

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

**Draft Meeting Minutes November 15, 2018**

**Meeting Locations (Video Conferenced)**

Division of Public and Behavioral Health, 4150 Technology Way, Suite 153, Carson City NV

Division of Public and Behavioral Health, 4220 S. Maryland Parkway, Building D, Suite 810, Las Vegas NV

**Members Present**

Alan Feldman  
Carol O’Hare, Vice Chair  
Carolene Layugan  
Constance Jones  
Denise Quirk, Chair  
Ted Hartwell

**Members Absent**

Donald Yorgason

**Others Present**

Kim Garcia, Lori Follett, Shannon Gruening, Thomas Milazzo, Buddy Milazzo, Vanessa Alpers (via phone),  
Office of Community Partnerships and Grants (OCPG), DHHS Director’s Office.

Andrea Dassopoulos, UNLV

Bo Bernhard, UNLV

Brenda Rose, Finding Hope Therapy LLC

Brook Adie, DPBH

Chris Murphy, New Frontier

Cindy Routh, Division of Welfare

Dianne Springborn, Bristlecone Family Resources

Jeff Marotta, Problem Gambling Solutions, Inc.

Jessie Lott, Bristlecone Family Resources

Lana Robards, New Frontier

Lea Cartwright, Nevada Psychiatric Association

Merle Sexton, Bridge Counseling

Nann Meador, Problem Gambling

Rikki Hensley, Bristlecone Family Resources

Sarah St. John, UNLV

Teri Baltisberger, Problem Gambling

Tiffany Huntsman, Finding Hope Therapy LLC

Valerie Lystrup, Finding Hope Therapy LLC

Valerie Padovani, Nevada Psychiatric Association

**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 9:13 am. Attendees in Carson City, Las Vegas, and those participating on the phone introduced themselves and a quorum was confirmed.

## **II. Public Comment**

Bo Bernhard from UNLV had public comment. Mr. Bernhard cited he will be speaking at the International Conference on Gambling and Risk Taking on May 27, 2019 - May 30, 2019. Mr. Bernhard has spoke to Kim Garcia and Jeff Marotta about the possibility of them partnering on this conference in a way that allows all Nevada based clinics and providers to attend.

Brenda Rose from Finding Hope Therapy explained they have developed a problem gambling treatment program in Las Vegas Nevada.

## **III. Approval of August 30, 2018 ACPG Meeting Minutes**

Ms. Quirk called for approval of the [August 30, 2018 Meeting Minutes](#). There were no comments or corrections.

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

## **IV. Approval of ACPG Workgroup Activities**

Denise Quirk spoke on behalf of the Treatment Reimbursement Rates Workgroup. Ms. Quirk wanted to express her gratitude for the number of hours both the volunteer committee members and DHHS have spent helping discuss the need for changing the treatment rates and getting a higher treatment rate into the Strategic Plan. The Strategic Plan shows rate increases, certain rates changing, and possibly adding a new rate. Ms. Quirk cited there are many approved meeting minutes that can be viewed which led to the culmination of the discussion of the Strategic Plan today. Ms. Quirk explained what she will be asking, once there is a motion, is to approve the work of the Treatment Reimbursement Rates Workgroup and to move forward with the discussion of the Strategic Plan.

Alan Feldman spoke on the behalf of the Public Awareness Workgroup. Mr. Feldman cited the Public Awareness Workgroup had several meetings and formulated a draft marketing campaign for public awareness and prevention treatment. It incorporates many things we are not doing as a state. The draft plan was approved unanimously in the workgroup. Mr. Feldman explained the final budget will have to be approved by the ACPG.

Ms. Quirk spoke on behalf of Tony Cabot for the Legislative Workgroup. Ms. Quirk cited the Legislative Workgroup has been a very important piece of what they have done with the ACPG since the beginning. When the ACPC needs a law changed or needs to ask for assistance in any way, the Legislative workgroup is the core workgroup of making those changes happen. There is discussion about how to raise awareness of what they need in the upcoming Legislative year. Ms. Quirk explained Nevada is a unique state, problem gambling legislation is different in Nevada than the other 49 states.

- Mr. Feldman moved to approve the activities of the ACPG workgroups. The motion was seconded by Carolene Layugan, the motion carried unopposed.

## V. Department of Health and Human Services (DHHS) Fiscal Reports

### a) Discussion of Fiscal Reports.

Thomas Milazzo presented the DHHS Fiscal Reports. Mr. Milazzo explained the [Expenditure Schedule for 3200 Problem Gambling Fiscal Year 2019](#). There is currently about 160K that is not awarded out, that is made up of the 75K that was recently approved, the 65K that was budgeted for the Nevada Council on Problem Gambling, and the 21K that was allocated to Problem Gambling Solutions that has not been completed yet, that amount is expected to increase to 32K.

- Mr. Feldman asked if the terminology on the spreadsheet is used across the board at DHHS?
  - Thomas Milazzo responded yes, this is the same spreadsheet used for all the Director's office budgets.
- Ms. Layugan asked what does "Transfer to 3195" mean?
  - Thomas Milazzo responded 3195 is the DHHS Grant management Unit which is the actual budget account, it's the administrative cost.
- Ms. Layugan asked if the explanation of 3195 can be added to the bottom of the spreadsheet for clarification?
  - Thomas Milazzo responded yes, he can add that to the spreadsheet.

### b) Approval for the Allocation of Unobligated Funds.

Kim Garcia referenced the [Problem Gambling State Fiscal Year 18/19 Grantee Awards/Expenditures](#) handout. Ms. Garcia cited there is the 65K of unallocated funds. The proposal of allocation for the 65K is to grant UNLV 25K for Scholarships for Nevada to have the opportunity to attend the Seventeenth Annual International Conference for Gambling and Risk Taking, which takes place May 27, 2019 - May 30, 2019 in Las Vegas Nevada. This scholarship will allow all DHHS grantees, contractors, and staff to attend the conference. Another \$10,880 would be used to increase the Problem Gambling Solutions contract due to the increase of support being provided to DHHS during the current transition and staff changes, including the additional costs regarding the Request for Application (RFA). With the allocation of the 75K, there is an additional \$560 that was part of the rounding to make it a flat percentage which is 9%. That would leave a balance of \$38,560 that would be reallocated to the treatment providers at the mid-year reallocation.

- Cindy Routh asked for some clarification on the 9%.
  - Lori Follett responded regarding the approved 75K, in preparing the worksheet with Thomas Milazzo, to spread the money out equitably among the grantees, they came in a little above 75K. To keep that percent flat they had to add \$560, that was pulled from the 65K so it balanced.

Ms. Quirk cited she appreciates that Mr. Bernhard asked for the 25K for the opportunity to attend the Seventeenth Annual International Conference for Gambling and Risk Taking. It is an International gaming conference and she wants to make sure that they can report to anyone in the state of Nevada that the funds they are spending benefit Nevadans.

- Ms. O'Hare asked if there is a specific number of all the grantees and staff that would be attending the conference?

- Ms. Garcia responded the logistics to how the scholarships will be awarded and what the dollar amount will be have not yet been determined. That is something they can provide possibly by the next meeting.
- Ms. Quirk asked what the dollar amount is per person to attend the conference? If it's \$1,000 then 25 people would be able to go. Ms. Quirk commented she would like to have a possible discussion and recommendation to give to Mr. Bernhard about who should be awarded the scholarships.
  - Mr. Feldman responded to his knowledge, in any circumstance where you are sponsoring scholarships, the donor can recommend who should be awarded. Mr. Feldman stated it is important to know how many people would be going and what the process is on awarding the scholarships.

Ms. Routh cited per Mr. Bernhard's statement, if they allocate 25K for the conference, it would be about fifteen people, including the committee and three DHHS staff. That would round out to be about \$1600 per person.

Ms. O'Hare expressed concern that the funding shouldn't be used to pay for ACPG members to attend a high-priced conference.

Mr. Marotta explained that in a discussion with Mr. Bernhard they wanted to see how this conference can benefit Nevada specifically. Although all the details have not been worked out yet, there was discussion about possibly making the conference more affordable, possibly a Nevada rate. The idea was to start by getting approval and then working out all the details with assurances that this would benefit Nevada residents and grantees.

- Ms. O'Hare asked if they were to approve the 25K to be allocated for this conference, would it be appropriate for the committee members to communicate individually with the department any ideas they had about ways this could benefit, so that information would be available to the OCPG when they negotiate the grant documents.
  - Mr. Routh responded yes, that would be fine.

Ms. Quirk suggested the ACPG recommend that one ACPG member serve in some capacity in the decision of how the scholarships be awarded.

- Mr. Hartwell volunteered.
- Ms. O'Hare moved to approve the 25k being allocated for the conference and Mr. Hartwell working with Mr. Bernhard and the OCPG on moving forward with the conference. The motion was seconded by Mr. Hartwell, the motion carried unopposed.

Mr. Marotta cited the need for the \$10,800 was based on the extra level of effort put into the development of the Strategic Plan, the RFAs, and the transition. Mr. Marotta explained his contract is flat funded year to year when the work load changes dramatically, based on if it's a year they are looking toward a new biennium. If so, the Strategic Plan, assessments, and the RFAs need to be done. They also have a lot of transition with staff, in which Mr. Marotta is part of the new staff training.

- Ms. O'Hare moved to approve the \$10,800 be allocated to Mr. Marotta. The motion was seconded by Ms. Layugan, the motion carried unopposed.

- Ms. Quirk moved to approve the \$560 that was pulled from the 65K to get a flat percent divided among the grantees. The motion was seconded by Ms. O’Hare, the motion carried unopposed.
- Ms. O’Hare moved to approve the \$38,560 that would be reallocated to the treatment providers at the mid-year reallocation. The motion was seconded by Mr. Hartwell, the motion carried unopposed.

Ms. O’Hare cited that if you add up all the amounts of the unobligated funds the total came to 75k not 65K.

- Ms. Follett suggested adjusting the \$38,560 that would be reallocated to the treatment providers at the mid-year reallocation, to \$28.560.

- Ms. O’Hare moved to adjust the \$38,560 to \$28,560. The motion was seconded by Mr. Feldman, the motion carried unopposed.

## **VI. Approval of Recommendation for Distribution of Approval 75K Work Program**

Ms. Garcia distributed the [Worksheet for Distribution of \\$75K in Added Funds to Gambling Treatment Awards](#) handout to the ACPG members and DHHS staff.

Mr. Marotta presented the [Options for Distributing Treatment Enhancement Funds](#). Mr. Marotta explained the 75K is coming from reserves and should be considered one-time funds. The first option is the development of new grants. Based on provider proposals submitted during the Fall, develop a grant for each treatment provider where services are paid based on reported activity and verifiable expenses. The second option is to amend the amounts of the existing grants with each treatment grantee, and adding new codes. Develop and implement “Add-on Procedure Codes and Rates” to the current list of billable procedures. Under this concept, grantees would be reimbursed monthly based on a combination of new services and newly allowable expenses utilizing the existing UNLV encounter code reporting system. Mr. Marotta cited he is leaning towards a recommendation of option two.

- Ms. O’Hare asked if there is a distinction as to why these “add-on” codes would not be permanently part of the system?
  - Buddy Milazzo responded the amount of money that is allocated for grants is the same no matter how they decide to distribute it. All that was done was the 75K was pulled from reserves and put into treatment. How it is distributed for treatment is up to the grantee.

Ms. Routh had a recommendation for the reimbursement for “add-on” procedure code claim limit of 15% per the handout. Ms. Routh recommended it be changed to 10%. Federal grants are usually 10% administrative costs. They can make it 15% knowing as a grantee they might only use 10%. Ms. Routh cited she doesn’t want to see the 15% as a limit and decreasing the treatment dollars.

- Ms. O’Hare responded she is in support of the 15%. Ms. O’Hare expressed her concern that they can’t say 10% should be the limit if what they are really trying to do is work with their own grantees. Ms. O’Hare explained she would agree with the 10% if they were doing a 10% indirect administrative cost but the codes are billing codes and the activities will have to be documented for reimbursement. Ms. O’Hare cited she would like to start at the 15% and discuss it further if it becomes a problem in the future.

- Ms. O’Hare moved to approve the distribution of the approved 75K to the gambling treatment award and approve option two, the development and implementation of “Add-on Procedure Codes and Rates” to the current list of billable procedures. The motion was seconded by Mr. Feldman, the motion carried unopposed.

## VII. Discussion of Annual Grantee Performance Data Report

Andrea Dassopoulos presented the [Nevada Problem Gambling Study Annual Report Year 2018](#). Ms. Dassopoulos cited this report includes a summary of the treatment system, intake data, and follow up data that is conducted after clients have received services at the clinic. Ms. Dassopoulos explained clients are overwhelmingly satisfied with the services they received. Over 90% of clients have been satisfied with the treatment effectiveness, overall quality of service, access to resources, and clients have reduced their gambling behaviors.

Ms. Dassopoulos cited last year there were 528 clients who sought a problem gambling evaluation, of those clients 425 entered outpatient services, and 72 concerned others entered outpatient services. Over the past year the number of clients have increased by 23%. They served 76 residential clients. The average length of stay was about 26 days, maximum length of stay was 53 days, that is about a 1.5% increase. The average number of days between the time the client contacts the clinic and can start services is one day. The average number of days between when the client contacts the clinic and when they enter the clinic is about two days. Clients who have successfully completed the program average about 78%. Satisfaction rates are high with 96% of clients who would recommend the services to a family member. Clients continue to rate their satisfaction highly even long after they have been discharged.

- Ms. Routh asked how many clients stayed the maximum of 53 days?
  - Sarah St. John responded the cap allows a little over 21 days of residential treatment, so anyone who is staying longer is subsidized by other grant sources or their provider. Ms. St. John cited she could have the number of clients who stayed longer than 21 days by the next meeting.

Ms. Dassopoulos stated all clients that enroll in treatment in any of the clinics are asked if they will participate in follow up research. They are guaranteed confidentiality. If they agree then they are contacted 30 days after intake, 90 days after intake, and then a year after intake. Each time the client completes an interview they are given a \$25 gift card. This year they conducted 387 follow up interviews and 29 interviews with family members.

- Ms. Routh had a question on page 10 of the handout. The handout states that at the time of the interview, 62.51% of participants were currently enrolled in a gambling treatment program or still engaging regularly with treatment providers through post-treatment aftercare. Ms. Routh asked if the 62.51% includes everyone and not just the program treatment providers?
  - Ms. Dassopoulos responded these are all clients from their treatment providers.
- Ms. Routh asked if the 62.51% was the measurement of the 387 clients that had follow up interviews?
  - Ms. Dassopoulos responded yes, it is.

Ms. Dassopoulos cited they measure if clients had other addictions at the time of intake and at follow up. At the time of intake, about 25% smoke cigarettes, about 22% had an alcohol addiction, and about

13% were addicted to methamphetamines. About 50% of clients reported having other addictions prior to treatment and about 25% of clients reported having other addictions at follow up.

Mr. Marotta cited he has seen reports like this in other states, and this is the most robust. The size of the sample is very impressive, and you typically don't get many that participate in a follow up study, so this is very valuable data. Mr. Marotta commented it takes a lot of work to get the numbers and participation that this group has achieved.

#### **VIII. Discussion from DHHS re: Transition to Bureau of Behavioral Health Wellness and Prevention**

Brook Adie introduced herself as the new Bureau Chief over the Bureau of Behavioral Health Wellness and Prevention.

Ms. Adie cited she has met with Ms. Follett, Ms. Garcia, and Ms. Routh discussing a transition plan for bringing the ACPG over to the Bureau of Behavioral Health Wellness and Prevention. The Transition will happen July 1, 2019 pending approval from the Governor and the Legislature. There will be no operational changes at this time.

- Ms. Follett noted the Substance Abuse Prevention and Treatment Agency (SAPTA) is under the Bureau of Behavioral Health Wellness and Prevention.
- Ms. Quirk requested a flow chart showing where SAPTA and the ACPG will fit in under the Bureau of Behavioral Health Wellness and Prevention.
  - Ms. Adie responded they are in the process of finalizing a flow chart, they should have it finalized within the next week. The program will be directly under Ms. Adie as one of the funding sources she will be supervising.

Ms. Quirk commented she would like Ms. Adie to attend any of the problem gambling events that she can, especially the Problem Gambling State Conference that will take place on June 20, 2019 and June 21, 2019 in Las Vegas Nevada at the Sun Coast Hotel.

#### **X. Approval of Recommendation of Grant Funding Percentage Allocations for Treatment, Workforce Development, Prevention/Research, Consulting, and Information Management.** This item was taken out of order.

Mr. Marotta presented the [Allocation Discussion Fiscal Analysis](#). Mr. Marotta cited they are looking at a relatively flat budget. Most funds that are granted out are to treatment agencies. Historically treatment has been viewed as a priority area within the service system. Mr. Marotta explained the graph on page two tries to project what might happen this year giving the spending levels of the first quarter. The graph is only based on seven grantees and because of that, if one grantee deviates considerably it throws the entire formula for forecasting off. The deviation is in quarter four because of some of the grantees ran out of money in quarter four. This type of forecasting formula works well with large numbers, not really the smaller numbers as shown. Mr. Marotta cited he wouldn't have a lot of confidence that they will spend as much as is projected at the end of the fiscal year. The reason this is important is because they must figure out how much money they want to invest in the treatment component of the system.

Mr. Marotta explained the Fiscal Year 2021 Strategic Plan Initiatives on the next page. There are three proposals, the first proposal is weaved into the current draft of the Strategic Plan. The components in the first proposal have fiscal impacts. Proposal one includes, adding a 5% subsidy: Subsidize costs of non-encountered services, Increase outpatient cap to \$2,350, increase residential cap to \$3,200, and adding a new billing codes for family therapy. The projected cost is between \$70K and \$100K. Proposal two is Increasing outpatient rates by 10%. The projected cost is between \$50k and \$60K. Proposal three is combining both proposal one and two. The projected cost is between \$120k and \$160K.

Mr. Marotta explained the last page of the handout shows the allocations and gives a historical perspective on how the different programs components have been funded in fiscal years 2016 and 2017, what the ACPG recommended for 2018 and 2019, and how that amount translated and what the actual grants were. This supports the strategic plan in its current form. The contingency funds set aside an amount of money as a buffer so they can have something in reserve for the mid-year reallocations.

- Ms. O’Hare asked if the specific need for the ACPG to approve percentage allocations that will go out with the RFA is a single decision that is informed by these proposals?
  - Mr. Marotta responded yes, that is correct.
- Ms. O’Hare asked if Mr. Marotta will then be seeking a committee approval of any of those proposals, or is that something that will be worked out through the strategic plan and the RFA?
  - Mr. Marotta responded once they understand how much money they are going to invest in each component, that will also inform how the strategic plan sets enhancements.
- Constance Jones moved to approve the Recommendation of Grant Funding Percentage Allocations for Treatment, Workforce Development, Prevention/Research, Consulting, and Information Management. The motion was seconded by Mr. Feldman, the motion passed unopposed.

Ms. Quirk suggested the need for a special call meeting. The ACPG members discussed having the Special Call meeting the week of December 3, 2018 – December 7, 2018. A Doodle Poll will be conducted.

### **XIII. Public Comment**

None

The meeting adjourned at 2:00 pm.