

**Department of Health and Human Services  
Advisory Committee on Problem Gambling  
DRAFT Minutes February 20, 2014**

**Meeting Teleconference Locations:**

Division of Public and Behavioral Health (DPBH), 4150 Technology Way, Room 301, Carson City NV  
ADSD, Desert Regional Center, Training Room, 1391 S Jones Boulevard, Las Vegas NV

**ACPG Members Present**

Carol O'Hare  
Carole Turner  
Connie Jones (via telephone)  
Denise Quirk  
Jennifer Shatley  
Lynn Stille  
Rick Heaney (via telephone)  
Ted Hartwell

**ACPG Members Absent**

Tony Cabot

**Staff and Consultants Present**

Jeff Marotta, Problem Gambling Solutions (via telephone)  
Laurie Olson, Pat Petrie and Gloria Sulhoff, DHHS GMU  
Sarah St. John and Andrea Dassopoulos, UNLV

**Others Present**

Dianne Springborn, Bristlecone  
Heather Shoop, Nevada Council on Problem Gambling, MSW Student  
Lori Flores, The Problem Gambling Center  
Rick Smith, Pathways

**Call to Order, Welcome and Announcements**

Committee Chair Carol O'Hare called the meeting to order at 9:05 am and led roll call. A quorum of members was present. There were no announcements.

**Public Comment**

None

**Approval of Minutes of November 21, 2013**

There were several changes requested. Sarah St. John's name was entered incorrectly in a few locations, and she also clarified the information on page four regarding her report on the status of the client follow-up survey. Ms. O'Hare corrected information on page five contained in her update on the Nevada Council on Problem Gambling's prevention program.

- Denise Quirk motioned to approve the minutes of the November 21, 2013 meeting as corrected. The motion was seconded by Jennifer Shatley, and there being no further discussion, the motion carried unanimously.

### **Update on Strategic Plan Workgroups**

Dr. Jeff Marotta reported that the Treatment Strategic Plan workgroup had met several times since the last ACPG meeting. A survey was developed as a tool to collect information for improvements and updates to the strategic plan, but the workgroup felt that group discussions would provide a better platform for providing feedback. Therefore, subsequent meeting agendas will focus on specific topics and areas contained in the strategic plan. Regarding the Prevention Strategic Plan, Dr. Marotta stated he has been working with Ms. O'Hare and Pat Petrie to coordinate a workgroup session the day before the State Conference. Ms. O'Hare stated she would disseminate further information as it becomes available.

### **Problem Gambling Treatment Grantee Midyear Reallocation Plan**

Mr. Petrie reviewed his analysis of the treatment providers' spending during the first half of the fiscal year. Based on the current trend of numbers served and cost of service, which varies between clinics, he developed estimates on the amount of additional funding each grantee would require to complete the fiscal year. Laurie Olson added that because this was the first year that funding reverted to the full \$2 per machine, additional reserves were set aside which could be used to increase everyone's grants to get through the year. The total proposed increase in allocations was \$82,068.97, which would leave \$41,641.03 remaining in reserves. She confirmed that any money left unspent at the end of the year would revert back to the reserves. However, in order to spend that money in fiscal year 2015, it would be necessary to request an increase in spending authority through a work order.

- Denise Quirk moved to approve the mid-year allocation plan as presented. The motion was seconded by Ted Hartwell. Ms. O'Hare clarified that approval was contingent on the availability of funds for allocation and if need be, the decision could be reversed. The motion carried unopposed with no abstentions.

### **Update on UNLV Follow-Up Study**

Sarah St. John introduced Andrea Dassopoulos, a PhD student in UNLV's sociology program who will be conducting the follow-up interviews with problem gamblers and concerned others. Ms. St. John provided client consent forms to the clinics on February 14, and stated that the data entry system has been fully updated to include the consent and follow-up information. Going forward, this information will be automatically entered into the database for all new clients. She has provided the clinics with a list of clients who entered treatment between January 1 and February 14 so they can be contacted for consent to follow-up. These will be entered into the system manually.

Ms. St. John reported back on some questions that were raised in the Treatment Strategic Plan Workgroup meeting. Regarding the performance reports that UNLV provides to the State, for the past few years the numbers were aggregate and not tallied individually by clinic. In the future, any numbers tallied by clinic will be shared with the clinic. Reports are generated quarterly, semi-annually and annually on a fiscal year basis, July 1 – June 30. She is still working on some of the coding but once completed, the reports will be sent on a regular basis. The annual report for fiscal year 2014 should be available by the end of August.

The Workgroup members also asked about printing the release form on UNLV letterhead. Ms. St. John reported that IRB did not approve the request, but that she would personalize the form for each clinic if they provided her with a copy of their letterhead, preferably in MS Word.

### **Workforce Development Grantee Update**

Nevada Council on Problem Gambling. Ms. O'Hare shared highlights of the program to date. The State conference is scheduled to be held at Harrah's Reno April 10-11. This year's theme is "Connections – Research, Resources, Recovery" and the two day program will allow clinicians to gain 15 CEUs. Ms. O'Hare is working with the Office of Suicide Prevention to coordinate an ASIST (Applied Suicide Intervention Skills Training) for problem gambling treatment providers. Another aspect of the grant is to provide webinars of interest to problem gambling treatment centers. She has been researching webinars that are currently available and how many of them are being accessed by Nevadans. She has been talking with Dr. Marotta regarding subject matter for the webinars, and will be asking the workgroup members what their workforce development needs are. Jennifer Shatley mentioned that she is on the Board of the National Center for Responsible Gaming, and would be happy to suggest to them ideas for future webinar series. In conclusion, Ms. O'Hare stated that March is National Problem Gambling Awareness Month. She was expecting a proclamation from the governor and asked the group to share their ideas on leveraging the promotions during the month to get the word out that treatment is available.

Reno Problem Gambling Center. Denise Quirk reported that the Reno Problem Gambling Center is exceeding its goals. The reporting system inherent in the fee for service model allows them to track goals, actual numbers, and clients who are in individual and group therapy. A great number of electronic health records companies have been vying for their business. They received a proposal from Wellagent, but the cost was unaffordable. She heard from New Frontier that the State suggested Avatar as an online treatment center, but it was unaffordable. Ms. Quirk expressed her hope that assistance might become available so they could afford transitioning to an electronic health record system.

In response to a question from Ms. O'Hare regarding treatment of family members, Ms. Quirk stated they have a pretty good involvement with families, and their long term goal is to create a family intensive group outpatient program. She noted that problem gamblers have a much greater chance of success when family members are involved.

Ms. O'Hare asked about Gam-anon, the support group for family members; she found only one Gam-anon group in Northern Nevada. Ms. Quirk stated there is only one group. It was located in a basement in Reno which hindered attendance by those with accessibility issues, but has moved to Sparks, which eliminated that issue. She attributes the lack of support to clients who do not see the need to participate in a 12-step group because they have a therapist.

Pathways. Rick Smith reported that Pathways also has been exceeding its goals, which were adjusted downward due to the level of funding they received. To maintain structure within the groups, they have taken eight of the 24 sessions and combined them into 16, allowing them to treat more clients. They focus on getting families involved and one day would like to have an intensive outpatient program for the non-gamblers. They currently are limited to one treatment program in the evening but would like to expand that to two. They are treating family members but have not been enrolling them in the program in order to preserve funds to treat the gambler. Guest speakers from Gam-anon are invited to family night; their testimony carries more weight than hearing about Gam-anon from the clinicians. Pathways' continuing care group, which meets one night a week, has been opened up to families and Gam-anon members. He asked if family members can be enrolled without billing.

The committee discussed the importance of tracking everyone who is accessing services, not just those who are being billed. Dr. Marotta clarified the distinction between a family member there to support the gamblers' treatment, who would not be enrolled, and family members who are being seen as an identified client. He encouraged the clinics to enroll family members regardless of whether providers choose to claim for those services.

Ms. St. John added a clarification to the billing of family members. If the providers are filling out an intake in the system but do not intend to bill, they should use code G2200. The only way the system can track the distinction between collateral family members and family members who are also clients is by the G2200 billing code. Providers are encouraged to enter all encounters, whether billing for them or not. An encounter is any time they are engaged, whether in a group or one-on-one.

Ms. Olson commented that she has heard the clinics cite various barriers to enrollment, including the desire to reserve funds or to reduce paperwork. She suggested that the treatment strategic plan workgroup take this opportunity to identify the barriers to enrolling people and ways to overcome them.

#### **Public Comment**

Dianne Springborn from Bristlecone shared that the Affordable Care Act has impacted the way they do business. They are receiving more Medicare clients, and Medicare regulations limit groups to no more than 10. Also, they can no longer mix inpatient and outpatients in groups, and a master's level practitioner is required. They have quadrupled their groups to four and due to lack of space decreased group sessions from 1½ hours to one hour to fit them in. Also, Medicaid or SAPTA will not pay if the center has more than 16 residential beds for the entire agency. Bristlecone has four dedicated beds for problem gamblers.

#### **Adjournment**

Ms. O'Hare announced the date of the next ACPG meeting as May 15<sup>th</sup>.

- Jennifer Shatley moved to adjourn the meeting. The motion was seconded by Ted Hartwell, and the meeting adjourned at 10:27 am.