

**Department of Health and Human Services (DHHS), Grants Management Unit (GMU)
Advisory Committee on Problem Gambling (ACPG) Meeting**

**November 21, 2013 Meeting Minutes
Approved on February 20, 2014 with Changes as Noted**

Meeting Locations (Teleconferenced)

Nevada Division of Public and Behavioral Health (NDPBH)
4150 Technology Way, Room 204, Carson City NV

NDPBH, Desert Regional Center
1391 S Jones Boulevard, Training Room, Las Vegas NV

Members Present

Tony Cabot
Ted Hartwell
Carol O'Hare
Jennifer Shatley
Lynn Stilley
Carole Turner
Denise Quirk

Members Absent

Eric Heaney
Connie Jones

Consultants and Staff Present

Dr. Jeff Marotta, Problem Gambling Solutions
Sarah St. John, UNLV
Pat Petrie and Gloria Sulhoff, DHHS GMU

Staff Absent

Laurie Olson, DHHS GMU

Others Present

Stephanie Asteriadis, UNR/CASAT
Amy Beaulieu and Trey Delop, Nevada Council on Problem Gambling
Dianne Springborn, Bristlecone Family Resources

Call to Order

Carol O'Hare, ACPG Chair, called the meeting to order at 9:04 am and led role call in both locations. A quorum was present. She referred to a list of 2014 meeting dates included in the handouts and asked the members to add the dates to their calendars. She noted for the record that the document was mistitled "2013" and should read "2014".

Public Comment

None

Approval of Minutes

- Jennifer Shatley moved to approve the minutes of the May 16, 2013 ACPG meeting as presented. After confirming that Mr. Heaney's name had been spelled correctly in the minutes, the motion was seconded by Toby Cabot and carried unanimously with no abstentions.

Annual Election of Officers

On behalf of GMU Chief Laurie Olson, Pat Petrie introduced this agenda item and stated that per Article IV of the ACPG bylaws, officers are elected for a one-year term and there is no mention of term limits; however, representation from both Northern and Southern Nevada is required. Ms. O'Hare stated that after having previously spoken with Denise Quirk, both she and Ms. Quirk were amenable to serving another term at the pleasure of the committee. She called for nominations.

- Ted Hartwell nominated Carol O'Hare as Chair of the ACPG. Carol O'Hare nominated Denise Quirk as Vice-Chair of the ACPG. There being no further nominations, Ms. O'Hare called for a vote on both nominations. Both nominees were elected unanimously with no abstentions.

Bylaws Review

Mr. Petrie explained that in keeping with due diligence, it was necessary for the ACPG to review and reaffirm the committee's bylaws on a regular basis. A copy of the bylaws had been distributed to the members in advance, and was posted on the GMU website. GMU staff had reviewed the bylaws, which were adopted June 29, 2007, and the meeting minutes from the subsequent ACPG meeting held on July 31, 2007, when there was some discussion regarding Article VII, Item D to clarify whether "members" referred to ACPG members or to work group members. Those minutes indicate that unspecified revisions were approved, but an amendment was never made to the bylaws.

Ms. O'Hare reviewed the history to the best of her recollection, and suggested altering the phrasing to indicate that a majority of the workgroup members present constitutes a quorum, which is consistent with the quorum requirements for the ACPG.

- Tony Cabot moved to add the word "workgroup" to Article 7, Item D so that it would read: "Workgroups may take action with a majority of workgroup members present". Ms. O'Hare seconded the motion, and it carried unopposed with no abstentions.

Mr. Petrie then asked the committee to reaffirm the bylaws as amended by a vote.

Prior to the vote, Ms. Quirk brought up an apparent inconsistency in the conflict of interest procedures during the funding recommendation process. She stated that at one time, applicants who were also members of the ACPG were able to discuss their application and answer questions, but were not allowed to vote, but during the last funding cycle, they were not allowed to answer questions. She did not see that restriction in the bylaws or in the State's open meeting laws. Mr. Petrie pointed out that Article IX, Item B addresses this issue and states: "When funding or other decisions are made regarding an organization with which the member has an affiliation, the member shall state his intention to abstain from making specific motions or casting a vote, before participating in related discussion" which implies they may participate in discussion, and it appears we had not been following the bylaws.

- Denise Quirk moved to reaffirm the bylaws with the amendment to Article 7, Item D previously approved. Ted Hartwell seconded the motion and it carried unopposed with no abstentions.

Review of Strategic Plans

Dr. Jeff Marotta, presenting on behalf of Ms. Olson, gave some background on the development of the problem gambling treatment and prevention strategic plans. Work on the prevention strategic plan

began in 2007 with two goals: to develop a process for distributing funds to prevention programs, and to create a basis of operation for the providers.

One of the issues surrounding prevention is that it is difficult to quantify in terms of effectiveness. Other states work with different agencies that are doing prevention work around drugs and alcohol and incorporate problem gambling into those programs so that the prevention activities that are taking place within the community are more comprehensive and inclusive of problem gambling. This is best done at state level, and those states employ a full-time problem gambling coordinator. In Nevada, the GMU provides the oversight for problem gambling services, and they're not staffed to take on that level of work, which involves making connections with the department of corrections, the department of education, health and human services, and so on, so we try to outsource some of that.

During the first year of implementing the plan we ran into challenges, but had no chance to make corrections because the significant decrease in funding eliminated prevention programs from the RFA process. The plan's guiding principles add a level of continuity among grantees and provide direction, but needs revision in terms of how programs will be driven. Also, it is lacking in details on how to grant out money in future.

The intent is to have the revisions completed and approved prior to the next funding cycle so the RFA, when published, will reflect any changes that come out of the workgroup. Currently, the first meeting of the prevention workgroup is being planned to coincide with the Problem Gambling Convention in April, when everyone will already be together. As Chair of the ACPG, Ms. O'Hare will appoint the workgroup members. It was noted that last time, the workgroup included several experts and perhaps the ACPG should consider adding that topic to its next meeting agenda.

Moving on to the treatment strategic plan, Dr. Marotta stated that it was developed by a workgroup comprised of almost all the treatment provider grantees at that time, as well as others. He found it very gratifying to see this workgroup in action and how grantees in competition for funds worked so cooperatively together to create a plan that was in the best interest of the State.

The problem gambling treatment system in Nevada required a lot of structure regarding the allocation of funds and raising the level of accountability. As with any living plan, it needs to be revisited to see what's working, identify any gaps and needs, and make adjustments to the best of our ability. The plan includes provision for the expansion of treatment services as revenue increases, and now that revenues have increased, it not only allowed for an increase in the reimbursement rates for treatment, but also allowed for an increase in the number of people served. If client numbers are not keeping up with grantee estimates, there will be additional revenues available and we can look at ways to expand services. Strategically, we want to develop more of a recovery-oriented system of care, which means involving peer coaches or preventers and helping to subsidize important services outside of traditional treatment such as transportation to treatment centers, short term housing needs, and other things that can get in the way of successful recovery. The workgroup, which is again composed of representatives from current grantees, will hold their first meeting this afternoon to look at how the strategic plan is working, what's going well, what needs changing, and how to accomplish the plan within fiscal constraints.

Ms. O'Hare added that another factor in looking at the treatment strategic plan first is that treatment is always the highest priority when the funding stream dwindles, so we don't want this plan to get stale.

Also, the treatment services will eventually tell us what needs to be done in prevention. She emphasized that the workgroups are subject to open meeting laws and any recommendations made by workgroups come back to the ACPG for review and approval. No changes are made to anything without the ACPG's involvement and approval.

Recap of Fiscal Year 2013 Grant Awards and First Quarter Reports for FY 14

Mr. Petrie reviewed two reports that were provided in the morning's handouts. The first was a recap of FY13 which listed each grantee, their original grant award, the mid-year reallocation, amount spent, and remaining balance. In FY13, \$731,271 was granted out and \$727,271.91 was drawn, leaving a balance of \$3,999.09 at the end of the fiscal year. The report also included program reports from the treatment providers, showing progress towards their goals. In response to questions from the committee, Mr. Petrie estimated that the Problem Gambling Fund held \$125,228 in unobligated funds, pending verification. Ms. O'Hare also asked for clarification on what amount was held in reserves.

The second report showed first quarter expenditures for each grantee. Mr. Petrie noted that not all the treatment providers had drawn workforce development funds as yet; this would occur sporadically as staff members attend training or conferences. In response to a question from Ms. O'Hare, Mr. Petrie stated that there are no provisions for re-allocation of workforce development funds within the treatment programs. The grantees developed their own budgets for workforce development funds, indicating what they planned to spend. The re-allocation process is provided for treatment because there's no way for the grantees to know how many clients will walk through their doors. Grantees can submit budget modification requests to transfer funds between budget categories, but this would not affect the total amount of the grant award, and there would be no redistribution of workforce development funds between grantees.

At 9:53 am the committee temporarily adjourned for a short break and reconvened at 10:08 am.

Information Management/Data Collection

Sarah St. John and Raeven Chandler, of the Nevada Problem Gambling Project at UNLV, Department of Sociology, reviewed highlights of a presentation they gave at the International Gaming Conference last May. A hard copy of their PowerPoint presentation, titled "The Nevada Problem Gambling Study: Snapshot of a Treatment Population in Nevada", was provided to the members. The presentation provided an overall look at Nevada's treatment population and variables between the clinics. Important highlights included the unemployment rate, the number of clients served by total household income, and the number with health insurance, which are important indicators of financial stability. The slides showed that the most frequently played games, by far, were slot machines and video poker. Jennifer Shatley asked whether statistics could be compiled on what games are being played on the internet. Ms. **St. John** stated that information could not be captured, but it could be added to the treatment intake forms. She also wants to add the level of need clients are at when they come in for treatment. It was also noted in discussion that statewide, homeless clients change location at least once or twice, and currently, the level of care changes between residential and outpatient is not being tracked.

Ms. **St. John** then reported on the status of the client follow-up survey. In developing the survey, they took **UNLV's previous** online surveys and compared the questions with those from California, Minnesota, **Kansas, Arizona, and Oregon**. Some of the wording was tweaked; it was reviewed by Dr. Marotta, and has been submitted to IRB for approval. She is working with Dr. Bo Bernhard regarding the consent forms, collection, clinic involvement, confidentiality, and other details, and plans a rollout in

January. They still need to develop the survey timeline. Previously, clients were surveyed post-treatment at three months, six months, one year, and two years. They are considering changing that to 30 days after start of treatment, then at 90 days, six months, and one year. Beginning the survey process while clients are in treatment will capture those clients who leave treatment early. There will also be questions regarding the intake process itself, covering the experience from when they first enter the program. A manual for volunteers is being developed on how to ask the survey questions. Currently, the one person making the calls is very experienced in research, interviews, and focus groups.

The follow up responses will be entered into the database system and link to intake so that each client can be tracked from entry to the final follow up survey and linked longitudinally to intake and treatment data. Dr. Marotta added that quality improvement reports are on the horizon, which would provide a report card of performance standards. This is in the strategic plan and is being tracked but not reported back as yet. Ms. St. John stated she is 85-90% finished developing the reports. She also stated that she didn't think there were any changes on the forms or intake screens and that any changes on the providers' end would be very minor, but she would get together the forms and procedures.

Prevention Grant Updates – CASAT and Nevada Council on Problem Gambling

Stephanie Asteriadis, from the UNR CASAT program, expressed her appreciation for the funding and for the efforts of Dr. Marotta and the team at CASAT to keep the program going during her illness. Regarding the evaluation component, the student, staff and key informant surveys will be up for approval within the next week or two. They will then evaluate whether the timing is right for distribution, coming right before finals. The four components of the project are: developing written policies and intervention protocol; providing a safe place on campus; evaluating UNR's capacity to serve students; and assisting them to develop other support factors. Once CASAT receives and analyzes the results of the survey, they will begin preparing educational materials and marketing efforts including social media. She was pleased with the progress made and noted the program is progressing on time.

Carol O'Hare, executive director of Nevada Council on Problem Gambling, gave an update on its prevention program. With many moving parts, the program's primary goals are to disseminate information and look at how to integrate into other problem areas. During the first quarter of the fiscal year they participated in Walk in Memory, coordinated by the Nevada Coalition for Suicide Prevention. They attended the Walk in three statewide locations, engaging with the community. They also worked with the Faith Alliance Addiction Workgroup training for members of the clergy, training about 40 individuals and building strong relationships with addiction groups. In the area of outreach, they have added a problem gambling module to the Indian Addiction Symposium. Another area of their program involves increased media awareness. Ms. O'Hare stated that a volunteer from MGM Resorts media staff attended the OSP Walk in Memory and created a video for all the partners. She also mentioned some internal staff changes and introduced two new employees, program manager Amy Beaulieu, and Trey Delop.

Public Comment

None

Adjournment

With no further business to conduct, Ms. Shatley moved to adjourn the meeting. The motion was seconded by Carole Turner and passed unanimously. The meeting adjourned at 11:30 am.