in this grant.

The award is a substantial \$2.55 million for 5 years. 85% of those dollars would be designated for Nevada communities of high need. SAPTA has targeted the following: the military in southern Nevada, middle and high school age kids, and college kids in the UNR and perhaps CSN university systems. Prevention staff have also identified geographical areas within the state where there is the highest need, and will launch pilot programs to target those populations first. The programs will be increased to other areas in the state over the 5-year

grant period. There will also be money enough to keep SAPTA's data collection going forward. SAPTA has high hopes of winning the grant.

8. Update and Discussion on 2014-2015 Substance Abuse Prevention and Treatment / Center for Mental Health Services Block Grant.

This is the first year SAPTA has worked on a combined block grant with Mental Health. It has been a long process. The original date for submittal of the grant was April 1; but that deadline has been cancelled mainly due to sequestration. The Office of Management and Budget has to approve the guidance on the grant every year, and they have not been able to do so because of the many new issues that have arisen as a result of sequestration and its affect on the block grant.

9. Discussion and Approval on Coalition and Administrative Programs Continuation Applications

Charlene Herst informed the members that the continuation applications for Treatment were received and under review. The continuation applications for Prevention were coming in. Funding will be contingent on the 7% funding cuts to SAPTA.

10. Member Update

Tami Jo McKnight was going to provide the member update but has relocated to another agency. Charlene suggested a general round-table discussion of current concerns and focus of the members and their agencies.

Peter Quigley mentioned Elliott Anderson.

Cedric Kerns discussed the recent Supreme Court ruling that requires a search warrant to require a blood-draw from a driver stopped for DUI. He described how it would impact law enforcement in Nevada. While alcohol levels can be determined in a breathalyzer test, drug levels need to be tested by blood sample. Nevada law allows the suspect to decide which test they will use, and if it is a blood test, there is only a two-hour window to get the results from the lab. If search warrants are now required, it adds the step of producing a report which then has to be read and ruled upon by a judge. The added procedure will stress the two-hour window. Also, as most DUIs occur in the night, it will necessitate judges working a night shift. Cedric predicted that it will not be long before drivers figure out the weakness and routinely demand a blood test.

The discussion moved to the problems surrounding spice and bath salts. There are 13 known types of spice and Redwood does not have an assay for every form. Bath salts are synthetic cocaine. Two new types on the street are called "Smiles" and "Molly". These are very dangerous and cause permanent damage to the user. The DEA is going after all distributors and producers of synthetic drugs. Rather than try to keep up with the specific formulation, they are able to convict based on its effect in the human body. In the Las Vegas area, Rawson Neal Psychiatric Hospital is providing treatment for bath salts.

Heroin, especially black tar heroin, is a big problem in Reno. Meth is still rampant. Michael Bakios commented that he found it difficult to have strong feelings about the bill to limit ephedrine in medications as 98% of the methadone in the western U.S comes from Mexican

cartels. Those cartels manufacture their own meth from ephedrine they buy in bulk from the Orient, not from medications purchased in American stores.

11. **Discussion and Approval of Special Reports**

There was great interest shown in the member discussions during this meeting, which lead to more suggestions for future special reports. In addition to suicides, issues surrounding the use of spice and bath salts could be included. A special report on heroin was suggested.

12. **Discussion and Approval of Agenda Items for the July 17, 2013 Meeting**

- Revised Coroner's Report
- Effects of the legislative bills that were passed
- Sequestration and SAPTA funding

13. **Public Comment**

There was no public comment.

14. **Adjournment**

Meeting was adjourned in due form at 2:20 p.m.