**Substance Abuse Prevention and Treatment Agency (SAPTA) Plan for Integration of
the Multi-Disciplinary Prevention Advisory Committee (MPAC), Evidence-based Practices Workgroup
(EBP) and the State Epidemiological Workgroup (SEW)**

In our 2013 Partnerships for Success Application, SAPTA outlined three existing workgroups whose activities are vital to the implementation of the goals of the project:  MPAC, EBP and SEW.  Following is an update on these groups' activities and how they work together.

**MPAC**
The MPAC was formed as a component of the Strategic Prevention Framework- State Incentive Grant program with 3 primary objectives: 1) set criteria and guide mechanisms for awarding sub-recipient grants. 2) Develop short and long-term goals for statewide system. 3) Develop and support comprehensive state prevention planning and funding.   In 2013, the Division of Public and Behavioral Health/ Substance Abuse Prevention and Treatment Agency (DPBH/SAPTA) received the Partnerships for Success Cooperative Agreement, giving this group a new purpose and focus- the misuse and abuse of prescription drugs.  In January 2014, along with the SEW, a statewide Root-Cause Analysis meeting was hosted by SAPTA and existing data from state and community partners was gathered.  A plan was developed to address the fact that the prevalence of misuse/abuse of prescription drugs increased by 27% from 2002 to 2010.  This plan became the deliverables for the Partnerships for Success project. Throughout much of 2014 and 2015, this group reviewed the progress of the Partnerships for Success implementation, struggling with obtaining a quorum on several occasions.

In December 2015, MPAC agreed to serve as the 'home' of the Governor's National Academy (NGA) on Prescription Drug Misuse efforts.  This Academy has five areas of focus: community education, medical provider training, criminal justice interventions, screening and treatment, data.  MPAC, due to its structure and mission, could not advise on activities in all of these areas.  But, due to cross-over concerns, keeps track of progress on Nevada's strides in addressing all of these areas.  This partnership with the NGA brought MPAC and SEW back to the table together, as data and prevalence information was a necessary part of the strategic planning.

In January 2016, MPAC and SEW held a joint meeting to create a logic model to determine how these two groups will work together and prioritize resources.  See below for more detail.  In May 2016, MPAC and SEW came together again to discuss the need to revise Nevada's Strategic Plan.  There has been criticism that this plan lacks incidence and prevalence data, making it difficult if not impossible to prioritize issues in the plan.  Both groups will provide input into the plan being developed.  The SEW develops epidemiologic data for substance abuse in Nevada, which MPAC can then use as the foundation for a needs assessment. It is anticipated this plan will be ready for public comment in the Spring of 2017 and will be included in our 2017 SABG application.

**SEW**
The SEW has 4 key roles: 1) identify, analyze, profile and share data from existing state and local sources. 2) Create data-guided products that inform prevention planning and policies. 3) Train communities in understanding, using and presenting data in an effective manner. 4) Build state and local-level monitoring and surveillance systems.  SEW has been a standing item on the MPAC Agenda for the duration of the Partnerships for Success project period.  At times, MPAC has had a difficult time understanding the role SEW plays beyond gathering and reporting data.  In October 2015, Julia Peek, Chair of SEW, met with MPAC to address this disconnect.  She explained that SEW's role is to give context to the information MPAC receives. Data is more than numbers- it can highlight gaps in

services/access, or where the highest need for intervention lies.  OPHIE has access to data from hospitals, the Tribes, the Pharmacy Board, Coroner's Reports, BRFSS and YRBSS.  SEW's role is to sort out what all this data means and how the various sources of data tell the story.  As stated above, the MPAC and SEW created a logic model outlining each group's roles.  This logic model draft was presented to the MPAC meeting in March 2016 by the SEW Chair.  A subcommittee comprising members of both groups was formed to finalize this model.

**EBP**
The Evidence-based Workgroup was formed by a SAPTA Advisory Board subcommittee in 2007 to create a guidance document defining evidence-based practices based on CSAP's guidance.  The idea was that the SEW and MPAC would then promote the use of EBPs and environmental strategies with sub-recipients.  The group did begin this process, then became dormant in 2014 with the turn-over of key staff within SAPTA.  The Department of Education revived the group for a number of months, but the group has recently returned under SAPTA, with a revitalized focus on substance abuse prevention and treatment evidence-based approaches.  This group has three goals:  1) Create a process and template for providers to submit programs that have shown success in their community. These programs will then be vetted for efficacy.  2) Maintain a Program Guide listing Nationally Recognized Best Practices/Programs, as well as those submitted to the committee which have passed the vetting process and have been found to be effective.  The Guide is arranged in such a way as to allow the user to search programs by strategy or area of interest. 3) Offer training to the community on how to submit a program for review and how to use the guide.

**Working Together Going Forward**
These 3 groups, although strong and committed, have been functioning in their separate silos despite the fact their activities cross over quite a bit.  The following are ways SAPTA will work to more closely align these groups:

- MPAC has two prevention coalition representatives, EBP has two and SEW has one.  SAPTA will recruit more prevention coalition members to be involved on these committees, so coalitions can assist with identifying prevention needs.
- Currently, SEW is a standing item on MPAC's agenda.  SAPTA will make sure these 3 groups attend each other's meetings in order to gain a broader picture of how they work together.
- SEW's input will help to make data-driven decisions, set priorities and assist in the setting of short and long-term goals.  MPAC will work with SEW to identify baseline data and tracking measures and collaborate in the setting of short and long-term goals.  EBP will work with MPAC to address recommended strategies, identifying evidence-based approaches and environmental strategies.

Respectfully Submitted,
Martie Washington
Nevada Division of Public and Behavioral Health
mcwashington@health.nv.gov
775-684-4069