

**Department of Health and Human Services (DHHS)
Advisory Committee for Problem Gambling
DRAFT Meeting Minutes
April 29, 2011**

Video Conference Locations

Nevada Health Division
4150 Technology Way, Suite 153
Carson City, NV

Division of Health Care Financing and Policy
1210 S Valley View, Suite 104
Las Vegas, NV

Committee Members Present

Dr. Bill Eadington, Chair
Carol O'Hare, Vice Chair
Jessica Rohac
Connie Jones
Jennifer Shatley
Denise Quirk

Committee Members Absent

Bill Bingham
Greg Lee

Department of Health and Human Services (DHHS) Staff and Contractors

Mary Liveratti, DHHS Deputy Director for Programs
Laurie Olson, Chief, DHHS Grants Management Unit
Sheila Swartz, Auditor III, DHHS Grants Management Unit
Barbara Setser, Administrative Assistant II, DHHS Grants Management Unit
Dr. Jeff Marotta, Problem Gambling Solutions
Dr. Bo Bernard, University of Nevada, Las Vegas, International Gaming Institute

I. Call to Order

II. Approval of Minutes from Previous Meetings

- October 10, 2010
- February 25, 2011 – Correction: Dianne Springborn and Lynn Stilley are not committee members. They are members of the Treatment Strategic Plan Work Group.
- March 4, 2011
- March 23, 2011

MOTION TO APPROVE MINUTES WAS MADE BY DENISE QUIRK WITH CHANGES NOTED, SECONDED BY JENNIFER SHATLEY, AND UNANIMOUSLY APPROVED.

III. Fiscal and Legislative Report

Laurie Olson reviewed the fiscal report. Funding was sufficient to carry the program through the end of FY11. Ms. Olson said she was unsure whether any balance would be applied to FY12 grants. Ms. Liveratti noted that any money left at the end of the fiscal year remains in the account and does not revert to the General Fund.

Ms. Olson reported that, between regularly scheduled meetings, some members of the ACPG participated in telephone conferences to determine whether and how to address the fact that the Governor's Recommended Budget called for a 50% funding cut for Problem Gambling

activities. The result was a list of talking points and a letter that all ACPG members could send to their legislators appealing for full funding. If funding was cut, members asked that it be a temporary cost-cutting measure rather than a permanent statutory change. When budget bill AB500 was presented to the Legislature on April 20th by Budget Director Andrew Klinger, it called for 50% funding but did not have the desired sunset clause. Ms. Olson was present at the hearing but was not asked to speak. Denise Quirk had an opportunity to read the ACPG's letter into the record and make other comments regarding problem gambling.

IV. Presentation of Recommendations from ACPG Treatment Strategic Plan Work Group (Taken out of order after the Quarterly Report)

Dr. Jeff Marotta reported that he was very pleased with the Treatment Strategic Plan process and the end result. Discussion first began about two years ago, but the most significant element of the process involved a work group comprised of ACPG members and treatment providers. They met by teleconference and in person over a period of about four months beginning in January 2011. The group strived to remain in line with ACPG mission and vision statements while developing an efficient plan that could adapt to changes in funding. The plan presented to the ACPG for adoption was built not only around performance-based treatment standards but also a rate reimbursement or fee-for-service structure. Dr. Marotta pointed out several highlights, including:

- A requirement that clients supported by state funds must have problem gambling as their primary diagnosis;
- A requirement that clients supported by state funds must be Nevada residents;
- Reimbursement rates that increase or decrease depending on whether full funding is available in a given fiscal year, and
- Benefit limits that increase or decrease depending on whether full funding is available.

In FY12, because funding will be at 50%, the per client benefit limits will be \$1,500 for each new episode of outpatient treatment and \$2,000 for each new episode of residential treatment. In years when full funding is available, the limits will be \$3,000 for outpatient treatment and \$3,000 for residential treatment. Dr. Marotta referred to Exhibit 4 of the plan, which listed all of the approved treatment codes and reimbursement amounts. Providers will be able to bill for:

- Individual outpatient counseling;
- Group counseling;
- Psycho-therapy groups;
- Residential per diem;
- Supervision of Certified Problem Gambling Interns;
- Crisis services if a client is in urgent need of help prior to enrollment, and
- Intake assessments

Different reimbursement rates will apply if the person providing the service is a fully Certified Problem Gambling Counselor or an intern. Also, if a clinician determines that a particular client needs treatment beyond the established benefit limit and there is no other payment resource, the benefit limit for that client may be raised by DHHS if sufficient funding is available.

Dr. Marotta explained that grants to treatment providers will be based on a “not to exceed” award. Six months into the fiscal year, DHHS will evaluate whether each grantee is over-utilizing or under-utilizing its available funding. Depending on the findings, funds may be deobligated from grantees whose treatment activity falls below projections and shifted to grantees whose treatment activity surpasses expectations.

Dr. Marotta noted that the approach brings equity to the system since all providers will be reimbursed at the same rate for the same unit of service, and there is an opportunity to serve more clients. Ms. Liveratti interjected that DHHS is interested in creating a tool to evaluate the system and see how it works in practice. Depending on the results, adjustments could be made.

Dr. Marotta referred to the performance standards on Page 14 of the Treatment Strategic Plan.

- **Access** – Has to do with how quickly the client is able to receive services
- **Retention** – Good indicator of client success
- **Successful Completion** – Percent of all individuals who successfully complete the program
- **Client Satisfaction** – Surveys must be collected by not less than 50% of the total enrollments
- **Long-term Outcome** – Not to be conducted until the budget will allow

Carol O’Hare referred to Appendix B, the Recommended Procurement Process Outline, and asked whether there was a transition plan or a shortcut for FY12 since those grants had to be issued in about three months. Ms. Olson replied that there would not be a procurement process for FY12. Instead, if the Legislature approves FY12 funding, the current grants will be renewed. She and Dr. Marotta will create a formula that applies current performance (i.e., the number of clients served by each grantee) to the fee-for-service structure. A procurement process will take place for FY13, again assuming that the Legislature approves funding for FY13.

Ms. O’Hare asked whether DHHS had any idea what the funding level for FY12 might be based on \$1 per slot machine instead of \$2. Ms. Olson said that in FY11, the amount of money available was uncertain, so DHHS played it safe and awarded just \$500,000. In FY12, the projection is about \$747,000, but some of that money will be needed for the ongoing technical assistance contract with Dr. Marotta and the data support project at the University of Nevada, Las Vegas, International Gaming Institute (UNLV-IGI). Ms. O’Hare asked whether Dr. Marotta’s contract and UNLV-IGI’s grant would be allowable since the Legislature’s intent was to fund treatment. Ms. Liveratti said that AB500 reduces the funding but does not narrow down what projects the money should support. Ms. O’Hare said she considered Dr. Marotta’s contract and UNLV-IGI’s grant part of the treatment piece. Ms. Olson said that in the past year or so, while treatment has been the emphasis, no one has argued that these two support projects were not allowable. Both are essential.

Ms. Quirk noted that the Treatment Strategic Plan Work Group engaged in some discussion about workforce development, which is important in Nevada. Dr. Marotta said that there are a few different ways that workforce is being addressed. One is that grantees can bill DHHS for

supervision of interns. Another is that there are a variety of educational opportunities including two annual problem gambling conferences in Nevada, classes offered by UNLV and the University of Nevada, Reno, and some webinar trainings. He said people need to be made aware that these opportunities exist. Ms. Olson added that the work group considered a few ideas for funding workforce development in FY12 but ultimately decided that the topic needed more discussion and planning. Dr. Bill Eadington pointed out that attention needs to be paid to all of the components of a successful system. Otherwise, he said, Nevada may find itself in a situation where all of the progress made in the last five or six years is jeopardized. A fully funded system must have the necessary human resources to support it.

Ms. O'Hare suggested that the ACPG set up a work group focusing on workforce development. She noted that the state conference sponsored in March by the Nevada Council on Problem Gambling was very successful. Twenty-two participants (about 30%) had not previously attended a conference. She said that was very good, but it was also discouraging when these people asked how they could become an intern and there was no ready answer. She said a roadmap is needed that will direct people and give them encouragement. Ms. Olson said she supported creating a work group focusing on workforce development, but perhaps it would be best to wait until after July 1st.

Referring back to Dr. Eadington's comments, Ms. Quirk said that after workforce development is addressed, the ACPG should establish a research and education work group. Eventually, attention could get back around to prevention.

Ms. O'Hare asked Dr. Marotta about the experience of other states in establishing standards of care and developing activities that support treatment. Dr. Marotta said that in many states, after legislation was passed to fund gambling addiction treatment, agencies had to quickly go out to contract and quickly get services in place. There was no time to develop standards. Now there seems to be an overall call for accountability. Several states that have been in the gambling addiction business for some time are just now looking at standards.

Ms. Olson noted that DHHS has wanted to switch to a fee-for-service structure for more than a year, so the implementation of this structure in FY12 did not seem quick to her. She said that fee-for-service is an easier way to manage grants. There will be some new responsibilities, but other work (such as reviewing detailed transaction lists with every Request for Funds) will be eliminated. Also, incorporating the new standards into the next round of grant awards will be simple because the Treatment Strategic Plan is complete.

Ms. Olson took a moment to recognize the hard work done by the Treatment Strategic Plan Work Group – Dianne Springborn of Bristlecone Family Resources, Lynn Stilley of Pathways Therapy and Wellness Center, Lana Henderson of New Frontier Treatment Center, and ACPG members Pat Duncan of the U.S. Department of Veterans Affairs, Ms. O'Hare of the Nevada Council on Problem Gambling and Ms. Quirk of the Reno Problem Gambling Center. She also acknowledged the contributions of Krista Creelman from the Las Vegas Problem Gambling Center and Keri Anderson of the Salvation Army. Ms. Creelman and Ms. Anderson were not official members of the work group, but they both attended nearly every meeting and fully participated.

V. Presentation of Quarterly Grantee Progress Report

Ms. Olson explained how to read the report and reviewed third quarter progress for the committee. She said all but one grantee was expected to meet or exceed their goals. The exception was Pathways operated by Ms. Stilley who agreed to be the guinea pig for fee-for-service budgets in FY11. She said that Pathways' goal was to admit 50 clients and, by the end of the third quarter, 19 clients (38%) had been admitted. She invited Ms. Stilley to discuss her organization's progress.

Ms. Stilley said her program is very flexible with regard to the length of time it takes for a client to graduate and move on. As a result, they have several long-term clients instead of many new clients. She added that she recently made contact with a volunteer who is business oriented and would be doing some marketing, including outreach to Gamblers Anonymous. She said she hoped this would increase the number of new clients enrolling in the program.

Ms. O'Hare asked whether she was being reimbursed for individual counseling and Ms. Stilley replied affirmatively.

Ms. Rohac asked if it would be helpful if Pathways established a definition of graduation; for instance, if a client completed a certain number of sessions they would be considered a graduate. Then the agency could at least show that some of the long-term clients have reached a certain level of recovery. Ms. Stilley said that might help and added that a number of her clients had experienced relapses this year. Ms. O'Hare questioned whether the definition of graduation would be helpful in a fee-for-service structure.

Mr. Eadington asked for a rough estimate of where Pathways would stand at the end of the fiscal year. Ms. Stilley said she was hopeful that her numbers would come up. Under the FY11 grant, DHHS paid her for whomever she treated. In FY12, that will change due to client requirements and benefit caps.

Discussion turned to the kind of data support that will be provided by UNLV-IGI in FY12. Dr. Bo Bernhard of UNLV-IGI explained that the data evaluation piece that was formerly funded by DHHS is no longer possible. In FY12, the emphasis will be on collecting encounter data from providers. Providers will have a password so that they can enter encounter data directly into a HIPAA-compliant database. UNLV-IGI will generate activity reports and DHHS will pay the providers based on those reports. In response to Dr. Eadington's suggestion to establish a work group around this activity, Dr. Bernhard said that all providers know that UNLV-IGI's door and phone lines are open if they have questions. However, if it would help to formalize that into a work group, he would be open to it.

Ms. O'Hare clarified that the data evaluation piece that UNLV-IGI can no longer do is long-term, post treatment follow-up and that the data collection activity Dr. Bernhard described is part of the new payment process. She pointed out that client satisfaction is still one of the standards treatment providers must achieve and wanted affirmation that this would be tracked. Dr. Bernhard indicated that it would be.

VI. Public Comment

No comments.

VII. Adjournment

Before adjourning, Dr. Eadington called for a motion to adopt the Treatment Strategic Plan.

Ms. O'Hare asked how the document would be incorporated into the next grant awards. Ms. Olson said that it would be part of the grant award package just like the Grant Assurances, Grant Conditions and other routinely required documents.

MOTION TO APPROVE MINUTES WAS MADE BY AN UNIDENTIFIED MEMBER OF THE ACPG, SECONDED BY JESSICA ROHAC, AND UNANIMOUSLY APPROVED.

MOTION TO ADJOURN THE MEETING WAS MADE BY MS. O'HARE, SECONDED BY CONNIE JONES, AND UNANIMOUSLY APPROVED.