

**STATEWIDE EPIDEMIOLOGY WORKGROUP (SEW)  
MULTIDISCIPLINARY PREVENTION ADVISORY COMMITTEE (MPAC)  
COMBINED MEETING  
APPROVED MINUTES**

**DATE:** October 10, 2012  
**TIME:** 9:30 a.m.  
**LOCATION:** Truckee Meadows College  
Redfield Campus

**Video-Conference**  
College of Southern Nevada  
Cheyenne Campus

**SEW Committee Members Present**

Alicia Hansen \*  
Angel Stachnik  
Chuck Bailey proxy for Deborah McBride  
Eric Ohlson proxy for Kevin Quint  
Ihsan Azzam  
John Johansen  
Julia Peek  
Luana Rich  
Misty Allen  
Ron Pierini  
Tami Jo McKnight  
Tony Fredrick  
Wei Yang  
William Gazza – Committee Chair

**MPAC Committee Members Present**

Brad Greenstein\*  
Chuck Bailey, proxy for Deborah McBride  
Elizabeth Fildes\*  
John Johansen  
Judge Cedric Kerns  
Karla Bee  
Monty Williams – Chair  
Muriel Kronowitz  
Peter Quigley  
Ron Pierini  
Susan Mears  
Tami Jo McKnight  
Shirley Hampton proxy for Thomas Chase

**SEW Committee Members Absent**

Brad Towle  
Chris Pritsos  
Debbie Gant-Reed  
Diane McCoy  
John Johansen  
Pauline Salla  
Sue Meuschke

**MPAC Committee Members Absent**

Jeff Fontaine  
Scott Shick – Co-Chair  
Michael Bakios

**Others Present**

Ashlynn Martin  
Ed Ho \*  
Kristen Clements-Nolle – Ex-Officio  
Michael Coop – Consultant  
Michelle Frye-Spray – Ex-Officio  
Stephanie Asteriadis – Ex-Officio

**SAPTA Staff Present**

Bill Kirby  
Charlene Herst  
Charlene Howard  
Chuck Bailey  
Kim Davis  
Linda Kreeger  
Meg Matta – Recorder  
Nan Kreher

Public Member  
Staff Epidemiologist, Indian Health Board, Nevada  
Agency Director, SAPTA  
Join Together Northern Nevada  
Office of Epidemiology, NSHD  
Impaired Driving Program Manager, Nevada OTS  
Office of Public Health Informatics and Epidemiology, HSPER  
Quality Assurance Specialist III, MHDS  
Office of Suicide Prevention, NSHD  
Douglas County Sheriff  
Clinical Program Planner, MHDS  
Southern Nevada Health District  
Nevada Center for Health Statistics and Informatics, UNR  
Clark Co. Coroner's Office

Foundation for Recovery  
Agency Director, SAPTA  
Director of Clinical Services, Nevada Tobacco Users' Helpline  
Impaired Driving Program Manager, Nevada OTS  
Las Vegas Municipal Court, Regional Justice Center  
Tobacco Control, Child Family & Community Wellness  
Statewide Native American Coalition, Intertribal Council of NV  
Public Member  
Department of Veteran Affairs, Southern Nevada  
Sheriff, Douglas County  
Planning & Evaluation Unit, DCFS  
Clinical Program Planner, MHDS  
Executive Director, Nevada Health Centers, Inc.

NSHD- Health Statistics, Planning, Epidemiology, & Response  
Department of Nutrition, UNR  
Crisis Call Center  
Boys and Girls Clubs of Western Nevada  
Nevada Office of Traffic Safety  
DCFS- JJPO  
Nevada Network Against Domestic Violence

Nevada Association of Counties  
Chief Juvenile Probation Officer, Douglas County  
Resident Agent in Charge, Drug Enforcement Administration

Clinical Program Planner, Rural Services  
System Developer, Bach Harrison  
Epidemiology, UNR / CAPT  
Coop Consulting  
T/TA Specialist, CSAP CAPT West RET, CASAT, UNR  
Nevada Prevention Resource Center / UNR

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

\* Attended Telephonically

1. **Welcome and Introductions**

A quorum was established and introductions were made. SEW Chair William Gazza and MPAC Chair Monty Williams shared the role of chair. The meeting was opened in due form at 9:35 a.m.

2. **Public Comment**

Wei Yang expressed frustration with the Proof Point security measures that have been added by the State Health Division. Meg Matta explained to the group about clicking on the *more info* link and registering for the Proof Point program. From there on out, the warnings should disappear. Wei said he had registered, but found he had to re-register each time he wanted to open the document. Michael Coop added that he had to try on three different computers before he could open the email. Meg said she would relay these complaints to the IT department and see if the problem can be resolved.

3. **Discussion and Approval of both the SEW and the MPAC Minutes of July 18, 2012, by each committee's members.**

Tami Jo McKnight said some information she provided in the last meeting had changed, and she wanted to correct it for the public record. Rather than take time from the meeting, she would email in her change. It was moved by Tony Fredrick and seconded by Misty Allen to approve the SEW minutes one correction. Motion carried.

It was moved by Tami Jo McKnight and seconded by Muriel Kronowitz to approve the MPAC minutes as written. Motion carried.

4. **Live Presentation and Discussion of the Data Dissemination System**

Nan provided a brief overview of the system and its capabilities to bring anyone up to speed who had missed previous demonstrations. She introduced Ed Ho who then provided a live demonstration of the Data Dissemination System. The site was developed specifically for use by prevention specialists in the field, not by data people at a research level. It was designed to be simple, user friendly, but also powerful. There are two facets to the system: one where users can view data and use for planning and monitoring. The second facet was the data warehouse which would serve as a foundation for prevention related data. Ed reminded the group that the system was designed around the strategic prevention framework model, and demonstrated ways to access and use the various functions.

Members asked questions regarding data and the ways the data was displayed. Ed Ho demonstrated how to access and display various data, how to read and change the demographics of charts, and how charts can be downloaded, or copied and saved for use in reports. The regional data is broken down into three regions, and can be viewed by geography, by demographics, by coalition and by county. The consequence data is by state and regional levels only. There are currently 46 indicators, and the goal is to have between 50 and 70. They do not want the system to become overwhelming to the end users. Tami Jo McKnight asked for some of the extra indicators to be reserved for Mental Health.

There are plans to roll out a presentation of the system to the Mental Health division and provide training to the coalitions. How communities make decisions based on their data is a critical part of the coalition education program. There was a suggestion to place a tutorial video on the website. There was a discussion on roll-out strategies; Michael Coop, Michele Frye Spray, Kristen Nolle and CASAT would all be helpful in establishing those strategies.

The formation of a Data Committee was suggested for the purpose of looking at the indicators and data. Anyone wishing to participate in that committee should contact Nan Kreher. Ihsan Azzam suggested that a disclaimer should be added, as the conclusions are not inherent in the data and it is up to the user to draw their own conclusions. Ihsan or Wei Yang can advise on the verbiage of that disclaimer, and CASAT can supply extra eyes as well.

The group was asked to access the program at home, and provide feedback to Nan. They can cc to Chuck, as well. The link to the data dissemination tool is:

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

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

Michelle Frye Spray explained her ideas on bringing together an evidence based workgroup and defining the purpose of that group. She would like to bring together diverse group of researchers from mental health, public health or other sources who could define what constitutes evidence. CSAP has a guidance document on what evidence is, and communities sometimes pick certain evidences off that registry which are not appropriate to their communities. When confined to a registry, an organization may fall into the trap of not being objective or creative enough and may be led to overlook important criteria for their community. There is a need for the ability to make adaptations to the registry. The workgroup will help provide consistent protocols and consistent feedback for customized evidence to fit our individual Nevada communities. Federal grantors ask that at least 90% of the state programs they fund be evidence based; at present 95% are evidence based by national criteria but not all of those programs work for the Nevada population. The group will develop a registry of evidence based criteria and best practices specifically for targeted state populations, such as tribal communities, military families, etc.

Volunteers to be on the committee were: Elizabeth Fildes, Monty Williams, Susan Mears, Luana Rich and Brad Greenstein. Tami Jo McKnight suggested including practitioners as well.

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

**a. Update on the No Cost Extension Status**

Chuck Bailey announced that the no-cost extension was approved through June 15, 2013; but the dollars will run out sometime in February. SAPTA is looking at other possible funding.

**b. Progress Report Presentation for the Data Warehouse and Reporting System**

Chuck said the scope of the project has expanded. Data Infrastructure Grant (DIG) dollars have been added for share-point development. Additionally, there is a BEST project tracking development that has grown out of IT changes resulting from merge of MHDS/Health into Public Health/Behavioral Health (PHBH). The Data Dissemination system is about 95%

developed for deployment and Nan Kreher is now looking at training programs. The SPE project is similar in many ways but has been expanded from the original vision. The purpose of the SPE project is to create an ability to translate data and bring it into knowledge for the end users. Both projects are aimed at becoming management tools for real-time online data reporting. Currently, there are two key roadblocks. The first is security pass-through from NHIPPS so users can route over to the web portal from NHIPPS without having to log in again; and the second is contingent on upgrading the SQL Server 2005 to the SQL Server 2008.

### **c. Approval of the Five-Year Strategic Prevention Plan**

Charlene Herst provided background on the plan. She said one requirement of the SPE grant was to develop a 5-year strategic prevention plan together with the SEW members, the MPAC members, coalitions, internal staff and other key leaders. There was a hard deadline on submission of the plan and SAPTA was forced to submit it before getting the final approval from the group. However, she stated that the plan is a work in progress and there was an extension granted on the deadline for the deliverables. She is not sure who was able to receive the draft of the 5-year plan because it was one of the items that was locked up by Proof-Point security; but she asked the group to look at it as soon as possible and provide feedback so that by the next meeting, it can receive final approval.

Michael Coop said that one immediate step to be taken is the formation of four workgroups by the SEW and MPAC working jointly:

- Evidence based practices workgroup
- Monitoring and Evaluation
- System coordination across agencies
- Workforce development

This 5-year plan establishes performance targets on particular substances and issues. There are indicators for underage drinking; riding with a drinking driver; DUI fatalities; adult heavy drinking and adult binge drinking; youth marijuana use; prescription drug misuse; prenatal substance use; youth depression; youth suicide attempts; adult suicide; and finally illegal sale of tobacco to minors. There are multiple years of historical data and a projected target based on Healthy People 2020; a plan which includes a 10-year target with at 10% reduction. For this plan, the plan is a 5-year plan with a 5% reduction. Michael Coop added that because of the decision to include mental health indicators, we may wish to change the title to *Five-Year Behavioral Health Plan* to reflect that inclusion. There are five sections at the end of the plan that follow the 5 steps of the strategic prevention framework which have been revised over the last several meetings based on the group's input.

The final draft of the plan can be emailed to the members, or if the Proof-Point proves too much of a barrier, SAPTA may be able to post the report on the website as another way to provide access. It will be posted on the website under *SAPTA>Publications*.

Questions and concerns arose regarding the age divisions in the indicators. The general points were that youth and adults should have parallel indicators in the report; and that certain age categories be given special focus. Those special populations were the young adults, ages 17 to 22, and the seniors over 65.

Ihsan Azzam pointed out that the suicide statistics had an extra indicator for attempted suicides for adults, and asked if there could be the same indicator for the youth. He commented that there is value in specifying “attempts” vs. “successful” suicides, and that indicator exists for the adult population but not for the youth population. Michael Coop responded that there is a data issue, but he will break the information into two.

Luana commented that with regard to the veteran suicide indicator, it was important to remember that 17 year olds are deployed, and that population would not be included in the adult statistics. She added that binge drinking and other substance issues are an important influence on those suicides because of the impulse issues. In response to a question, she responded that approximately 12% of Nevada’s population is made up of military veterans. The denominators are coming from a combination of the Veteran’s Administration and the Department of Defense and are based on the veteran’s home of record.

Charlene said this is a framework for the big picture; and as a living document, the age groups can be added at a later date to fit specific agency goals. Michael Coop added that this shouldn’t be something that is approved by the group and then filed away and forgotten about. He said there needs to be a workgroup on the SEW which will continue to develop and refine the data to make it more sophisticated and useful for each agency. For example, with regards to the binge drinking indicator, there could be a refinement under that indicator to include five more targets for different age groups, for different agencies, for different reasons. As SAPTA and MHDS start coming together under behavioral health, the data needs to be combined and expanded to be something that any agency can use on a day-to-day basis. Michael further asked the MPAC group to commit to incorporate new learning and findings into the document, and publishing a revised version of the document annually. Comments were that the new findings and revisions should be informed by the joint block grant when it is written.

Michael asked if Nevada had used the 7 questions around serious emotional distress that is on the BFRSS. He said it was a great mental health indicator for adults and is on the telephone survey. The response was that it was not a consistent module on the federal level. If SAMHSA has money from the CDC, they will include a module, but the questions on the module vary. Michael understood that the CDC, from a research perspective, was now interested in the days of serious mental distress from a prevention perspective, as the indicator to focus on. Nan said there is another data source, NSDUH, which asks questions on serious psychological distress. They ask a few questions on suicide and a few more on serious depressive episodes. However, while BFRSS is intended to provide statewide data, the NSDUH is focused on national data.

Michael asked if the two groups wanted to vote on the document provisionally now, or wait until January. Charlene reminded the group that it is a living document, and revisions will continue to be made.

William Gazza said that, from the standpoint of the SEW, the group has been through this document a few times. He asked if there was a motion to go forward, and Wei Yang moved that the document be approved with the continued ability to edit and modify. Tami Jo McKnight seconded the motion, and the SEW group voted to approve.

Monty Williams asked for a motion from the MPAC. Susan Mears moved, Angel Stachnik seconded, and the motion carried.

**7. Update and Discussion on the Youth Risk Behavior Surveillance Survey (YRBSS)**

Julia Peek, Wei Yang and Kristen Clements-Nolle presented an overview on the YRBSS. Previously, the YRBSS has been presented by the Department of Education, but now in the fifth year of a 5-year grant, the Department of Education has decided they do not want to continue with it. The CDC has asked the Health Division to continue with that grant, so Wei and Kristen, with the Center for Health Statistics at UNR, have offered to do it on Nevada's behalf. Wei said the whole country has this data, but Nevada does not; and he is dedicated to filling that gap. Clark County has their own survey which has the same questions as the YRBSS, and they have good participation in the schools. Tony Fredrick will be taking on the survey for the Clark County schools, and broaden the number of schools sampled. Also, the state Tobacco Control, under Child Family & Community Wellness, wants to merge their survey on youth tobacco use with the YRBSS. Those two surveys are very similar and target the same populations. The overall goal is to have Clark County take care of their 35 schools, and the remaining 44 schools in the rest of the state will be covered by the Center for Health Statistics. They would also like to merge some small counties to form a regional picture.

The CDC disqualified Nevada to be part of their data because the Westat/CDC response rate does not meet CDC requirements of 60%. When schools decline to participate, or when students decline to participate, it lowers the percentage of participation. Active consent, meaning a parent-signed permission slip, is a barrier to ample collection of data in the schools. Nevada is one of only four states that require active consent; the rest of the nation accepts passive consent which obtains greater participation. Clark County has been successful in the response rate because they have employed a strategy of offering monetary incentives to the schools. Wei asked for approval to offer similar incentives to the 44 schools outside of Clark County. \$500 per school has been budgeted. Until the requirement for active permission can be changed in the legislature, the incentive plan is the only way to motivate participation.

The data will also be valuable to the coalition system, so they may be used to help enlist cooperation from the schools. Mrs. Sandoval may also be a good ally. The most important thing is to give each school their own report. The follow-up reports will be of value to the schools, and provide the incentive to continue participation.

**8. Discussion and Recommendations on New Questions for the Behavior Risk Factor Surveillance Survey (BRFSS)**

Wei Yang said that Brad Towle is the coordinator for the survey. The challenge he is facing is that the CDC is cutting back funding for the program. But several other modules, such as the Affordable Care Act, are asking the same questions and will provide some additional funding. At this point, funding is falling short by about 10%. So far, in addition to the five mandatory questions, there are about 69 state-added questions that have been proposed by providers. There needs to be some editing. A meeting will be set up to discuss this further.

9. **Information and Discussion on Synthetic Drug Use**  
Tabled
10. **Information on the CAPT Adverse Childhood Experiences (ACE) Future Meeting**  
Michelle Frye Spray offered to make a presentation on the overview of the ACEs study within the broader framework of substance abuse and behavioral health, and look at the continuum of care including information from Institute of Medicine. She proposed presenting to this group as well as leaders in public health and behavioral health to focus on a common vision. The next step will be to include the coalitions.
11. **Discussion and Recommendations of the Data Gaps: Ways to Fill Them for the Data Dissemination System and Data Warehouse**  
Tabled
12. **Discussion on Partnership for Success II Grant Application**  
Charlene Herst said SAPTA was not awarded the grant. It is possible that depending on how SAPTA scored, CSAP will keep SAPTA on the list for the next round, or provide a technical review and guidance on areas to revise if a new application needs to be made. There is still one more year with the SEOW grant, and SAPTA is waiting for notification on the remaining money that will be available.
13. **Discussion and Approval on the Focus of Future Special Reports**  
Tabled
14. **Member Update**  
Tabled
15. **Discussion and Approval of Meeting Dates for Calendar Year 2013**  
William Gazza said the third Wednesday of every third month was proposed. The next meeting would fall on January 16. A quorum has been lost, so there will be no voting on this or the rest of the agenda items. Charlene will send an email invitation out to see if the individual members can make the next meeting date. The 2013 meeting schedule will be established at the January meeting.
16. **Discussion and Approval of Agenda Items for the January 2013, Meeting**  
Charlene Herst will develop an agenda based on the action items in this meeting and email it to the two chairs to gain their feedback and approval.
17. **Public Comment**  
CSAP has been funding a contractor to do underage drinking and driving videos. A video producer visits each state, and the state can develop its own video at no cost to the state. This is the last year of that funding, and Nevada will be one of 13 states to have the opportunity. Charlene Herst said she is working with the producer and with Kathy Bartoz, who will take the ideas to the next coalition meeting. Scripts will be developed and the actual shoot will begin in January or February.

Michael Coop said he will have a draft of the Clark County Coroner's Office Report ready before January. It will be ready for review, feedback and approval whenever it is appropriate to include on the agenda.

18. **Adjournment**

The meeting was adjourned at 1:25 p.m.