

**STATEWIDE EPIDEMIOLOGY WORKGROUP (SEW)
APPROVED MINUTES**

DATE: April 17, 2013
TIME: 9:00 a.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

Alicia Hansen *	Public Member
Brad Towle	NSHD- Health Statistics, Planning, Epidemiology, & Response
Deborah McBride	SAPTA Agency Director
Eric Ohlson, proxy for Kevin Quint	Join Together Northern Nevada
Linda Septien, proxy for Debbie Gant-Reed	Crisis Call Center
Linda Septien, proxy for Misty Allen	DHHS-Office of Suicide Prevention
Luana Ritch*	Quality Assurance, Veterans & Military Families, MHDS
Tony Fredrick	Southern Nevada Health District
Wei Yang	Nevada Center for Health Statistics and Informatics, UNR
William Gazza – Committee Chair	Clark Co. Coroner’s Office

Committee Members Absent

Ihsan Azzam	NSHD- Office of Epidemiology
John Johansen	Nevada Office of Traffic Safety
Pauline Salla	DCFS- JJPO
Ron Pierini	Douglas County Sheriff’s Office
Sue Meuschke	Nevada Network Against Domestic Violence

Others Present

Michael Coop - Consultant	Coop Consulting
Stephanie Asteriadis – Ex-Officio	Nevada Prevention Resource Center / UNR
Arianna Trott	Coop Consulting
Barry Lovgren	Public

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

Chair William Gazza opened the meeting in due form at 9:15 a.m.

2. **Public Comment**

Barry Lovgren presented comments regarding agenda item number eight: the *Pregnant Women and Substance Abuse in Nevada 2012 Needs Assessment*. He said he was making the comments as a private citizen only and not in an official capacity. He requested that the SEW members to consider the following points when the agenda item comes up for approval in the meeting:

- A correction on the waiting list data on page 5: two women who were on the waiting list in 2012 disappeared, making the wait time longer. SAPTA follows the federal uniform waiting list definition which requires that pregnant women be available for treatment; therefore, “disappears” is not available for treatment and should not be counted in wait list data.
- The document did not meet the requirements of a needs assessment, which should show the needs of pregnant women seeking treatment compared to what is being provided, and focus on the disconnect between the two. Statistics are missing on how many pregnant women in Nevada need treatment vs. how many pregnant women in Nevada are actually receiving treatment. Barry Lovgren offered to find that data and provide it to SAPTA and the SEW members.
- Within the global pregnant women population, definition of the subpopulations that are underserved is lacking. Page 8 shows that methamphetamine is the drug used most commonly by pregnant women in treatment statewide. However, according to the 4Ps data and birth outcomes data in the report, it appears that pregnant women who use alcohol and/or opiates are the underserved populations. The disconnect is in the assumption in the report which seems to be that because most pregnant women are being provided treatment for methamphetamines, that is the greatest treatment need. In fact, if there are not enough intensive outpatient services offered, the greater need may be for services which are not being provided.
- Neonatal statistics presented on page 22 are not connected to the underserved population of pregnant women addicted to opiates. Methadone is the treatment of choice; but there are no publicly funded methadone clinics outside of Las Vegas, to the best of his knowledge.

Barry Lovgren summed up his statements by saying he wanted to see what pregnant women need, and how the system needs to be changed to better provide for those needs. William Gazza stated that his points would be pursued further when the agenda item is discussed.

There were no further public comments.

3. **Discussion and Approval of SEW Minutes of January 16, 2013**

William Gazza corrected terminology on page six. Luana Ritch asked for a spell check on her surname and thought one comment attributed to her should be attached to a different part of the discussion. Luana moved to accept the minutes with corrections and review, and Tony Fredrick seconded. The motion passed.

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

Charlene Herst explained that the workgroup is a subcommittee of both the SEW and the MPAC; and therefore, the minutes need to be approved by both committees. In addition to the

minutes for the first meeting, she provided yesterday's minutes for information only. Yesterday's minutes are not on the agenda and cannot be voted upon, but they may provide a clearer picture of the direction the workgroup is taking. They will be voted upon at the next meeting. She said that the members were sent a lot of material regarding definitions of evidence based and whether it may possibly want to develop a Nevada registry to serve Nevada's special populations.

Charlene publically thanked Eric Ohlson for his willingness to be a valuable addition to the EBW. He has a background in research and works on the Service to Science in CASAT. She asked the SEW for further suggestions on possible members. Of particular interest would be a person who is either a pharmacist or who works with the pharmacy board; or experts in special populations.

Luana moved to accept the minutes and approve them for the Evidence Based Workgroup. The motion was seconded by Deborah McBride. The motion carried.

5. **Update and Discussion 2013 Epidemiologic Profile**

Nan explained that the profile for 2013 is still in draft form and being finessed. The finished profile is due on April 25th. The trends are similar to previous trends seen in the 2012 report. Prescription drug use continues to increase. Marijuana use among adolescents has gone down slightly. She is looking forward to better data on kids' substance abuse in the next few years thanks to the new data being gathered by Wei Yang and Kristen Nolles for the YRBS. Wei Yang commented that as some of the data from the BRFSS is being used in the report, he wanted to note that since 2011 cell phone data has been included, which alters the weighing methods. The indicators may not be comparable to previous years. Brad Towle agreed and added that the numbers on health insurance and smoking also don't compare because there is a different population weighing in. Nan said she would probably have the final 2013 profile ready for distribution and emailed before the next meeting; but before that, it will be posted on the website and on the data dissemination system.

Charlene said that the 2012 profile that was provided as a handout was to ensure that everyone had the final, approved version. The epidemiologic profile is a required part of the SEOW grant, and from time to time, the deadlines do not mesh with the SEW meeting schedules. This is the last required report for the grant, as it ends this year; but SAPTA will continue to do the annual epidemiologic report.

6. **Discussion and Approval of the Draft Clark County Coroner's Office 2011 Overdose Report**

Michael Coop said they have worked to incorporate all the comments and suggestions from the last SEW meeting. Coop Consulting and William Gazza spent a day figuring out how to fill some of the gaps that were pointed out, and how to create straight forward solutions. He thinks the report is now very close to completion. There are still some edits that they have found, and he turned the discussion over to Arianna Trott to go over the report, answer questions, and receive any further suggestions.

Arianna Trott went through the report page by page with the members, and discussed the changes that had been made and why they were made. Arianna answered extensive questions on

the fine points of how the data was tabulated and analyzed, and further defined terminology. William Gazza reiterated that in this report, it is the physical cause of death that is recorded, not the substance or underlying behavioral problem that caused the manner of death. Arianna clarified that all the deaths mentioned in the report were related to issues of underlying substance use or misuse. For example, although the manner of death may be classified as suicide and the cause of death is a firearm, the data is included in this report because toxicology reports also show the presence of a substance. The report records the presence of a substance when shown in the toxicology report; but does not show if the amount of drugs or alcohol in the system is non-lethal, or if it was a huge overdose.

Stephanie Asteriadis added that there could be a huge co-occurring component as well, such as substance use leading to gambling; and suicide as a result of gambling issues. Arianna explained that co-occurring information cannot be captured in the coroner's data. William Gazza added that a study on the causes leading to suicide requires further review in the form of interviews and documentation; it would be a text field capture as opposed to a data field capture. Adding in mental health history or prescription drug history is a completely different type of study which must be done manually. Luana Ritch said that AB29, which is now before the senate, calls for the creation of a suicide death review process similar to what currently exists with the death reviews to capture child deaths or domestic violence deaths. The bill will create the review process that will capture the behavioral health information which is not currently in the Coroner's report. It is important information for suicide prevention in Nevada.

Michael Coop commented that in the future, we can do different sorts of reports; but this first report the data being analyzed comes from substance related deaths as tabulated by the Clark County Coroner's Office. Whether those deaths were caused by mental illness or acute depression, the data does not reveal.

The SEW members had suggestions for further clarification on how the criteria for what is "substance related" in the Introduction under the Definitions section, as well as in the text and in the titles. William Gazza suggested that in the chart on page 2 of the Introduction, there could be a further breakdown as to the manner of death; and the gap between the 3,060 deaths investigated by the coroner and the 844 substance-related deaths could be closed. Michael Coop said he would get together with William to get that data.

Questions were asked regarding the fact that the report was for Clark County only, and the possibility of expanding it to include Washoe County. William Gazza answered that Washoe data includes data from the outlying counties, and that it is tabulated differently. He is not certain how detailed the Washoe County data is at this point. He hoped, however, that when the Washoe County Coroner's Office sees how useful this report is, they will be motivated to capture and contribute data.

Stephanie Asteriadis commented that she is often asked where information can be found that will tell how many were drinking before they committed suicide; or how many were gambling before committing suicide – this report will be a valuable resource to her. Arianna closed by saying that while it is difficult to capture all suicide information in one report, this data can be used to contribute to other reports; to combine with other data to show how suicides happen. Michael Coop reiterated that since SAMHSA is encouraging single state agencies for substance

abuse to broaden their scope to incorporate mental health, maybe it will be appropriate to look at all suicide data in the future.

The members were asked to provide any further comments or suggestions by May 1st, 2013. William Gazza said this report is just a beginning that will evolve into a very useful tool for the entire state. He thanked Michael Coop, Arianna Trott and Nan Kreher for all their good work.

As an afterthought, it was pointed out that the report needs an attribution to SAPTA as the funding source for the report. William Gazza said the title needs to be changed to Clark County Office of the Coroner/Medical Examiner.

7. Discussion and Approval of 2013 SEOW Grant Community Profile Deliverable

Nan Kreher proposed the topic of the next Community Profile report be on prescription drug overdoses. Data can come from the emergency rooms on the number of ER visits due to prescription drug overdose. She can also pull data from the Coroner's Report. She explained that the Community Profile is necessarily based on a subset of some population. Prescription drug users are a subset of the overall population of drug users and meet the criteria of the grant. Nan also said that data shows that prescription drug misuse is on the rise, and is a growing problem that deserves attention.

William Gazza asked about the possibility of focusing on the tribal communities. Nan explained that the tribal community is difficult at this time because of lack of meaningful data. She said that even the Region 9 director from SAMHSA is struggling to obtain data.

Michael Coop clarified that the Community Profile is just one deliverable to SMHSA. The fact that SAPTA does it on prescription drugs in no way limits the focus of the SEW.

Wei Yang moved to approve the topic of prescription drug overdoses for the 2013 Community Profile, and Linda Septien seconded. The motion carried.

8. Discussion and Approval of the Pregnant Women and Substance Abuse in Nevada 2012 Needs Assessment

William Gazza said the committee will take Barry Lovgren's comments into consideration. It was agreed that the NHIPPS Wait List data on page five of the report was skewed by the two women who were not available for treatment.

Eric Ohlson asked about the limitations of the data and whether factors linked to substance use during pregnancy can be identified and addressed in prevention strategies. Nan said that there is an unknown in the women who do not seek prenatal care. Luana Ritch said that she thought the report was a valuable epidemiologic profile, but only addressed one or two elements of a needs assessment. The information she would like to see added is: a description of the target population; resources available compared to the population in need; how the needs will be met; where the gaps are; and a prioritization of needs. She thought there were two options: keep the report and rename it as a profile, or add the missing elements to make it a needs assessment.

Eric Ohlson asked if any other states had reports on pregnant women a substance abuse that we could access. Nan replied that Minnesota has a good report, but SAMHSA has not calculated the

data at this point. Wei commented that some grants have requirements that can be met in one of two ways: lay out the data and find the target areas; or conduct a survey to ask questions on the individual needs.

Nan agreed that it was a profile, and said she would revisit the wait list data. Charlene Herst commented that the goal was to have data available for use as quickly as possible, and the report is one of many. She recommended changing the cover page to a profile for now, and then add data to make it a true needs assessment.

9. **Member Update**

Linda Septien provided an update on Crisis Call Center.

10. **Update on Legislative Bills of Interest and Budget Presentation to SAPTA and SEW Members**

Deborah McBride briefly revisited some of the bills that affect the substance abuse agencies in Nevada. AB 29, which calls for a suicide review, is being watched by SAPTA as well as the Health Department and Clark County Coroner's Office. SB 501 transfers powers from Mental Health to the Health Division. AB 39 provides restrictions on the retail sales of medications containing ephedrine and pseudo-ephedrine. Eric Ohlson said the bill for legalization of marijuana died; law enforcement came out in opposition, and every county sent representatives to oppose it.

Deborah McBride said that all bills that did not get approved by committee on the previous Friday are dead. She said that interested parties can go to the legislative website to see what bills have moved forward. She added that AB 488 which proposes to merge Mental Health with the Health Division and moves Developmental Services and Early Intervention to the Aging Division will come up for approval in May or June.

Regarding the budget, Deborah McBride 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. Tony Fredrick commented that a program of that kind would be well received by hospitals and emergency room doctors. Linda Septien suggested the program could coordinate with "211" for an exchange of information. Nan Kreher added that in 2011 in Nevada, there

were 6800 overdose cases discharged from emergency rooms, which is not a trivial number.

Michael Coop asked what, if any, the impact on Mental Health will be with the emphasis on gun control. Deborah McBride answered that the big changes will come with screening and early intervention.

11. **Discussion on Strategic Prevention Framework Partnerships for Success Grant Opportunity**

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.

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

Nan Kreher suggested a special report on suicides. She said that vital statistics has ten different categories on suicides; methods of suicide; demographics. She said there is an abundance of reliable data to be used. Luana Ritch said she is working on a similar report with Misty Allen. Nan said Misty has offered to share data with SAPTA, and wants to form a subcommittee to coordinate efforts so there is no duplication. Luana suggested that State staff be asked to confer and make a recommendation.

Charlene Herst asked the members to also consider special populations. The University is doing a survey of their lesbian, gay, bisexual and transgender students and will be able to contribute survey reports for future reports. Additionally, this is the first time the BFRSS has included questions on gender. William Gazza added that in Las Vegas there is *The Center*, which is a large, new LGBT organization, and he's sure they will be willing to forward information. He will provide a point of contact.

13. **Update and Recommendations on the Data Dissemination System and Data Warehouse**
Nan Kreher reported that the data dissemination system is plugging along. She checks in from time to time to be sure the data is updated. Bach Harrison updates state and BRFSS data regularly.

The data warehouse is starting to grow. It contains state and vital statistics on early intervention services. The Spillman data from the Department of Public Safety will be added soon. The contractors for the data warehouse will be working with SAPTA through the end of June.

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

- EBW update and minutes
- 2012 Epi Profile
- Coroner's Report
- Pregnant Women 2012 Profile
- Partnership for Success Grant
- Staff recommendations on suicide reports
- YRBS update
- Transgender report – Kristen Nolles

It was moved by Deborah McBride and seconded by Tony Fredrick to approve the proposed agenda items for the next meeting.

15. **Public Comment**

There was no public comment.

16. **Adjournment**

There was no further business to come before the meeting. It was moved by Wei Yang and seconded by Linda Septien to adjourn. The motion carried and the meeting was adjourned at 12:10 p.m.