

Department of Health and Human Services · Division of Public and Behavioral Health
Substance Abuse Prevention and Treatment Agency (SAPTA)

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

DATE: April 29, 2016
TIME: 9:00 a.m.
LOCATION: Div. of Public and Behavioral Health
4150 Technology Way, Third Floor
Hearing Room 303
Carson City, Nevada 89706

Video-Conference
Southern Nevada Adult Mental Health Services
6161 W. Charleston Blvd.
Building 1, West Hall Conference Room
Las Vegas, Nevada 89146

Tele-Conference Call-In Number: (775) 887-5619

SEW Committee Members Present

Brad Towle	NSHD - Health Statistics, Planning, Epidemiology, & Response
Ihsan Azzam	Epidemiologist, DPBH
Ingrid Mburia	DPBH - Maternal Child Health Services
Jennifer DeLett-Synder	Join Together Northern Nevada
Julia Peek - Chair	DPBH - Office of Public Health Informatics and Epidemiology
Marco Erickson	Nevada Department of Education
Monica Adams	
Stephanie Pyle	CASAT, UNR
Tony Fredrick	Southern Nevada Health District
William Gazza	Clark County Coroner's Office

SEW Committee Members Absent

Eric Ohlson	
John Milby	Douglas County Sheriff's Office
Pauline Salla	DCFS - Juvenile Justice Programs Office
Richard Egan	Office of Suicide Prevention
Sue Meuschke	Nevada Network Against Domestic Violence
Wei Yang	Nevada Center for Health Statistics and Informatics, UNR

Others Present

Amber	
Barry Lovgren	Private Citizen
Jamie Ross	PACT
Janet Porter	CAPT
Linda Lang	
Monty Williams	SNAC
Paul Parker	Clark County Coroner's Office
Shelby DeLott	PACT
Yen Long	Nevada Board of Pharmacy

SAPTA Staff Present

Kevin Quint	SAPTA Bureau Chief
Bill Kirby	SAPTA Health Program Specialist
J'Amie Frederick	SAPTA Administrative Assistant

1. Welcome and Introductions

Julia Peek called the meeting to order at 9:05 a.m. A quorum for the SEW was established.

2. Public Comment

Mr. Lovgren, a private citizen, provided the following written comment for the record:

Public Comment to the Statewide Epidemiological Workgroup, 4-29-16

This Workgroup makes it possible for the State to make data-driven decisions for substance abuse services. That's why SAMHSA funds it. A key element to making data-driven decision making possible is this Workgroup's development of an Epidemiological Profile for Nevada. If you go to the SAMHSA website for Statewide Epidemiological Workgroups you'll find information on how this Workgroup fits into the system for planning for substance abuse services, and you'll find the Workgroup's Epidemiological Profile for 2013. I thank you for all the hard work that went into that.

And I'm pleased to see that development of the 2016 Epidemiological Profiles is on the agenda. One of the difficulties faced in the development of the 2013 Profile was the difficulty of obtaining Nevada-specific data on the prevalence of substance abuse among pregnant women, but there are members of this Workgroup who may have data that's useful. And Maternal and Child Health is also developing data to measure substance abuse among pregnant women: Ingrid Mburia, epidemiologist for MCH, has informed me that the data sources will include data from Medicaid, the Pregnancy Risk Monitoring System, and hospital inpatient and emergency room data, and I presume that data will be shared with the Workgroup. But before all that work is put into development of the 2016 Profile, I want to caution you about the biggest problem of all faced by the 2013 profile: It wasn't used for the purpose for which it was developed - it wasn't used for data-driven decision making.

In July of last year the Behavioral Health Planning and Advisory Council held a Block Grant planning meeting to advise SAPTA on the then-pending Substance Abuse Prevention and Treatment Block Grant and on the State Plan for prevention and for treatment contained in it. To assist in that planning, the Council was provided a 131-page needs assessment developed by SAPTA. Unfortunately, that needs assessment didn't utilize the Epidemiological Profile this workgroup had developed; it contained no data regarding the incidence and prevalence of substance abuse in Nevada. It's fairly incomprehensible that a needs assessment for any disease in Nevada would ignore the extent of the disease in Nevada, would ignore incidence and prevalence data for the disease – especially if an Epidemiological Profile for the disease had been developed.

That needs assessment was so inadequate that it couldn't be submitted to SAMHSA to accompany the Block Grant application, even though federal regulations require that the application include a needs assessment.

I'm hoping that this year the Epidemiological Profile will be used as the foundation of a needs assessment for behavioral health services so that we can have data-driven decision making and so funding will no longer be expended to address substance abuse service needs without first identifying just what those needs are.

3. Nominate and Appoint New Members

- Ms. Peek nominated Gwen Taylor with ACCEPT. Ms. Taylor has been a valuable partner to Public and behavioral Health for many years, and will make an excellent member.
- Mr. Gazza nominated Paul Parker as a replacement for Jen Jacobs. Mr. Parker is the Assistant Coroner in Clark County. Previously, he was in law enforcement/medical officer for twenty six years.
- Sally Jost of Clark County School District in Health Services, was previously nominated. Ms. Jost was not present at the meeting, but she is aware she has been nominated and has expressed an interest in being appointed.
- Yen Long is a pharmacist and the Program Administrator for Nevada Prescription Monitoring Program with the Board of Pharmacy. Previously, she was an Asst. Professor of Pharmacy Practice at Roseman University, Utah. In Reno, she worked with the Veteran's Administration in Reno. She is currently working on a grant with the CDC to address the opioid epidemic.

Mr. Gazzi moved to appoint all named nominees as a group. The motion was seconded by Mr. Towle and there was a third my Dr. Assam. The motion carried.

The roll call will be updated to include the newly elected members as well as the members appointed at the previous meeting.

4. Review and Approve SEW Bylaws

Article number 10 was missing, and Ms. Peek suggested the track changes be sent to the membership so they could see why article 10 was deleted.

<http://dpbh.nv.gov/Programs/ClinicalSAPTA/Meetings/SEWAgendasMinutes/>

Mr. Ericson moved to review current track changes and discuss and approve at the next meeting. Mr. Gazza seconded, and the motion carried.

5. Update from SEW Logic Model Subcommittee

Ms. Peek said there will be a revision on the format, based on the logic model used by the Department of Education. The Subcommittee focused on inputs regarding human capital resources: staffing, funding, data and policy and directive. Ms. Peek also provided an overview of goals.

Please see the logic model at:

<http://dpbh.nv.gov/Programs/ClinicalSAPTA/Meetings/SEWAgendasMinutes/>

6. Model Epidemiological Profiles Presentation

Please see the presentation at:

<http://dpbh.nv.gov/Programs/ClinicalSAPTA/Meetings/SEWAgendasMinutes/>

Mr. Azzam suggested developing a list of data questions needed for grant applications, not only to assist with grant writing but also to identify data gaps.

Ms. Adams moved to establish a sub-work group to evaluate data on an ongoing basis. Mr.

Ericson seconded. Mr. Azzam, Mr. Ericson, Ms Adams, and Mr. Parker volunteered to review the data profiles. The motion carried.

7. Discussion on Prescription Drug Prevention Grants

The Nevada Work Plan for prescription drug overdose prevention was discussed. The Work Plan is still in the draft stage.

http://dpbh.nv.gov/uploadedFiles/dpbh_nvgov/content/Programs/ClinicalSAPTA/Docs/Handout%20-%20SEW%20NV%20Work%20Plan%20042916.pdf

DPBH Office of Public Health Information and Epidemiology (OPHIE) was awarded funding through the CDC for three and a half years of a Prescription Drug grant. They also received the Harold Rogers Grant through the Board of Pharmacy. They plan to apply for three more grants related to overdose and/or prescription drug. Currently, a joint application with the Clark County Coroner's Office and Washoe County Coroner's Office is nearing completion. The grant is through the national Violent Death Registry. Two more grants they plan to apply for pertain to opioid and prescription drugs.

Mr. Quint added BHPT is applying for a treatment grant for addiction medication, and will be collaborating with the Clark County Detention Center and the Washoe County Detention Center. They will do pre-release work with inmates who are in detention centers for opioid addiction, through the administration of Vivitrol. One of the newest medications available, Vivitrol is a long acting opioid antagonist which works by blocking other opioids from acting on the receptors in the brain and takes away the pleasurable effects of drug use. It works to block the pleasurable effects of alcohol as well. This is expected to be an improvement over other opioid therapies as it relieves cravings, is not addictive, and there is not a stigma related to it as there is with methadone. They have been in communication with the state of Missouri, which has been doing the program since 2006. The award is a million dollars a year for three year which is effective as it is community based and will provide an opportunity for further planning.

Ms. Lang reported on the Multidisciplinary Prevention Action Committee (MPAC) and their priority focus on Naloxone, which is a medication used in a critical situation to immediately reverse the effects of opioid overdose. The Messaging Subcommittee of the MPAC has compiled information from other states on ways to provide information and have written a plan of action to get messages out to various disciplines. They are developing different types of training targeting those who are currently using, those who are family members of users, and service providers. There are very good materials that are available nationally, and they want to include Nevada based materials as well. Along with training, they are concerned about making the medication available. They are currently waiting for new regulations written by the Board of Pharmacy to be posted and approved by the Legislative Council Bureau. MPAC has a plan of action for Roseman University to train pharmacists to dispense Naloxone. Mr. Quint said Senate Bill 459, signed by the Governor last May, stipulates Naloxone can be administered by a police officer, but law enforcement needs more information and training regarding the laws. The Good Samaritan Law provides immunity to people when seeking help for a friend who has overdosed. Ms. Lang added that the work of the MPAC is somewhat hindered by a lack of staffing.

Ms. Porter drew attention to two recent funding opportunities announced by SAMHSA. One, announced in March, is for fiscal year 2016 Strategic Prevention Framework Partnerships for Prescription drugs (SPF RX), which is designed to raise public awareness about the dangers of sharing medications without medical supervision in communities across the nation, and also works with the medical communities and pharmaceutical industry to highlight the risks of overprescribing to young adults. In addition, the grant will help track reductions in opioid overdoses and the incorporation of Prescription Drug monitoring in grantee communities.

The second opportunity is a grant to prevent prescription drug/opioid overdose-related deaths (PDO). The purpose is to train first responders and other key community sectors on the prevention of overdose-related deaths, including the distribution of naloxone to first responders.

Ms. Peek is aware of the PDO and there is an application in process. She is not aware of the SPF RX. Many opioid grants were announced simultaneously. She asked Ms. Porter to forward information to Ms. Peek enter in the tracking system. To provide combined applications when possible and prevent duplication, the Central Grants Office tracks and coordinates grants in the tracking system.

Ms. Peek said the Attorney General is reconvening the workgroup pertaining to prescription drugs. They're looking at the connection between opioids and heroin; OPHIE will be doing a presentation on data in the future.

19:07:24

8. Public Comment

There were no further comments.

9. Adjournment

There being no further business to come before the members, Ms Pyle moved to adjourn.

Mr. Azzam seconded

The meeting was adjourned at 10:35 a.m.