

**Nevada Department of Health and Human Services (DHHS)
Advisory Committee on Problem Gambling
DRAFT Meeting Minutes
May 16, 2013**

Meeting Locations

Las Vegas: Dept. of Employment, Training and Rehab (DETR), 2800 East St. Louis, Conference Room C
Carson City: Health Division, 4150 Technology Way, Room 204

Committee Members Present (none absent)

Carol O'Hare	Jennifer Shatley
Carole Turner	Lynnette Stilley
Connie Jones	Ted Hartwell
Denise Quirk	Tony Cabot
Eric (Rick) Heaney	

Staff and Consultants Present

Laurie Olson, Pat Petrie, and Gloria Sulhoff, DHHS Grants Management Unit (GMU)
Bo Bernhard and Raeven Chandler, UNLV International Gaming Institute
Jeff Marotta, Problem Gambling Solutions

Members of the Public Present

In Carson City

Chris Murphey, New Frontier Treatment Center
Dani Whittaker, New Frontier Treatment Center
Dianne Springborn, Bristlecone
Lana Robards, New Frontier Treatment Center
Rick Heaney, Community Member
Stephanie Asteriadis, UNR/CASAT

In Las Vegas

Heather Shoop, WestCare and Nevada Coalition for Suicide Prevention
Lori Flores, The Problem Gambling Center
Rick Smith, Pathways
Robert Hunter, The Problem Gambling Center
Stephanie Holguin, Nevada Council on Problem Gambling

I. Call to Order and Welcome

Carol O'Hare, Committee Chair

Carol O'Hare called the meeting to order at 9:25 am and thanked the attendees for their patience while technical videoconferencing difficulties were resolved.

Laurie Olson, GMU Chief, welcomed new members Eric Haney and Carole Turner to the committee and asked them to share a little about themselves. Eric Haney, who prefers to be called Rick, stated that his interest is in the expanding brick and mortar as well as how the advent of internet gaming will affect addiction. He's held a non-restricted gaming license for more than 30 years at four different properties, which has provided him with a background in the evolution of gaming in Nevada and other jurisdictions. He sees more and more abuse, and would like to help, if possible. Carole Turner is a graduate nurse practitioner from UCLA, a Vietnam veteran MASH nurse, and twice retired; first from the Department of

Veteran Affairs, and most recently as the Deputy Director for Veteran Services, State of Nevada. Her interest on the committee is based on her background and expertise in veteran's health issues.

II. Public Comment

Dr. Bo Bernhard spoke about the upcoming global gaming conference. Held every three years, the conference has just been approved in Nevada for CTEs for marriage and family counselors. He is expecting 425 attendees.

III. Approval of Minutes

Carol O'Hare

- Connie Jones moved to approve the minutes of the February 21, 2013 ACPG meeting as submitted. The motion was seconded by Tony Cabot and carried unopposed with no abstentions.

IV. Overview

Laurie Olson, Chief, GMU

Status of Funding. Ms. Olson stated that the funding has not changed since the RFA was published. Per the Advisory Committee's recommendation, \$900,000 has been allocated for treatment programs, with an additional \$25,000 for workforce development within treatment programs; \$250,000 for prevention programs; and \$50,000 for workforce development outside of treatment programs. There is also a small reserve, as is customary.

Applications and Scores. Five Treatment proposals were submitted, all from current grantees: Bristlecone, New Frontier, Pathways, Reno Problem Gambling Center, and The Problem Gambling Center. The proposals were reviewed and scored by experts from outside Nevada, and the scoring results were tabulated in a spreadsheet which was provided as a handout. Total funding requests for treatment in year one exceed available funding by \$54,660. The workforce development piece within treatment is under by \$5,576. In year two, treatment funding requests versus available funding is even higher, while workforce development remains the same.

In the area of Prevention, proposals were received from Nevada Council on Problem Gambling (NCPG) and University of Nevada - Reno (UNR). Both received scores in the high 70s. Requests exceed available funds by \$3,779 in the first year and \$18,866 in year two.

NCPG was the only applicant in the area of Workforce Development. The funding request for year one leaves \$220 on the table; in year two it zeros out. The Prevention and Workforce Development applications were reviewed by GMU staff, Dr. Marotta and one reviewer from outside the state with no knowledge of the applicants, in order to provide an objective review.

Award Recommendation Process. Ms. Olson recapped the award recommendation processes from previous years. Three years ago there were many more applicants than now. The ACPG reviewed the proposals and made specific funding recommendations, and it was very difficult to make the dollars work. Last year a slightly different approach was taken; the applications were reviewed by outside experts, but the ACPG again tried to recommend specific dollar amounts, which was a difficult process. In the end, the committee decided to fund the applicants at their mid-year reallocation levels. Ms. Olson suggested, if amenable, that the ACPG focus on the content of the proposals and formulate recommendations as to which programs to fund, but turn over the money piece to staff. She asked Jeff Marotta to share some process strategies that can be used for determining grant awards.

Dr. Marotta explained his background as a technical consultant for problem gambling with the State of Nevada and described the typical government grant procurement process, which differs from that of the private sector. Once it has been established that the applicant’s request is well founded, they know their program and capabilities, and the math works out, there are three principals that can be use in deciding how to distribute limited funds: need, capacity and performance.

In response to a question from Mr. Cabot, Ms. Olson clarified that the committee’s recommendations would cover a two-year grant period. Treatment providers were not required to submit budgets, only an estimate of what they will need based on the fee-for-service schedule. Regardless of the amount of their requests and what is decided, the treatment strategic plan requires a mid-year funding reallocation based on performance during the first six months of the year, which helps ensure no unused money is left on the table and clients are served. The prevention and workforce development proposals did require budgets, and whatever is decided by the committee and/or staff will remain in place throughout the two-year funding period. Ms. Olson added that the applicants are allowed to make changes to their proposals in response to questions from the committee, which then becomes their scope of work. If the committee believes something should be changed or added, or has concerns regarding fiscal or program issues, it can request more focused or more frequent fiscal or program monitoring as a condition of the grant.

Ms. Turner asked for clarification between the roles of the Department and the ACPG. Ms. Olson explained that DHHS is the State department that oversees the Fund for the Treatment and Prevention of Problem Gambling, which has been assigned to the GMU in the Director’s Office. The GMU issues and monitors grants, and pays draws. The ACPG is a statutory body charged with advising the department on how to address problem gambling in Nevada. The ACPG makes recommendations to DHHS Director Mike Willden, who makes all final decisions. The Department relies on the expertise of ACPG members to help develop the treatment and prevention strategic plans, and how to allocate funding between the three program areas.

Ms. O’Hare stated she was comfortable letting the department determine specific monetary awards based on the recommendations of the committee, and asked for input from the committee. As there were no other opinions offered, consensus was implied.

Conflict of Interest. ACPG members were asked to disclose whether they serve on the governing board or have other affiliations, including volunteer, employment or contract work, with any of the applicant organizations. According to the bylaws, a conflict exists if an ACPG member were to gain financially if an organization is funded. In the past, members serving on a board have been allowed to participate in discussions, but have excused themselves from the vote.

ACPG Member	Treatment Proposals	Prevention Proposals	Workforce Development Proposals
Carol O’Hare	No conflict	Applicant, no vote or discussion (NCPG)	Applicant, no vote or discussion (NCPG)
Carole Turner	No conflict	No conflict	No conflict
Connie Jones	Board member of applicant, no vote (The PGC)	Board member of applicant, no vote (NCPG)	Board member of applicant, no vote (NCPG)

ACPG Member	Treatment Proposals	Prevention Proposals	Workforce Development Proposals
Denise Quirk	Applicant, no vote or discussion (Reno PGC)	Board member of applicant, no vote (NCPG)	Board member of applicant, no vote (NCPG)
Eric Heaney	No conflict	No conflict	No conflict
Jennifer Shatley	No conflict	Board member of applicant, no vote (NCPG)	Board member of applicant, no vote (NCPG)
Lynn Stilley	Applicant, no vote or discussion (Pathways)	No conflict	No conflict
Ted Hartwell	No conflict	No conflict	No conflict
Tony Cabot	No conflict	Board member of applicant, no vote (NCPG)	Board member of applicant, no vote (NCPG)

V. and VI. Review of Proposals and Award Recommendations

Carol O’Hare

Each applicant was given three minutes to comment on their application before being questioned by the committee. The committee began with the Treatment applications, which included Bristlecone, New Frontier Treatment Center, The Problem Gambling Center, Reno Problem Gambling Center, and Pathways Counseling.

In response to an earlier question from Ms. Turner, Dr. Bernhard stated that the most recent figures indicate that 12% of those receiving treatment through the State of Nevada Problem Gambling Fund are vets or active military. He added that two years ago it was 8.1%, but emphasized it doesn’t necessarily indicate an actual increase.

The committee discussed each of the treatment applications and the \$54,660 shortage between the requests and available funding. Ms. Olson explained that reserve funds are primarily used to provide cash flow when bills first start coming in from the grantees, prior to receiving payments from the revenue source, but the reserve also serves as a cushion in the event revenue comes in less than predicted. She stated that grant awards cannot be issued for more money than the Department has the authority to spend, and once an amount is awarded, it can’t be increased later. Also, there are no carryover funds from year to year. If for some reason a significant amount was left on the table at the end of the year, the Department would probably take a work program to the interim finance committee to increase its authority for the second year. That’s the only way funds can be carried over to the next fiscal year. As far as mid-year reallocations, there will be four during this two-year grant period: in the beginning of FY14, in mid-FY14, again when the FY15 awards are issued, and midway through FY15.

Ms. O’Hare called for a motion to recommend that the Department fund all five treatment proposals to the extent possible with the funding available.

- Ted Hartwell made a motion to recommend funding Bristlecone, Reno Problem Gambling Center, New Frontier, and Pathways to the fullest extent possible. The motion was seconded by Jennifer Shatley, and there being no further discussion, the motion carried unopposed with Lynn Stilley and Denise Quirk abstaining.

- Tony Cabot motioned to recommend funding The Problem Gambling Center to the fullest extent possible. Carole Turner seconded the motion, and there being no further discussion, the motion carried unopposed with Connie Jones abstaining.

Moving on to the remaining grant program areas, Ms. O'Hare ceded the gavel to Vice-Chair Denise Quirk. At Ms. Quirk's request, Dr. Marotta shared some history on the development of the Treatment and Prevention Strategic Plans, and how they differ.

Prevention Applications

The committee heard presentations from Nevada Council on Problem Gambling (NCPG) and UNR, CASAT. Following a question and answer period with each of the applicants, the committee discussed the disparity between the amount of funding requested and what was available for the two prevention projects. Ms. Asteriadis was questioned regarding the higher request for year two. Mr. Hartwell asked that the Department work with the applicant to review the budgets.

- Carole Turner moved to recommend funding the CASAT proposal at a level not to exceed their request. Staff is to reevaluate the budget and work with the applicant to possibly reduce it. The motion was seconded and carried unopposed with no abstentions.
- Ted Hartwell moved to recommend funding NCPG's proposal after adjusting the budget if necessary to ensure funds are not over obligated. The motion was seconded by Lynn Stilley and carried unopposed with Carol O'Hare, Connie Jones, Denise Quirk, Jennifer Shatley, and Toby Cabot abstaining.

Workforce Development Applications

The Nevada Council on Problem Gambling (NCPG) was the only applicant in this area. After a brief presentation and question and answer period, a recommendation was presented.

- Ted Hartwell moved to fund NCPG's request for Workforce Development. The motion was seconded by Lynn Stilley and carried unopposed, with Carol O'Hare, Connie Jones, Denise Quirk, Jennifer Shatley, and Toby Cabot abstaining.

Ms. Quirk turned the meeting back to Ms. O'Hare, who called for public comment.

VII. Public Comment.

Ms. Springborn asked when the providers might expect to hear back on the funding award. Ms. Olson replied that she and Pat Petrie would work on it as quickly as possible and hoped to have the final numbers available by June.

VIII. Adjournment

Ms. O'Hare announced the date of the next meeting as August 15, and thanked everyone for their participation.

- Connie Jones made a motion to adjourn the meeting. The motion was seconded by Jennifer Shatley and the meeting adjourned 12:43 pm.