
**Statewide Epidemiology Organization Workgroup (SEOW) Meeting
DRAFT MEETING MINUTES
Monday, December 14, 2020
1:00 pm - Adjournment**

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

1. Call to order/roll call 1:04 p.m.
Members Present: Jennifer Thompson - Chair, Helen See - Chair Elect, Kathryn Barker - Past Chair, Elyse Monroy, Eric Ohlson, James Kuzhippala, Jennifer Delet-Snyder, Pauline Salla, Richard Egan, Stephanie Asteriadis-Pyle, Trey Delap, Wei Yang
Members Absent: Amber Batchelor, Ihsan Azzam, Ingrid Mburia, Yen Long, Ying Zhang
2. Public Comment
No Public Comment
Agenda Item 2 Closed, Agenda Item 3 Open
3. Review and Approval of Minutes from October 20, 2020 Meeting
Ms. DeLett-Snyder cannot stay for the entire meeting Linda Lang is her proxy when she leaves. Ms. Thompson acknowledges.
Mr. Egan makes motion to approve minutes. Ms. Salla seconds motion.
Opposed: None. Abstention: None. Motion to approve minutes passes.
Agenda Item 3 Closed, Agenda Item 4 Open
4. Partnership for Success-Statewide Epidemiology Organization Workgroup Cross-Walk update – Sara Bacon and Cyndy Gustafson
Ms. Palmer, Bureau of Behavioral Health Wellness and Prevention (BBHWP), informs the MPAC that Sara Bacon is no longer with BBHWP/ Substance Abuse Prevention and Treatment Agency (SAPTA) and introduces Cyndy Gustafson and Dr. Justin Gardner from Strategic Progress to explain the cross walk.
Ms. Gustafson – CEO Strategic Progress and Program Manager introduces Dr. Gardner to give an overview of the work they are doing.
The work Strategic Progress and Dr. Gardner doing supports the Partnership for Success (PFS) and Substance Abuse Block Grant (Block Grant). Dr. Gardner is going to discuss the two major deliverables and two supporting activities. The first deliverable is the EBPPP Manual which is used as a quality assurance/quality control and evaluation reporting tool. All of the Programs, policies or practices being implemented in Nevada have been assessed against the federal guidelines – nine (9) federally recognized clearing houses – to make sure we are deploying and how we are measuring are consistent with EBP manuals or standardized structures. We will also use it as part of Federal reporting to measure

effectiveness of the programs at the individual level, coalition/community level and the state level. For the PFS programs, this will be completed in the next month or two. Also, we will look at SABG programs/project not already sited as part of PFS into this document. The second deliverable is a revision to the EBP workgroup policy and guidelines – structure in members, how they are selected, and where they are being selected, revise waiver form, and work flow chart to show how EBP Workgroup will work with SEW and MPAC. This guideline should be completed by the end of January. The plan is to move away from strictly using the waiver form. Going through and reviewing every project to identify if and when EBPs are being planned to be implemented a little differently from the best practice documentation, identify what the differences are to ensure that we can report, evaluate and monitor the programs for compliance. The first of the to supporting elements is assessment implementation and administration of the data collection compliance evaluation reporting. Revision/structuring the pieces into a system level approach for EBP and how we help support the programs. Assessment should guide implementation, data collection should address the needs identify in the assessments, compliance designed to ensure efficacy of this implements and administered programs and verify data collection standard, evaluation being structured to deploy collected data and analytic tools to measure outcomes, and reporting should help inform what we do in subsequent years. Everything we do should become data drive, it is feedback driven, and it becomes this connected wholistic system. Finally, we realize there is a need for training and technical assistance (TA). The training TA are being designed and thought about as we move. Training based on an outcome basis. Not a single point training – when help is needed help is provided. Training around changes in template to collect data; designed new methodological approach/tool to collect data and work with coalitions the help them understand the changes.

Question/Comments:

No Comments

Agenda Item 4 Closed. Agenda Item 5 Open.

5. Review and Approve 2020 Epidemiology Profile

Ms. DeLett-Snyder is concerned about the map of the coalitions and the marijuana dispensaries on page 9. The coalitions were mentioned earlier in the summery it seems odd that is mapped like that, is there a reason. Ms. Monroy was also concerned and wondered if it would be too much to merge all the maps together. Ms. Thompson acknowledges that the dispensaries were asked to be included two years ago and included them for continuity reasons and to let people know the service area for each of the coalition. She also mentions that the combined map would be to clutter and unreadable. Ms. DeLett-Snyder would like the type bigger on page 8. Ms. Thompson agrees and will make it bigger.

Ms. DeLett-Snyder is also concerned about the graph on page 13 and other graphs later in the report. The graph is too cluttered and with the high school and middle school all on one graph along with the key below it is hard to process the

information. Ms. Thompson will separate the graph into two different graphs – one for high school and middle school to make it easier. Mr. Yang is concerned about the data source interviews for the BRFSS and believes it is a little higher and should be half. In the YRBS for Nevada, middle school is included – the CDC only includes high school. Ms. Thompson verifies that Mr. Yang is talking about the narrative on page 4 and says she will include the information. Mr. Yang suggests using the language from the official report. Mr. Palmer mentions that the use of the SAPTA acronym is being moved away from Requests a change in the title, to the Bureau of Behavioral Health Wellness and Prevention, as well as in the purpose (under executive summary – page 5) would be appropriate. Ms. Thompson will make the necessary changes. Mr. Egan would like to know how suicidal ideation is reported by the coalition(s). Ms. Thompson clarifies that the county they (the coalitions) represent reports how many ER/inpatient admissions in which suicide ideation was listed as a diagnosis. Mr. Egan only needed clarification on how that information was reported. Ms. Thompson asks for suggestions on how to clarify the coalition regions. Ms. Palmer suggests that reworking it to reflect the region and in parenthesis the coalitions that serve the area. Ms. Asteriadis-Pyle suggests that in the Data Sources/Limitations/Terminology (page 3) that the counties could be listed along with the coalition that serve the county/area/region. Ms. Thompson will change how it is read to reflect the region and in parenthesis add the coalition(s) name(s) and include both the county and the coalition in the Sources/Limitations/Terminology section of the report. Ms. Thompson has been trying to obtain drunk driving information from the DMV since October, so a drunk driving group data may be in the report if she receives the data. Ms. Palmer asks about the Las Vegas Metropolitan Police Report as it is supposed to be statewide. Ms. Thompson was sure hot to incorporate the information into the profile but can put something in the profile. Ms. Monroy with OD2A program may be able to help depending on the type of help they work with law enforcement to gather more information on overdoses. Ms. Thompson agrees that they can work together, however any information at this point will not go into the epi-profile. Ms. Barker point out that the substances on the page 45 are usually collapsed into fewer categories by SUDORS. She used Prescription Opioid as an example: there are a few prescriptions listed and then opioid listed by itself. Please check with SUDORS. Ms. Thompson will reach out to SUDORS and correct the graph.

Ms. Thompson will entertain a motion to publish the Epidemiology Profile with the provision the changes discussed be made.

Ms. Monroy makes a motion to publish the Epidemiology Profile with the changes recommended during this meeting. Mr. Egan seconds.

Opposed: none; Abstained: none; Motion Passes.

No more comments/Questions

Agenda Item 5 closed

6. New format to Meeting - Ben Trevino/Tracy Palmer

Ben states that Teams will be the new mode for teleconferencing. He now has a license for Teams that allows for members to call into the meeting which he supports. Ben apologizes for any confusion of the start time for the meeting and going forward there should not be any confusion on the start time. If anyone has any question, please contact me (Ben). Ms. Palmer reiterates to the committee if they have any questions about the process to reach out to Ben or herself. She also mentions going forward meeting times will start when stated and apologies for the confusion for this meeting.

7. Public Comment

Ms. Palmer acknowledges the hard work, time, and effort Jennifer and her team put into completing the Epidemiology Profile together and thanks them.

8. Additional Announcements

Ms. Thompson announces that the SEOW and MPACT was moved to later in January and everyone should be seeing or already have seen calendar invite.

9. Ms. Thompson (Chair) adjourns the meeting at 1:50pm