

**Nevada Department of Health and Human Services (DHHS)  
Advisory Committee on Problem Gambling (ACPG)  
DRAFT Meeting Minutes February 21, 2013**

**Videoconference Locations**

Health Division, 4150 Technology Way, Room 204, Carson City NV  
Health Division, 3811 W Charleston Boulevard, Suite 112, Las Vegas NV  
Call-In option provided

**ACPG Members in Attendance**

Carol O'Hare, Chair  
Denise Quirk (via telephone), Vice Chair  
Tony Cabot  
Ted Hartwell  
Connie Jones  
Lynn Stillely

**ACPG Members Absent**

Jennifer Shatley

**Staff and Consultants in Attendance**

Laurie Olson, Chief, DHHS Grants Management Unit (GMU)  
Pat Petrie, Social Services Program Specialist (SSPS) III, DHHS GMU  
Gloria Sulhoff, Administrative Assistant II, DHHS GMU  
Raeven Chandler and Sarah St. John, UNLV International Gaming Institute (UNLV-IGI)  
Dr. Jeff Marotta, Problem Gambling Solutions

**Members of the Public in Attendance**

Carson City

Stephanie Asteriadis, UNR Center for the Application of Substance Abuse Technologies (CASAT)  
Robert Olivas, Bristlecone Family Resources  
Lana Henderson-Robards, New Frontier Treatment Center

Las Vegas

Charlotte Crawford, The Problem Gambling Center  
Stephanie Holguin, Nevada Council on Problem Gambling

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

**Carol O'Hare, ACPG Chair**

Committee Chair Carol O'Hare welcomed the attendees and called the meeting to order at 8 am. Roll call was taken and a committee quorum was confirmed.

Ms. O'Hare informed the group of the passing of Dr. Bill Eadington on February 11 after an 18-month battle with cancer. She wished to acknowledge for the record Dr. Eadington's contributions to the ACPG and the State of Nevada. Dr. Eadington was one of the original members of the ACPG, and served as chair after Glenn Christensen. Ms. O'Hare referred to him as "the database of gaming" and he never failed to live up to that label. "I would like the record to reflect that we greatly appreciate the contributions that Bill made to this committee and this field will miss his involvement and brilliance greatly," she said.

## II. Public Comment

None

## III. Approval of Minutes

**Carol O'Hare**

Up for approval were the minutes of the regular ACPG meeting held on November 15, 2012, and the minutes of two special meetings held via teleconference on December 14 and December 21, 2012. Laurie Olson, DHHS GMU Chief, commented that a correction would be made to the December 14 minutes to replace the phrase "problem gaming" with "problem gambling." She requested assistance with "Beverly's" last name and the correct spelling of "Jody Kaplan's" name but no one was able to help.

- Ted Hartwell moved to approve the minutes with the editorial changes as noted. The motion was seconded by Connie Jones and passed unopposed.

## IV. Membership Report

**Laurie Olson**

Ms. Olson reported that two positions on the ACPG are vacant. She had heard that Alan Feldman may have applied for the seat for a member with a non-restricted gaming license, but she did not have confirmation. The other position was formerly held by Jessica Rohac who represented veterans.

## V. Mid-Year Reallocation Plan

**Laurie Olson**

Ms. Olson provided a handout (see Attachment A) detailing the mid-year reallocation plan as required in Nevada's Treatment Strategic Plan. After trying one or two other methods, she and Pat Petrie based the allocations for Quarters 3 and 4 on expenditures in Quarters 1 and 2. This left \$8,834 in unobligated funds, but a formula was applied to ensure that these funds were distributed equitably. Under the plan, New Frontier and the Reno Problem Gambling Center would each experience reductions while the Problem Gambling Center in Las Vegas, Bristlecone Family Resources and Pathways would receive increases. Ms. Olson said that two grantees had already pointed out that their expenditures in the seventh month were much higher, but not all Requests for Funds for January have been paid so using the seventh month as a gauge was not possible. She invited comments from the committee and grantees.

Ms. O'Hare explained, for the benefit of newer committee members, that when the reallocation plan was attempted the first time multiple options were explored. The six-month approach was most fair and logical. Grants are initially awarded based on provider projections, but it is an issue of supply and demand. Everyone understands when the grants are awarded that the reallocation will occur so that the money moves to places where it's needed.

Ted Hartwell asked about the possibility of doing another reallocation before the end of the fiscal year. Ms. Olson said there is nothing that would prohibit another reallocation except the staff workload. There is not enough time.

Ms. O'Hare asked whether grants had to actually be amended to execute the reallocation. Ms. Olson affirmed this.

Lynn Stilley asked whether grantees could request more money if they run short before the end of the fiscal year. Ms. Olson replied that the reallocation plan would leave no money on the table unless the aforementioned \$8,834 was backed out. Ms. O'Hare compared the \$8,834 to the \$1,500 client benefit

cap and wondered whether it would be cost-effective to make further adjustments for a handful of clients.

Dr. Jeff Marotta commented that, what this speaks to is insufficient funds in the budget to accommodate demand. In one regard, it's useful to know that demand cannot be met in this current situation, given what's happening on the budget side. Ms. O'Hare agreed and complimented the providers for hanging in there while overall funding has been reduced. She noted that the ACPG's consent was implied so the GMU staff should move forward with the changes.

Sarah St. John from UNLV-IGI noted that her office is happy to help providers put together numbers for projects such as the reallocation.

#### **VI. FY14-15 Request for Applications Process**

**Laurie Olson**

Ms. Olson complimented Pat and Dr. Marotta for all the hard work that had gone into preparing the Request for Applications (RFA) for FY14-15. There will actually be three separate RFAs – one for treatment, one for prevention and one for workforce development. Before getting into the details, Ms. Olson said she needed to share budget information so that the RFAs make sense.

The budget was originally written for \$2 per slot machine per quarter, but after the first budget presentation, the Budget Office instructed staff to ratchet it back down to \$1 per slot machine because of an overall budget shortfall. The ACPG then wrote a letter to Governor Sandoval in support of restoring funding to the statutory amount of \$2 per slot machine. The Governor agreed and the budget was ratcheted back up. The first budget hearing before the Legislature was on February 8, and it went well. DHHS is moving forward on faith that the Legislature will ultimately approve the \$2 per slot machine. What that means is reimbursement for treatment can be increased as per the Treatment Strategic Plan; the client benefit cap can be increased from \$1,500 to \$3,000 for outpatient services, and from \$2,000 to \$3,000 for residential services; the Prevention Strategic Plan can be restarted; and more can be done with workforce development. Contractually, long-term data compilation could also be restored. Ms. Olson said there is a very strong possibility that the budget will be approved at \$2 per slot machine due to the expansion of internet gaming in the state.

Ms. Olson referred to the RFA timeline (see Attachment B) and walked everyone through the stages of the application process. She noted that Dr. Marotta was scheduled to participate in the upcoming orientations to reintroduce elements of the Prevention Strategic Plan. The Plan is fairly ambitious but, since it has been on the shelf for three years, DHHS is taking a "purposeful" approach to reintroduction. Instead of a Cadillac version of prevention programming, it's more like a Honda.

Ms. O'Hare pointed out a possible discrepancy with orientation dates in the timeline. Ms. Olson said the first page referred to the date range during which orientations would take place (February 26 through March 1) while the second page listed the exact dates (February 28 and March 1).

Ms. Olson noted that substantive questions must be submitted by Friday, March 8. Inquirers will receive responses as soon as possible. Everyone will be able to see the answers when they are posted to the website the following Tuesday. Technical questions may be asked throughout the process (e.g., how to access the online application or how to submit it).

Ms. Olson explained that the online application will be completed in one stage. Links will be provided by the end of the day Friday, March 1, to those who attend orientation sessions. If an applicant has used the online system previously, they can use their existing log-in. If they have forgotten their log-in, it can be reset.

Ms. Olson said reviewers were still being recruited but they will receive proposals by the end of the day Wednesday, April 3. Outside experts will be used for reviewing treatment proposals. Evaluations are due back to DHHS by Wednesday, May 1. Results will be provided to the ACPG about a week before the Thursday, May 16 meeting. All applicants will be required to attend the ACPG meeting so they are available to answer questions. DHHS Director Mike Willden will consider award recommendations made by the ACPG and make final decisions by Thursday, May 23. GMU staff will negotiate final awards, and grants will become effective July 1. She advised potential applicants to RSVP for the orientations because the rooms available for the sessions are not large.

Ms. Stillely asked who the outside experts would be. Ms. Olson said she did not know yet but that the names would not be released anyway. She, Pat and Dr. Marotta will be approaching contacts within national organizations for recruitment.

Ms. O'Hare said it might be a good time to explore conflicts of interest among ACPG members. Ms. Olson agreed and said that, when award recommendations are made, any ACPG members who have applied for grants, or sit on the Board of an organization that has applied, may not vote. They may participate in discussions only. Ms. O'Hare pointed out that, due to affiliations of current committee members, only two would be able to review prevention and workforce development applications. She suggested bringing in DHHS staff and Dr. Marotta to assist with evaluations. Mr. Hartwell asked whether volunteer affiliations represent a conflict of interest. Ms. Olson said she would review the bylaws and report back to the ACPG. Dr. Marotta stated that it would be best to look beyond the ACPG for reviewers. ACPG members would still have an opportunity to look at the reviewers' comments (i.e., strengths and weaknesses). Ms. O'Hare agreed and cited past processes that required staff to score proposals and the ACPG to review the results. Ms. Stillely pointed out that an additional issue in this year's process is that she and Mr. Hartwell are both new to the committee and have no experience with proposal evaluations.

Ms. Olson reported that the GMU staff will not have time to conduct Requests for Proposals (RFPs) for the two technical contracts associated with Problem Gambling (UNLV-IGI data collection and Problem Gambling Solutions technical consulting). Instead, she will work with the Purchasing Division to extend the contracts and conduct an RFP after the close of this fiscal year.

Ms. Olson referred members to a handout that set forth recommended allocations for program areas in FY14-15 (see Attachment C). She noted that there are many unknowns associated with increasing reimbursement rates and client benefit caps and restarting the Prevention Strategic Plan. However, she, Pat and Dr. Marotta worked together to develop a reasonable plan. For FY14, the plan allocates 60% for treatment, 17% for prevention, 3% for workforce development by a single grantee, 2% for workforce development activities within treatment programs, 7% for data collection and evaluation, 3% for technical consulting, and 9% for reserve. The purpose of setting aside 2% for workforce development activities within treatment programs is to allow providers to send staff to conferences and other training opportunities. The application will allow providers to tell the GMU and the ACPG

what is necessary in that regard. The purpose of creating a reserve is to be able to respond to unforeseen contingencies; for example, if treatment costs are higher than anticipated.

Mr. Hartwell asked how the plan compares to previous years and whether the approach was evidence-based. Ms. Olson noted that the allocation plan is similar to previous years when full funding was available. Ms. O'Hare noted that, while prevention and treatment go hand-in-hand, treatment has always been the priority.

Ms. O'Hare asked Ms. Olson whether budget questions posed by the Legislative Counsel Bureau (LCB) are a cause for concern. Ms. Olson said the LCB had asked only one or two questions about Problem Gambling. Medicaid Expansion and the rollout of the Affordable Care Act are of more interest. She said if there is a large deficit in the overall state budget, Problem Gambling could be at risk. However, that does not appear to be the case.

Ms. Jones asked whether the program allocations would be rolled back if the Legislature decided to fund Problem Gambling at \$1 per slot tax machine per quarter. Ms. Olson said yes, and the RFAs for prevention and workforce development would be cancelled. Ms. O'Hare agreed that no one appears to be particularly interested in debating the Problem Gambling budget, but it is "low hanging fruit" so ACPG members need to be prepared to attend budget hearings if necessary. Ms. Olson said there are no more budget hearings scheduled for the DHHS Director's Office at this time, but she will notify the committee if that occurs.

Ms. O'Hare called the FY14-15 allocation plan a "rational approach" and supported the idea of establishing a reserve. She called for a motion and a vote.

- Connie Jones made a motion to adopt the plan. It was seconded by Tony Cabot and passed unanimously.

**VII. 2013 Legislative Session Update**

**Laurie Olson**

This topic was already covered under a preceding agenda item.

**VIII. Public Comment**

None

**IX. Adjournment**

**Carol O'Hare**

There being no further comments or questions, Ms. O'Hare called for a motion to adjourn the meeting.

- Mr. Hartwell made a motion to adjourn. It was seconded by Ms. Stilley and passed unanimously.