
Multidisciplinary Prevention Advisory Committee (MPAC) Meeting
DRAFT MEETING MINUTES
May 06, 2021
9 – 11 am

Note: Agenda items may be taken out of order, combined for consideration, and or removed from the agenda at the chairperson's discretion.

1. Members Present: Linda Lang (Co-Chair), Jamie Ross (Co-Chair), Alyssa O'Hair, Brian Iriye, Elliot Wade, Heidi Gustafson, Helen Troupe, Keith Carter, Rosa O'Bannon, Stephanie Asteriadis-Pyle, Terry Kerns, Trey Delap

Members Absent: Anguiano, Isela, Jennifer DeLett-Snyder (no proxy attended), Sara Beers, Sofia Cano-Allison,

Guests: Ryan Mills, OD2A; Pauline Whelan, Director of Government Affairs with US World Meds; Will Alton, Training and Activities Coordinator at Foundation for Recovery; Valarie, Nevada Psychiatric Association; Wendy Whitson, Health Plan of Nevada – Behavioral Health; Maranda Branson Department; University of Nevada Reno; Laura Oslund, PACE Coalition; Bill Kirby; Substance Abuse and Prevention Treatment Agency (SAPTA).

Agenda item 12 closed; Agenda Item 2 open.

2. Pauline Whelan, Director of Government Affairs with US WorldMeds, is giving notice that the maker of Lucemyra – US World Meds – is offering facilities and providers who can prescribe medications, the non-addictive medication (Lucemyra) to treat withdrawal at no charge. The medication is due to expire in October. US WorldMeds has been working with FEMA to distribute the medication across the US. It will be shipped to the facility for free. She will provide Ben and Jamie with more information. Ms. Ross acknowledges that Dr. Iriye is now in attendance.

Agenda item 2 closed; Agenda Item 3 open.

3. Ms. Lang opens agenda item 3 stating it is to review and approve the minutes from the MPAC committee meeting held on Wednesday, December 02, 2020. Ms. Kerns has reviewed the minutes and the only thing she sees are typos that need to be corrected. She will send over a copy of what she has found to Ben. Ms. Kerns does mention under item 3 it states Mr. Ross instead of Ms. Ross.

Ms. Asteriadis-Pyle makes a motion to approve minutes with the corrections.

Mr. Elliot – Seconds the motion

Opposed: None; Abstention: None. Motion Passes

Items 3 Closed.

Ms. Lang announces that agenda item 9 will be first as a couple of members may have to leave early.

Item 9 Open.

4. Ms. Troupe LMFT, Adult Protective Services, uses a [PowerPoint slide deck](#) as part of her [presentation](#). During the pandemic, Adult Protective Services (APS) was the only agency working in the field. APS serves 5 million older adults and will increase as it starts to serve the vulnerable population. APS's mission is to assist vulnerable adults 18-59 and persons 60 years and older. APS now has legislative authority to investigate abuse for the vulnerable population 18-59. Previously it would have to be reported to law enforcement. An older person is defined as a person 60 years of age or older; A vulnerable person is defined as a person 18 and older who suffers from physical or mental incapacitation because of developmental disability, organic brain damage, or mental illness. It also includes people who have one or more physical or mental limitations that restrict the ability to perform activities of daily living. Abuse can be a long-standing pattern of physical, emotional, or financial abuse within a family or because of a change in their living situation, a new relationship as a person ages, or a change of caregiver. An investigation can have more than one allegation. [Types of abuses](#) are abandonment, abuse, physical abuse, psychological, sexual abuse (APS does not investigate the abuse but provides assistance and protection to the abuse victim during the law enforcement investigation), neglect (self-neglect is the biggest investigation for APS and self-determination needs to be considered in the investigation), exploitation, isolation (not seen as much as other types of abuses). Signs of abuse can be physical (bruising, malnutrition, overly medicated, closed off in room, or unusual confinement), behavioral (fear of speaking in front of caregiver, anxiety, depression, shame, fear), or a change in financial activity or unusual cash withdrawals (banks may report these activities). Caretakers can also show [characteristics of being abusive](#) which include threatening remarks/behavior, conflicting stories, insults, withholding attention, security and affection, an attitude of indifference, unusual fatigue, depression, signs of absence of assistance, and may have a history of abusive family behavior. An investigation starts when a report is received from a neighbor, caregiving organization that goes into the home, or the person may self-report. A social worker provides intervention steps to assist, and a mental health counselor may be assigned to a case. A law enforcement report will be started and forwarded to the local jurisdiction if sexual abuse is discovered. Mandated Reports must report within 24 hours if it is known or has reason to believe abuse. The [report consists](#) of the information of the older/vulnerable person, caretaker (if there is one), and the person alleged of abuse. Potential abuse is not reportable, i.e. suspicion that something may happen. A reporter must state the reason(s) and facts that led them to believe abuse has occurred. Ms. Troupe provides the [phone numbers to make a report](#) – one for Clark County and one for the rest of the State of Nevada. She also notes that the APS office is open Monday-Friday, however during non-office hours a call is forwarded to a trained professional at Crisis Support Services. Ms. Troupe also talks about the Opioid Misuse Grant they have received in August of 2020. It will be

used to increase the knowledge of staff by providing training, identifying, and discussing the issues around opioid misuse. They anticipate an increase in service referrals for investigating that include misuse. They will collect data and increase and create outreach to the community via PSA (Public Service Announcements. Ms. Troupe, in response to Ms. Lang's concern about substance misuse and self-determination, that referral to services is the only thing that can be done – they have the right to refuse services. Ms. Troupe will put Ms. Ross in touch w/ her manager as Ms. Ross would like to know more about the grant.

Item 4 Closed. Item 5 Open.

5. Dr. Wade Elliot, NaphCare and Las Vegas Recovery Center, uses a [PowerPoint slide deck](#) as part of his [presentation](#). Dr. Elliot works with four jails in Nevada – Washoe County Sherriff's Office, City of Las Vegas, North Las Vegas, and Henderson Detention Centers. He is also the Medical Director for Sierra Sage Recovery Services. The average daily population has been affected by covid. The population is usually higher. Jails are for offenders with less severe crimes sentenced to less than a year, and prisons are for more severe crimes and sentenced for more than a year. Drug use/detox is the third leading death in jails/prisons. 60-65% of the population meet the criteria for drug dependence. Screenings happen when someone comes into custody (do you drink alcohol, take any pills, use any illegal substances) and determines if they need monitoring. We, my company, can only collect specific data and believes the numbers are an undercount. [During the pandemic](#), there was an increase in the number of people, using drugs (alcohol, benzodiazepines, opiates) coming into the detention facilities across all locations. Dr. Elliot makes note that he can track only who are self- reporting "high" which warranting monitoring. He believes underreporting occurs as those who have entered his facilities may have used at a different location/facility and are not being monitored. Dr. Elliot states that there is an increase in substance abuse during the pandemic but does not know why people are being arrested and coming into the detention centers. He also says that other synthetic substances such as spice, K2 are not being seen in Nevada. However, in the Southeastern part of the US, his colleges have seen an increase in synthetic substances – it may be a sign that it will be arriving in Nevada. Fentanyl is also not as prevalent in Nevada as in other regions of the US i.e., the Pacific Northwest. There are some instances of drug use in detention centers. Ms. Lang would like to know the average age of the population incarcerated to which Dr. Elliot does not know but will reach out to IT for that information. In his personal experience, he has seen people as young as 16 and as old as 88 years old. With older adults, it is often a result of family conflict/domestic violence. Ms. Batchelor would like to know if there a correlation between self-reporting and the number/percentage of deaths (from detox/overdose) in the facility? Dr. Elliot responds that jails are not required to report data – we as a company track it because we do not want to have deaths. From those facilities that provide reports, suicide is the number one cause of death followed by heart disease, then overdoses. Many people will not self-report because they believe more charges will be filed against them. Dr. Elliot believes the number is lower than

the actual numbers. Dr. Elliot states that it differs from each facility if Naloxone is provided to those people who self-report opioid use in response to Ms. Ross' question. He says that in some facilities there is a quick turnaround from when people come in and are released. Dr. Iriye in the chat asks if buprenorphine is available for reproductive-age women and if there are discussions of morphine versus buprenorphine use – Dr. Iriye reiterates that he meant methadone. Dr. Elliot states that there are protocols for all opioid-addicted inmates and that buprenorphine has been in use for the past 4 years.

Item 5 Closed; Item 6 Open.

6. Ms. Gustafson has been representing the recovery community working closely with treatment and prevention with MPAC since 2008 as Ms. Gustafson believes it is time to leave as she is looking at other avenues of interest. Mr. Allphin is the training and activities coordinator for Foundation for Recovery. He is also in long-term recovery abstinent from mood- and mind-altering substances since May 31 of 2009. He has worked in treatment facilities and the recovery side of substance misuse disorder. Ms. Lang clarifies the process by reading from the by-laws. Mr. Trevino confirms Ms. Lang's statement and mentions to Mr. Allphin if he would like to share his resume to send it to him (Mr. Trevino).

Item 6 Closed. Item 7 Open.

7. Ms. Lang states the by-laws have not been looked at since the last change in November 2018. The Co-chairs are looking for two people to help review, maybe clarify some issues and bring any changes forward within the next two meetings. Ms. Ross states that Terry Kerns and Dr. Wade Elliot have volunteered (Ms. Kerns via text in the chat. Dr. Wade raises his hand in the video chat).

Item 7 Closed. Item 8 Open.

8. In 2019, the by-laws were changed to have two co-chairs with the understanding that the election of co-chairs would have to be staggered terms. Ms. Lang was elected to a year term and Ms. Ross to a two-year term (August 2019). Last September (2020) Linda was elected to a two-year term. With Jamie's term coming to an end in August (2021), Linda needs two people to work with her to put forth a nomination for a new two-year term. Ms. Ross indicates that Ms. Asteriadis-Pyle and Dr. Elliot have raised their hand to volunteer.

Item 8 Closed. Item 10 Open.

9. Ms. Lang would like to discuss the process for setting priorities for 2021 and 2022 prevention priorities based on the Statewide epidemiology Workgroup and evidence-based practices building on the previous priorities. Ms. O'Hair agrees, and she would be willing to help create a process that would narrow our priorities

rather than start from scratch. Ms. Lang recognizes that Ms. O'Hair's' organizational skills would be an asset. Ms. Gustafson is interested in tracking recovery support outcomes which she believes could be tracked to prevention due to people that come into treatment often say they learned this or that in school. Ms. Gustafson believes it would help if they knew what data to collect throughout the year and how it would help with the prevention aspect. Ms. Lang reiterates that Ms. Gustafson would devise a system to collect data relating to the continuance of services. Ms. Asteriadis-Pyle would like to look at the populations of people in recovery and how to measure what primary preventions are being used in their children as it is a substantial risk factor. She believes it would still be primary prevention. Ms. Gustafson mentions they follow the change in behavior by asking a new set of questions every three months. She would be interested in their thoughts about prevention from when they first come in and six months later after some education. Ms. Asteriadis-Pyle mentions that other groups she is involved in have set priorities out, one, two, or even three years out and evaluate, confirm and /or eliminate priorities. Ms. Batchelor from the Nevada Coalition to End Domestic and Sexual Violence would like to know if domestic violence permeates everything we do here or is it monitored. She refers to Ms. Asteriadis-Pyle's comment "what are the parents in recovery doing for prevention with their children" to which Ms. Batchelor's first thought is "are they safe". Ms. Lang believes that we cannot work in individual silos – independently from other disciplines i.e., substance use, mental health, violence, etc. Ms. Lang also states that the committee has long been about primary prevention. We have been branching out looking at a whole system of care.

Item 9 Closed. Item 4 Open.

10. Item 10 is tabled for the next meeting as neither Tracy Palmer nor Brook Adie is available. Ms. Ross requests Dr. Iriye to submit the conflict of interests form that she will send to him as she believes she is the only one that is not on record/file. Mr. Iriye says he will do so.

Item 10 Close; Item 11 Open

11. Mr. Trevino mentions that last year a member brought up Open Meeting Law training. The Deputy Attorney General's Office (DAG) has suggested an online self-paced training video approximately 2 hours long. Afterward, at the next scheduled meeting, the DAG would be willing to attend and answer any questions from MPAC Members. Ben then asks the committee if they would like to proceed with the online training and have the DAG at the next meeting for a question-and-answer session. Ms. Troupe does mention that she has had no training, and it sounds like a good idea. Ms. Lang asks that the members who would like to view the Open Meeting Law training video and at the next meeting the committee will decide if they would like to ask the DAG to the next meeting for questions.

Item 11 Closed. Item 12 Open.

- 12.** Mr. Trevino states that while preparing for another committee meeting that the Deputy Attorney General's informed him that the Governor's emergency directives are expiring at the end of May, and at least one physical location is needed. Ms. Ross formally requests that Teams remain an option for the meeting to which Ben responds that Teams is still an option, but a physical location is required for anyone wanting to attend in person. Ms. Lang would like to use the Health Care Quality and Compliance location in Southern Nevada and the Bureau of Behavioral Health Wellness and Prevention office (4126 Technology Way) as the meeting location up north.

Agenda Item 12 Closed. Agenda Item 13 Open.

- 13.** Ms. Ross opens item 13 and asks the committee members if there is anything they would like to have on the agenda for the next meeting. Ms. Asteriadis-Pyle would like to know a time frame to submit agenda items if they have one later. Ms. Lang notes that 30 days in advance of the next meeting. Ms. Lang also notes that an agenda item would be MPAC prioritization and one presenter. Ms. Ross agrees and asks the committee if anyone would like to present. Ms. Kerns suggests Dana Walburn the statewide coordinator for the Department of Education, or someone on the peer side with outreach to the community. Possibly someone from the Foundation of Recovery. Mr. Delap would like to see a legislator update for which he will present. Ms. Lang acknowledges that the MPAC tries to meet after the SEOW (Statewide Epidemiology Organization Workgroup) and that a Doodle Poll will be sent out for some time in August. Ms. Asteriadis-Pyle mentions the SEOW has set a date for their meetings for the third Thursday of the third month of the quarter. The MPAC should consider putting on the agenda the calendaring of the meeting so people can plan vacations and schedule around MPAC meetings.

Agenda Item 13 Closed. Agenda Item 14 Open.

- 14.** No Public Comment
Item 14 closed.

- 15.** Ms. Ross Adjourns the meeting at 10:57 am.