

**Advisory Committee for Problem Gambling
DRAFT Meeting Minutes
May 17, 2012**

Videoconference Locations

Grant Sawyer Building
555 E Washington, Suite 5100, Las Vegas NV

Nevada Health Division
4150 Technology Way, Room 204, Reno NV

Members Present

Denise F Quirk
Carol O'Hare
Connie Jones
Jessica Rohac
Jennifer Shatley

Members Absent

William Bingham
Bill Eadington

Staff and Consultants Present

Dr. Bo Bernhard, UNLV
Dr. Jeff Marotta, Problem Gambling Solutions (via telephone)
Laurie Olson, Chief, and Gloria Sulhoff, AAIL, DHHS, Grants Management Unit (GMU)

Public Present

Catherine Leon, Bonnie Phillips, Sarah Garrison, and Dianne Springborn – Bristlecone Family Resources
Dani Whittaker, Chris Murphey, and Lana K. Henderson – New Frontier Treatment Center
Lynn Stilley and Rick Smith – Pathways
Krista Creelman and Lori Flores – The Problem Gambling Center

Item I. Call to Order

Carol O'Hare, Committee Chair

Committee Chair Carol O'Hare confirmed the presence of a quorum and called the meeting to order at 9:14 am. She welcomed the members and requested self-introductions by those present in Carson City, Las Vegas, and on the telephone. Ms. O'Hare mentioned that due to the full agenda, suggested time frames had been added to the agenda to assist in keeping the meeting on track.

Item II. Public Comment

Prior to opening the floor to public comment, Ms. O'Hare announced that all grant applicants would have a separate opportunity to address their applications. There were no public comments at this time.

Item III. Approval of Minutes

Carol O'Hare

Ms. O'Hare called for a motion to approve the minutes as presented unless there were corrections to be considered.

- Connie Jones moved to approve the minutes of the February 16, 2012 ACPG meeting as presented. The motion was seconded by Jennifer Shatley and carried unopposed.

Item IV. FY 12 Mid-Year Reallocation Plan

Laurie Olson, DHHS GMU Chief

Laurie Olson reviewed a handout that detailed the mid-year funding reallocation plan. She explained that the Treatment Strategic Plan includes a provision to review utilization mid-year and determine whether funds need to be de-obligated from grantees who are not utilizing them as quickly as anticipated and redistributed to those who are spending at a faster rate than originally estimated. Ms. Olson worked with Dr. Marotta to develop a reallocation formula based on past activities as well as future expectations, but found that a one-size-fits-all approach did not work for everyone, so she

negotiated with each grantee to work out a plan that was acceptable to each. Most of the grantees' spending was near where it should be at the three-quarter mark: three were at 69%, including Bristlecone, which got off to a slow start; one was at 70%; and Pathways was at 84%. Regarding client goals, some of the grantees were very close to meeting their projections, and others were also close to meeting or exceeding their projections regardless of whether additional money was awarded. There were no questions or comments from the committee members regarding the reallocation plan.

Item V. Client Satisfaction Survey Results

**Dr. Bo Bernhard, UNLV International
Gaming Institute**

Dr. Bo Bernhard reviewed handouts of a PowerPoint he presented at the Nevada Council on Problem Gambling's annual conference, which included general data that had been requested by Ms. Olson in addition to the results of a client satisfaction survey conducted in accordance with the Treatment Strategic Plan.

The survey was distributed by the clinics to each client who came through their doors during a two-week period in March, 2012. Client participation was voluntary, with the surveys being returned directly to UNLV. Dr. Bernhard stressed the importance of not confusing statistical significance with real world significance, keeping in mind that this was a brief, one-point-in-time study of a small number of participants. He felt, however, that the results were positive to the degree the evidence provided. Dr. Marotta asked whether the participation rate achieved 50%, suggesting that if it was lower than 50% it may be beneficial to revisit the methodology to improve participation. The participation rates by clinic were as follows.

Bristlecone – 13 clients, 12 participated, 92% participation rate
New Frontier – 10 clients, 10 participated, 100% participation rate
Pathways – 22 clients, 8 participated, 36% participation rate
Reno Problem Gambling Center – 76 clients, 34 participated, 45% participation rate
The Problem Gambling Center – 69 clients, 44 participated, 64% participation rate

Dr. Bernhard felt that overall, participation was strong given that it was not mandatory and that it represented an extra task for the providers. It was suggested that for future surveys, the time period be expanded from two weeks to a full month in order to reach every client.

Item VI. FY13 Problem Gambling Treatment RFAs

- **Conflict of Interest Disclosures**

Carol O'Hare

For the record, the ACPG members stated their affiliations to the applicant organizations. Denise Quirk is the executive director of Reno Problem Gambling Center, a current grantee and applicant; she can participate in discussions but will not be voting. Connie Jones serves on the board of directors of The Problem Gambling Center and will not be voting on their application, but can participate in votes for other providers. Carol O'Hare is an advisory board member of Reno Problem Gambling Center, but because she does not hold a voting position, she will be voting on all applicants. There were no concerns expressed by those present.

- **Overview of Process**

Laurie Olson

Ms. Olson reviewed the 2013 grant application process, which incorporated some changes and improvements over last year, based on feedback received from ACPG members and grantees. The Request for Applications (RFA) was published in January, and two sessions of a mandatory orientation for applicants were held. One applicant was disqualified because their application did not meet the standards in three areas: they submitted a categorical budget instead of fee for service; not all questions were answered; and the application was not submitted in the correct

format. Five applicants passed the preliminary screening by staff and were reviewed by three problem gambling experts recruited by Dr. Marotta and Ms. Olson, two residing in Iowa and one in Nebraska. All were very knowledgeable, very gracious with their time and interested in participating, and returned their scores on deadline with the following results: Pathways and The Problem Gambling Center did not achieve the 60 point score cutoff; Reno Problem Gambling Center barely reached above 60; and New Frontier and Bristlecone both scored fairly high. A telephone conference was held between the reviewers and Ms. Olson to discuss the disparate range of scores, but the only adjustment made after discussion was a lowered score for The Problem Gambling Center. It was decided to allow Pathways and The Problem Gambling Center to make presentations to the ACPG to address the weaknesses noted by the reviewers and further explain their programs. The ACPG members would have the opportunity to ask questions of all the applicants before making their final recommendations. The applicants, as well as ACPG members, received all the scores prior to this meeting.

Ms. Olson was asked about the changes that were made to the application process this year. She stated that a major difference from last year was that the ACPG members scored the applications. Also, the application process changed from an online application to a paper application. She commented that she would like to return to the online process if the database tool can be improved to increase the number of characters allowed for each answer.

- **Comments** **Dr. Jeff Marotta, Problem Gambling Solutions**
Dr. Marotta commented that the proposal was designed to allow for an accurate and clear description of the applicant's program to help the outside reviewers. He acknowledged that there is a special skill set to writing a grant, and that a lack of experience with grant applications was reflected in the scoring; the publicly funded agencies, having more experience with grant writing, scored very well.

He also commented on the criteria that were used in scoring the proposals. The reviewers were looking for four things: that all parts of each section were included and addressed; the descriptions and details were clear, organized, and understandable; the descriptions were responsive to the intent of the RFA objectives; and the overall ability of the applicant, as judged by the evaluation committee, to successfully provide services in accordance with the provider provisions and standards described in the strategic plan. These were scored on a 5 point scale, 5 being exceptional, exceeds expectations; 3 satisfactory, meets expectations; and one not acceptable. A score of less than 60 indicates there were a substantial number of responses that did not meet satisfactory standards. Dr. Marotta stated that he had read the proposals and did not think the scores were far afield, strictly based on the written responses.

Ms. O'Hare stated that the committee needed to take the reviewers' scores into account as they formulated their funding recommendations. She reminded the group that, as an advisory committee, they do not make the final funding decisions. Ms. Olson will meet with Mike Willden, Director of the Department of Health and Human Services, to present the ACPG's recommendations and work out the details of the grant awards.

Ms. Jones commented that most RFP processes include a question and answer session before the applications are submitted, and asked what kind of help could be given to the applicants. Ms. Olson explained that a mandatory orientation was held at the beginning of the process, where the RFA was reviewed in detail and applicants had the opportunity to ask questions. They also were allowed a certain period of time following the orientation in which to submit

questions. Each question, whether asked publicly during the orientation or individually during the allowed period of time, along with the Department's response, was made public so every applicant had access to every question and answer. Ms. Jones asked whether an additional question period could be offered mid-process; Ms. Olson did not think there was any prohibition against that. There were no further questions regarding the application process.

- **Presentations by Applicants**

Lynn Stilley, owner of Pathways, explained that she has two programs, a private practice and the problem gambling treatment program. She introduced her co-worker and business partner, Rick Smith, to give the presentation, noting that she was never trained at grant writing and hoped to eventually have income for a grant writer. She thanked Ms. Olson for the opportunity to address the committee. Mr. Smith thanked the committee for the opportunity to express their views and apologized for the lack of clarity in their proposal, which was a learning experience for him as well. Mr. Smith stated that all of the deficiencies pointed out by Dr. Marotta during his visit had been corrected, and made the following points.

- Pathways is very community-oriented. They provide a comprehensive range of services from IOP to one-on-one counseling to couples counseling, dealing with problem gambling and how it affects the family. When other issues come up that need further treatment, clients are referred to Lynn or outside resources. Community resources are made available to clients.
- Family participation has increased and was at about 65 percent.
- Clients are informed of assessments, outcomes, decision making and treatment plans. This was something Dr. Marotta commented on, and they took steps to ensure everything is well documented.
- The level of treatment changes based on the progress or lack of progress assessed, using the GPPC (Gambling Patient Placement Criteria). Mr. Smith acknowledged the high recommendation rate to IOP; however, he stated that the client assessments support those recommendations to IOP.
- The reviewers also addressed lack of clarity over whether Pathways uses the State as a payor of last resort, an issue also brought up by Dr. Marotta. Steps have been taken to make that correction. Clients complete a form that includes verification of income and insurance, and if they have insurance, whether they can be contacted. Mr. Smith explained that some people are fearful that if their insurance company is notified, their employer will find out. If the client gives permission, they make a copy of the insurance card, contact the insurance company, and ask for a faxed response. These are put in the client file, and all these steps are taken before they use State money. The clients are asked to sign a verification statement indicating whether they can pay privately.
- Regarding the reviewer's comment about not using current treatment, Mr. Smith stated that they attend workshops when they can.
- Pathways has been able to accomplish a lot due to the fee-for-service structure; they now have double the staff and double the IOP program from a year ago, and have tripled their treatment space to accommodate the increase in clients.

In closing, Mr. Smith remarked that Pathways differs from other programs because it is a private practice along with a problem gambling treatment program. Their treatment program is based on State funding, insurance, and the clients' ability to pay. By the time problem gamblers come for treatment they are usually broke, so being able to pay privately hasn't been an option for

their clients. Without State funding, Pathway's problem gambling treatment program would cease to exist, and that would be a disservice to the community as well as to the clients.

Ms. O'Hare then opened the floor for questions from the committee members.

- Ms. Shatley asked about the reviewers' comments regarding Pathways' heavy reliance on interns and was concerned over their ability to maintain a relationship with clients. Ms. Stilley replied that Pathways is a base for UNLV student internships; the clients are told about them up front and informed that the interns would be there for 15 weeks.
- It was asked whether Pathways had a process for contacting insurance companies, or if there was a provision making it a mandatory process to contact insurance. Mr. Smith responded that a lot of their clients have insurance through their jobs and fear that if the insurance company is contacted, it will get back to their employer that they have a gambling problem. They worry that they may end up losing their job, and they're not willing to take that risk. Ms. O'Hare commented that this topic was addressed in the subcommittee's last review of the treatment strategic plan; the subcommittee members agreed that some requirement was necessary; at the very least, a client's refusal to submit an insurance claim has to be documented. She appreciated the commentary, which indicates the need to educate clients regarding the employer and employer-provided insurance. All insurance information is kept confidential from the employer.
- In response to a question as to whether Pathways could consider the option of a sliding scale, or whether these clients contribute anything at all towards their treatment, Mr. Smith indicated that clients are responsible for a co-pay of \$10 per session, and a payment plan is set up if needed. This is documented in the files.
- Ms. O'Hare asked for clarification regarding whether policies and procedures were in place to assess client financial need. Pathways does have an assessment form, which is kept in the client files, and that is addressed in the treatment program and in the treatment plan.

Krista Creelman, Executive Director of The Problem Gambling Center (TPGC), thanked the committee for allowing her to make a presentation, stating she was embarrassed and a little disappointed at the score her application received. She covered the following weaknesses identified by the review committee.

- Regarding the lack of an executive summary, Dr. Hunter subsequently emailed a two-page memo which provided a very clear explanation of the services provided by The Problem Gambling Center. Ms. O'Hare interjected for the record that the ACPG members had all received Dr. Hunter's memo.
- Regarding the math error and lack of program details, Ms. Creelman clarified that TPGC was requesting a total of \$324,978.80; of that amount, \$257,278.82 is the base amount, using the equation provided by the Dept. of Health and Human Services. An additional \$17,700 in start-up funds was being requested for a proposed Spanish-speaking program. This would cover the cost of translating, assessment tools, marketing, and all materials used in the program. And, if funded, an additional \$50,000 was being requested to cover the cost of fee-for-service for treating the clients served under the proposed program.
- In response to reviewer comments regarding services proposed and program description, Ms. Creelman stated that they use the standard diagnostic tool provided by the college and that 80-90 percent of clients participate in the intensive outpatient program because that is where they need to be. She stated that the clients are involved in their treatment planning with the clinician.

- Under the category of outputs and performance standards, she clarified that their goal was to have 150 family members participate in assessment and level one outpatient services, with 345 family members in groups. An additional 345 members were not interested in participating in additional outpatient services so they were not entered into the IGI database. She apologized for not having communicated this properly in the application.
- Addressing the comments regarding population to be served, they are anticipating a 10% decrease.

Ms. O'Hare noted that the ability to provide services to Spanish-speaking clients is important, and stated on behalf of the ACPG that they would like to talk about some way to work with The Problem Gambling Center on translating materials. She would not want to see them drop this aspect of the program, but did not see it making financial sense at this time.

Item VII. FY13 Treatment Award Recommendations

Carol O'Hare

- **Discussion**

Ms. Jones asked for clarification on the process of the mid-year reallocation of funds. Ms. Olson explained that they started with a one-size-fits-all approach, then looked at what the providers spent the first two quarters and considered that amount for the second two quarters. She asked the providers what it would take to get through the rest of the year. If they were happy with that amount, that's what they went with, but if there was a need to do things a little differently, she negotiated with each one. No one got exactly what they requested but each ended up with a figure they could live with. Option one was based on the highest quarter's months; option two was to double the activity from July to December and use that for January to June. The Problem Gambling Center of Las Vegas preferred option one and the Reno Problem Gambling Center was happy with option two. However, neither option would work for the remaining providers, so theirs were individually negotiated. In addressing a comment regarding the large disparity of approximately \$110,000 in reallocations, Ms. Olson pointed out that when these grants were awarded, it was a first attempt at fee-for-service. She and Dr. Marotta developed a formula that they thought would work based on an average to the client, factoring in for crisis services and assessments and various other things. Half way through the year it became apparent the grantees were not going to spend that much. Ms. O'Hare reminded the advisory committee that they submitted their FY12 funding recommendations with the understanding there would need to be mid-year adjustments to ensure funds were being utilized.

Ms. Olson also pointed out that when a clinic is mostly using interns, they will use less money and serve more clients. When a clinic is using primarily certified problem gambling counselors they will be reimbursed at a higher rate, serving less clients with more money. She referenced a graph in Dr. Bernhard's presentation showing that the number of clients served has increased since the fee-for-service system was implemented, but as more interns are certified, that bar will go down again. She anticipated that these numbers would be in a constant state of fluctuation, and using historical data will help with these funding decisions.

The committee compared the applicants' FY13 funding requests with their FY12 reallocated awards. Frontier's reallocated award is \$85,833 and they were asking for \$99,711, a 16% increase. Bristlecone's reallocation award is \$69,798; they were asking for \$75,881, a 9% increase, which was based on a formula as requested by the Department. Reno Problem Gambling Center's reallocation is \$168,326 and they were asking for \$175,526, a 4% increase. The Problem Gambling Center's reallocation is \$257,255; they were asking for \$257,279, a

0.01% increase. Pathways' reallocation is \$49,014 and they were asking for \$101,140, a 106% increase. Pathways application included some justification for the increase: staff is very involved in community support groups so they've had an increase in clients and family members being referred from those support groups; Rick Smith is going to be certified in the next several months, which will increase the reimbursement rate from the intern rate; and they've added continuing care.

The committee compared the applicants' projected FY13 goals with their FY12 goals and performance through the end of March. Reno Problem Gambling Center's third quarter report was not available; their numbers were as of December 31. Ms. O'Hare questioned Reno Problem Gambling Center's FY13 goals and funding request as compared to FY12, wherein Ms. Quirk indicated they expected to end FY12 more in line with the FY13 projections. Ms. O'Hare also addressed Pathways' score, which was below the 60 point score threshold. Pathways appears to be doubling their goal, but Ms. O'Hare stated that from a funding perspective, they were not in the position to double anyone's funding.

The committee discussed and considered various funding strategies.

- Funding the highest scoring applicants, New Frontier & Bristlecone, at the full amounts requested (\$99,711 and \$75,581 respectively), and funding the remaining applicants at their current (reallocated) FY12 levels. This option exceeded available funds by \$9,290.
- Funding all five applicants at their current (reallocated) FY12 levels. This option left a surplus of \$10,671, which could be awarded to the three applicants that met the scoring threshold, or applied equally between four grantees, excluding The Problem Gambling Center because they did not ask for an increase. This last option would result in the following: New Frontier \$88,501, a 3% funding increase over FY12; Bristlecone \$72,466, a 4% increase; Reno Problem Gambling Center \$170,994, a 1.5% increase; The Problem Gambling Center \$259,923, a slight increase; and Pathways \$51,682, a 5% increase. Ms. Olson noted that this allocation resulted in a distribution by location of 48% to Clark County, 38% to Washoe County, and 14% to Rural.

The committee also considered the disparity between Pathways' funding request and the amount of funds available, and discussed making an adjustment to improve Pathways' level of funding. Prior to finalizing their recommendations, Ms. Olson confirmed that all applicant goals would be renegotiated once the awards are determined; applicants cannot be expected to perform at the level they determined based on the amount of funding they requested.

- **Award Recommendations**

After further discussion, the members decided to recommend that all five applicants be awarded an amount equal to their FY12 reallocated funding, leaving a surplus in funds of \$10,671. They then considered two strategies for allocating the surplus: add approximately \$2,700 to each of the applicants' award amount, with the exception of The Problem Gambling Center because they didn't request any increase; or give the entire surplus amount to Pathways.

- Carol O'Hare moved to recommend funding The Problem Gambling Center at \$257,255 for fiscal year 2013. Jennifer Shatley seconded the motion, which carried unopposed with Connie Jones abstaining.

- It was motioned, seconded and carried unopposed, with Denise Quirk abstaining, to recommend fiscal year 2013 funding for New Frontier, Bristlecone, Pathways, and Problem Gambling Center Las Vegas at a minimum of their mid-fiscal year 12 reallocated amounts, which will leave approximately \$10,000 in unallocated funds.

Dr. Marotta and Ms. Olson both commented that mid-year reviews and reallocations are required to be performed, and there is nothing wrong with holding the \$10,000 in reserve for allocation at that time.

- Ms. O'Hare moved to keep the remaining \$10,000 in reserve for mid-year allocation. The motion was seconded by Jessica Rohac.

There followed a brief discussion, wherein Ms. O'Hare noted that a significant reallocation of funds occurred this year, and if the \$10,000 was left available for mid-year recommendations, its distribution could be based on actual performance rather than speculation. In response to a question regarding the reallocation process, Ms. O'Hare stated that several different methods were used in arriving at the reallocated funding amounts, and that with a full year of information it should be possible to develop a more uniform formula. She reminded the committee that they were only making recommendations and mid-year reallocation is an administrative function based on the needs and performance of the grantees, in order to distribute the funds where they will be utilized to benefit the people who need services.

There being no further questions or discussion on the motion, it carried unopposed.

Item VIII. Public Comment

Krista Creelman of The Problem Gambling Center expressed her thanks to the Advisory Committee members.

Rick Smith of Pathways shared his disappointment in the amount of funding that Pathways was awarded, stating it provided them no incentive to participate in the State's program. He added that it is very difficult for them to provide the services they are accustomed to providing with the funds they are being given, and that they have already run out of money for FY12 and would be providing services for free for the next two months. He expected to run into the same problem again next year, and said they will have to decide whether or not to participate next year.

Item IX. Additional Comments and Adjourn

Carol O'Hare

In closing, Ms. O'Hare stated that this was a very difficult process, subject to the restrictions of available funding, adding that it is the goal of the ACPG to see every program funded as fully as possible to serve as many people as possible. She thanked the applicants for their patience and the staff and Department for their support. Ms. O'Hare announced the date of the next meeting, Thursday, August 16, and asked the members to ensure the date was marked on their calendars. While she did not expect to have much information available in terms of the FY13 grants, she hoped to have some final numbers on the FY12 grants. Ms. O'Hare thanked the committee members and adjourned the meeting at 1:00 pm.