

**Department of Health and Human Services (DHHS)  
Advisory Committee on Problem Gambling (ACPG)**

**Draft Meeting Minutes August 30, 2018**

**Meeting Locations (Video Conferenced)**

Division of Public and Behavioral Health, 4150 Technology Way, Room 303, Carson City NV  
Division of Public and Behavioral Health, 1650 Community College Dr., Suite B193, Las Vegas NV

**Members Present**

Alan Feldman  
Carol O'Hare, Vice Chair  
Constance Jones  
Denise Quirk, Chair  
Donald Yorgason  
Ted Hartwell

**Members Absent**

Carolene Layugan

**Also Present**

Cindy Routh, Chief (Carson City) Lori Follett and Cathy Council, Shannon Gruening, Thomas Milazzo, Budd Milazzo, Office of Community Partnerships and Grants (OCPG), DHHS Director's Office  
Chris Murphey, New Frontier  
Lana Robards, New Frontier  
Lori Chirino, The Problem Gambling Center  
Merle Sexton, Bridge Counseling  
Sarah St. John, UNLV

**I. Call to Order, Welcome, Introductions, and Announcements**

Denise Quirk, Chair of the Advisory Committee on Problem Gambling (ACPG), called the meeting to order at 9:04 am. Attendees in Carson City, Las Vegas, and those participating on the phone introduced themselves and a quorum was confirmed.

**II. Public Comment**

None

**III. Approval of ACPG Meeting Minutes**

Ms. Quirk called for approval of the [May 17, 2018 Meeting Minutes](#). There were no comments or corrections.

- Alan Feldman, moved to approve the minutes as presented. The motion was seconded by Carol O'Hare, the motion carried unopposed.

**IV. Update on Administrative Funds for Treatment Providers & Discussion on DHHS Budget Information**

Denise Quirk announced that Items IV and VIII will be combined for discussion and that Cindy Routh will commence the discussion. Ms. Routh began stating that the \$250,000 administrative funds that were requested for State Fiscal Year (SFY) 19 were not going to be awarded due to the funding calculations that resulted in an increase of \$271,000 in the treatment fund awards for FY19. If an additional \$250,000 would be awarded that would deplete the reserve in order to be in compliance with the budget office.

- Budd Milazzo added to Ms. Routh's statement noting that reserves are not 30-days; the reserves are to help financially at the beginning of the year. Fiscal will look at the reserve as a 90-day reserve with getting small payments in July and August. Mr. Milazzo specified that the purpose of the reserve is to have enough money to pay the bills at the beginning of the year and to maintain from having too much funding in the reserve so that the Legislature may utilize it. Mr. Milazzo referred to the [budget summary handout](#) provided in the meeting. The example of the 90-day reserve is \$354,835 and the 120-day reserve is \$473,113.33, The goal would be to have a reserve in the medium of the two amounts. Combining the \$250,000 and the \$271,000 requested that would bring the reserve down to \$240,000; which is below the 90-day reserve. Due to this, the Budget Office and Legislature would scrutinize and have more interjection on the work programs.

Ms. Quirk asked for an explanation of the difference in the work program revisions of the \$271,000 and the \$250,000.

- Ms. Routh explained the \$271,000 is the allocation awarded for State Fiscal Year (SFY) 19 based on a formula that was based off performance of the treatment providers.

Ms. O'Hare stated that she does not have any information on the actual allocation of grant awards for SFY 19, and Ms. O'Hare wanted to know if the \$271,000 was an increase in total treatment grant award for SFY19?

- Lori Follett answered; the Problem Gambling Grant has a funding formula based on performance on how those grants will be increased. It was increased on the subawards that are currently being awarded.

Ms. O'Hare commented that she was concerned if moving the \$271,000 to get the increase according to the formula; that would mean there is no action on moving the \$250,000 for administrative funds. The concern is the treatment providers having the money for non-fee reimbursement services such as having administrative staff to help the providers and other non-fee related services. The Problem Gambling providers are in a similar situation as they were in last year with not having enough funds to grow the business due to only being reimbursed with clients that are face-to-face and asking to operate without any supporting guarantee that they can support the programs they are providing. Ms. O'Hare wanted to know if the Advisory Committee on Problem Gambling (ACPG) or Department of Health and Human Services (DHHS) can come up with a way to redefine how each grantee can use their grant funding.

- Ms. Routh replied to Ms. O'Hare stating she would research the statute and provide an answer.
- Ms. O'Hare stated the formula was determined over the years by DHHS and originates from the strategic plan.
- Mr. Feldman commented that he is troubled by the discussion. The pattern of only spending money that is available per a formula that was set administratively not legislatively is inadequate and there needs to be a more accurate way to articulate the need. Mr. Feldman suggested to recommend a \$250,000 pool for administrative reimbursement.
- Ms. Quirk thanked Mr. Feldman and stated if the money isn't available for the current cashflow plan than to ask for it anyway due to the high need.
- Mr. Hartwell asked if the money could be reallocated into existing categories such as workforce development.
- Ms. O'Hare commented that the need did not go away just because the money is not there. Is there an opportunity to speak to the treatment providers or re-designate the money? To take a portion of the formulated award and have it reallocated into a separate award to be granted as administrative support.
  - Ms. Routh stated that if the treatment providers agree to decrease the allocation and use that funding to go towards administrative cost in mid-year.

- Ms. Quirk asked if the treatment providers were given an option of the awarded money and took a certain percentage of that to go to administrative costs, could that be done.
- Ms. Follett responded that it would have to be a certain percentage out of the budget.

Ms. O'Hare suggested the ACPG take a vote to take a percentage of money and move the money into a pool where treatment providers can be awarded an administrative grant.

- Ms. Routh asked how it would affect the treatment providers if \$35,000 was taken off for administrative costs.
- Ms. Quirk commented that in October a pool will start to form in the reserves and she would rather the money come out of the reserves than her awarded amount to maintain doing business.
- Ms. O'Hare stated a Legislative plan is being formed to request more money and we don't want to repeat what happened last year when we were told "no" due to poor communication regarding fiscal processes; Ms. O'Hare would like help explaining to the Legislature that there is not enough money to operate fully and if the treatment providers do not have the resources to operate their clinics then there will not be an increase in treatment services.
- Ms. Quirk asked if money from the gaming control allocation can be put somewhere in a reserve for a work program?
  - Mr. Milazzo replied to Ms. Quirk, no, there is no way due to statute how the money comes from gaming to the problem gambling fund. It is not in statute what the money is intended for.
  - Ms. Quirk asked for help with creating the charts and graphs with presenting to the Legislature for a clearer explanation on the need for more money.

Mr. Feldman asked the question, if a treatment provider submitted for reimbursement of their actual counseling time plus five-percent of the amount to cover administrative fees, would that be acceptable under the current system?

- Ms. Routh replied no, the administrative cost is different than the treatment; it would be considered a budget line item rather than a fee for service. To change that, it would need to be written in the strategic plan.

Mr. Feldman stated that a mid-point from the 90-day and the 120-day reserve amount is needed. The current reserve is \$489,000; which would leave \$75,000 unallocated from the current reserve.

Mr. Feldman commented there are two steps to start now:

- I. \$75,000-line item for administrative reimbursement.
- II. Re-write the strategic plan to have access to the funds.

Mr. Feldman stated this would not meet the need, but it would help address some of the situation.

- Mr. Milazzo spoke on the justification and appropriateness of the work program of the \$271,000. What documentation can be attached to the work program?
  - Ms. O'Hare stated that the work requested has already been done, such as a survey asking the treatment providers their needs and allocate the \$250,000 for the administrative costs based off all the information provided and that process would go to the Interim Finance Committee and be presented as a work program. Ms. O'Hare asked if the \$250,000 is the issue, why can there not be a different number? Is the \$271,000 revision already approved and the Notice of Subgrant Awards (NOSAs) already gone out to the treatment providers?
  - Ms. Routh replied; the NOSAs have already been awarded.
  - Mr. Milazzo stated to obtain the \$75,000 would need to have the strategic plan and justification by the end of September beginning of October to be provided to the budget office for the December Interim Finance Committee (IFC) meeting.

Ms. Quirk advised for a motion regarding the \$75,000.

- Mr. Feldman motioned for the committee to recommend \$75,000 from the reserve for a work program to be allocated for administrative costs. Ms. O'Hare seconded the motion and it was carried unopposed. Committee members Quirk, Feldman and O'Hare requested, for the record, that DHHS staff keep the Committee updated on the status of submitting the work program for consideration at the next scheduled meeting of the Interim Finance Committee.

#### **V. ACPG Workgroups-Reports on Activities**

Ms. Quirk summarized the Treatment Reimbursement Rates Workgroup (TRR) meetings regarding revisions to the increasing of the rates and adding new rates to add to the strategic plan.

Mr. Feldman summarized the Public Awareness Workgroup meeting that was held July 16, 2018. There was a proposed draft that could be used as the basis for a Request for Proposal (RFP) for a multi-faceted public awareness campaign for responsible gambling. Mr. Feldman stated that a workshop is needed with department staff of DHHS with the process of the RFP. Mr. Feldman understands there is not a budget currently for this but would like to start the process soon.

#### **VI. Approve Action Plan for Treatment Reimbursement Rates Workgroup**

Ms. Quirk asked the Committee to approve the action plan for TRR Workgroup.

Ms. O'Hare asked for a further explanation before a motion. Ms. Quirk explained that it is creating a justification and having handouts as why there is a need for increased rates for the next strategic plan.

- Mr. Feldman motioned, and Ms. O'Hare seconded the motion and it was carried unopposed.

#### **VII. Approve Draft Program for Public Awareness Workgroup**

Ms. O'Hare stated that the recommendation of the workgroup is to move forward to have a meeting with DHHS department staff and to have a statewide Public Awareness Campaign.

Mr. Feldman stated their needs to be a meeting also with Jeff Marotta with the staff meeting.

- Ms. O'Hare motioned, and Ted Hartwell seconded the motion and it was carried unopposed.

#### **IX. Discussion on Nevada Epidemiological Data**

Ms. O'Hare began with stating she serves on the MPAC Committee which is the Multidisciplinary Prevention Advisory Committee that is under the Department of Public and Behavioral Health (DPBH) for a few years. The committee most recently looked at the Substance Abuse Prevention and Treatment Agency (SAPTA) 2017 epidemiologic profile survey and there was no information regarding problem gambling coming out of the substance abuse prevention and treatment agency. Lacking any reported data, Ms. O'Hare was not permitted to make a recommendation for problem gambling to be a funding priority, but did go on record that problem gambling data needs to be included in future epidemiologic surveys for Nevada.

Ms. O'Hare spoke with Julie Peek regarding information being collected through the Behavioral Risk Factor Surveillance Survey (BRFSS). It was determined that the information is beginning to be collected starting July 1, 2018. There is also data on Medicaid billings claims with gambling disorder diagnosis; this data is coming from fee-for-service and managed care organizations. Ms. O'Hare and Ms. Quirk are continuing to communicate with Ms. Peek regarding data collection and reporting.

#### **X. Public Comment # 2**

Lori Chirino, Problem Gambling Center, wanted to thank everyone that said something regarding the budget and how hard it is with the reallocations and covering all the costs of doing business.

Ms. Routh commented that there are five Request for Applications (RFA) and the timeline has been moved to November. An intent will be sent out regarding the RFA. Ms. Routh would like to send out the last RFA and ask for feedback.

- Ms. O'Hare asked where the ACPG is in the process of the RFA and if an agenda item was going to be given and they would have any input.
  - Ms. Routh stated she would put together a draft and it would be sent out to the whole Committee and an informal teleconference would take place.
- Ms. Quirk asked if there is any news on Medicaid or SAPTA information?
  - Ms. Routh stated a new Problem Gambling Specialist named Kimberly Garcia that will start September 12, 2018. SAPTA and DHHS will be working together to have Ms. Garcia trained and informed with Problem Gambling.

#### **XI. Adjournment**

Ms. Quirk thanked the group and announced the date of the next ACPG meeting as Thursday, November 15, 2018 and called for a motion to adjourn.

- Ms. O'Hare moved to adjourn the meeting. The motion was seconded by Connie Jones and the meeting adjourned.