

## Organization Information

Program Area

Confirm the program area that your proposal addresses.

**Problem Gambling-Treatment**

Project Title

**Gambling Addiction Treatment and Education**

Describe your project in one or two sentences.

Bristlecone Family Resources is seeking funding for the Gambling Addiction Treatment and Education Program. This program provides clients with recovery oriented, evidence based residential, intensive outpatient and outpatient treatment services by certified problem gambling counselors.

Organization Name

**Bristlecone Family Resources Center**

Legal Name

Bristlecone Family Resources Center

Also Known As

Bristlecone Family Resources

Address

704 Mill St

City

Reno

State

NV

Postal Code

89502

Phone

775-954-1400

Extension

405

Fax

E-mail Address

tpearce@bristleconereno.com

WWW Address

<http://www.bristleconereno.com>

Tax ID

880114925

Organization Type

(e.g., state agency, university, private non-profit organization)

Non-profit

### **Organization Primary Contact**

First Name

Tammra

Last Name

Pearce

Title

Executive Director

E-mail

[tpearce@bristleconereno.com](mailto:tpearce@bristleconereno.com)

Office Phone

775-954-1400

Extension

405

Mobile Phone

### **Project Primary Contact**

First Name

Dianne

Last Name

Springborn

Title

GATE Administrator

E-mail

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Office Phone

775-954-1400

Extension

### **Executive Summary**

Provide an overview of the proposed program or project.

According to research conducted by the National Coalition on Problem Gambling at least 56,000 and possibly up to 68,000 Nevadans struggle with problem gambling (Williams, Volberg, and Stevens 2012). Nevada ranks as having one of the highest rates of problem gambling in the country. The Nevada Coalition on Problem Gambling states in their Five Year Strategic Plan for Problem Gambling Treatment that, "[t]aken as a group, Nevada's disordered gamblers produce millions in social costs, impacting the criminal justice system, the corrections system, human service systems, and Nevada's overall economic health."

Bristlecone is dedicated to helping reduce the burden of problem gambling in Nevada. Through the Gambling Addiction Treatment and Education (GATE) Program Bristlecone has helped hundreds of Nevadans and their families begin reclaiming and rebuilding their lives from the disastrous impact of problem gambling. Client-centered, holistic, evidence based treatment services are provided in a safe and sober location by a Certified Problem Gambling Counselor and two Certified Problem Gambling Counselor Interns.

The GATE program is able to offer a full continuum of care including Gambling Patient Placement Criteria (GPPC) Level III residential, Level II intensive outpatient, and Level I outpatient treatment, as well as a weekly Continuing Care Group. Additional programming available to clients but not funded through this grant includes Transitional Living.

The GATE program provides screenings, assessments, group sessions (both process and psychoeducational), as well as individual and family counseling sessions. Through motivational interviewing, cognitive behavioral therapy, journaling, mindfulness practices, and art therapy clients are provided tools to make permanent change and maintain lasting recovery. The program incorporates both guided and self-directed learning exercises. Bristlecone offers over 70 weekly groups with several focused primarily on addressing the issue of problem gambling. Gambling specific topics include financial issues, legal issues, family issues, recovery skills, cross addictions, relapse prevention, and life skills. Bristlecone also dedicates 4 residential beds specifically for GATE clients.

Bristlecone is requesting funding to continue the GATE program to help a projected 75 clients as well as 5 family members during SFY16 and the same number in SFY17. As total of 160 will be served.

### **Funding Request For Current Nevada Problem Gambling Treatment Grantees**

Funding for treatment will be allocated based on a formula developed by the DHHS Grants Management Unit along with the Problem Gambling contracted technical expert. (See Appendix B of the RFA.)

### **For New Applicants**

New applicants should formulate their funding request on actual or projected activity at their treatment facility. Funding requests must be based on the codes and reimbursement rates on Pages 32 and 33 of the Nevada Problem Gambling Treatment Strategic Plan and the benefit limits in Section IV (A) (9a) on Page 16. Provide a detailed justification for the funding request. Cite any applicable historical data, research or other supporting information.

N/A

List other grants/funds received through the State of Nevada, Department of Health and Human Services. List the granting agency (e.g., Grants Management Unit, Substance Abuse Prevention and Treatment Agency, Medicaid, etc.) and the amount to be awarded in SFY16. (If funding for SFY16 is unknown, list the amount received in SFY15.)

Currently Bristlecone Family Resources receives funding from the Substance Abuse Prevention and Treatment Agency, Grants Management Unit and well as Medicaid. The current funding contract from SAPTA for SFY15 totals \$774,184. SAPTA also administers the Marijuana Registry for which Bristlecone is contracted in SFY15 for \$50,230. Current projected Medicaid reimbursement for SFY15 is \$119,600. The Grants Management Unit currently funds the GATE Program for \$174,375 in SFY15.

List any other sources of income or financial support, or any collaborative projects your organization is engaged in, that will help sustain the organization if State funding is no longer available.

In addition to funding from State programs Bristlecone also works extensively with many local organizations including the Department of Veterans Affairs, Washoe County Second Judicial Court, United Way of Northern Nevada, the Northern Nevada Food Bank, and others. These collaborations allow Bristlecone to provide the highest quality of care to the greatest number of individuals as well as diversify our funding sources, decreasing reliance on any single funding stream and ensuring greater sustainability. Bristlecone is also the recipient of several generous in kind donations throughout the year including clothing, supplies, and food. These donations are used to support all Bristlecone programs including GATE.

Bristlecone also receives some revenue from client fees, though the vast majority (70%) of Bristlecone clients report earnings of less than \$10,000 per year. Bristlecone continues to work diligently to increase funding from client fees while

maintaining our ability to help the most at risk and high need clients. If State funding were to be eliminated or dramatically reduced, Bristlecone would experience serious financial hardship and would, for a time, not be able to provide the full spectrum of addiction services, including gambling addiction services, until new funding could be secured.

### **Services Proposed**

**Refer to the Nevada Problem Gambling Treatment Strategic Plan for details about provider standards and expectations. Note that only those treatment services with a code and rate on Pages 32-33 of the Strategic Plan are eligible for reimbursement with these funds. Then answer the following questions.**

Describe the services you will provide (e.g., residential treatment, outpatient, individual therapy, group therapy, psycho-educational groups, and outreach). For almost 10 years Bristlecone's GATE Program has provided individualized, holistic, client-centered treatment that is comprehensive, stage appropriate, and flexible. Through targeted outreach and comprehensive media campaigns, Bristlecone works to educate the public about problem gambling and access to treatment. Additionally all clients seeking substance abuse treatment may access assessment and treatment through GATE. All Problem Gambling Treatment is provided in an ADA accessible facility on major bus routes near downtown Reno.

Residential Gambling Treatment provides clients with a clean, safe, structured, and supportive environment. All clients must follow agency rules and complete all individual and group counseling sessions outlined in their individualized treatment plans. Client advocates are on site 24 hours a day to ensure clients safety and provide support. Counselors specializing in problem gambling are on-site or on-call seven days a week to provide individual counseling, group counseling, psychoeducational group services, and crisis intervention. Through residential treatment GATE provides comprehensive assessment, treatment, rehabilitation, and 24-hour monitoring. Currently Bristlecone has up to 4 beds dedicated to gambling treatment.

Outpatient and Intensive Outpatient Treatment provides clients with assessment and treatment services that do not require 24 hour monitoring and support. Services include: assessment, gambling treatment counseling and therapy, counseling groups, psychoeducational groups, and crisis intervention. Bristlecone's group menu offers over 70 groups per week including gambling specific groups, life skills, and co-occurring disorders.

Through a contract with Veterans Affairs Bristlecone is able to offer veterans struggling with problem gambling access to Transitional Living. This program is not funded through DHHS.

Bristlecone also offers a Continuing Care Group to all discharged clients that have completed treatment within the past 12 months. The group supports clients in maintaining their recovery and reintegration into life, post- treatment.

Bristlecone is proud to offer the full continuum of care to clients seeking problem gambling treatment.

Describe your treatment models and methods. Include details about how you develop a treatment plan. How do your models and methods correspond with the treatment guidelines in the Strategic Plan?

All clients complete a face-to-face assessment to identify problem gambling and co-existing disorders such as substance abuse, mental health, and significant health problems. Suicide and potential to harm others is also assessed and appropriate action taken. All interactions, follow-up and referrals are documented in the clients clinical record.

All clients receive orientation materials including information about emergency services, Bristlecone's philosophical approach to treatment, and services available. Materials also cover the client's rights and responsibilities, confidentiality, infractions that may result in further action, and consequences of substance use and gambling while in treatment, absence from appointments and failure to participate.

As much as possible Bristlecone works to accommodate the therapeutic needs of family members, partners, and concerned others of problem gamblers. Treatment is provided for individuals and families that addresses the issue of problem gambling and it's effect on all areas of life. Crisis intervention is provided 24 hours-a-day by on-site and on-call staff.

In collaboration with clients, counselors develop relapse prevention and discharge plans. Plans are developed early in treatment and finalized prior to discharge with all documentation placed in the client's file.

Counselors provide clients with appropriate community referrals and information about Nevada211 to ensure continuity of care.

Treatment Plans in accordance with general professional standards for substance abuse and mental health are developed within 30 days of intake or by the 3rd session following commencement of treatment. The plan addresses all standards outlined in the Strategic Plan and is reviewed at least once every 90 days by both client and counselor and documented in the client's file. Within 30 days of leaving treatment, the counselor completes a treatment summary.

Additionally counselors implement a structured process for assessing the client's financial circumstances and needs. Treatment strategies focus on financial management, including restitution, and connecting with financial assistance services

Nevada supports Recovery-Oriented Systems of Care ([http://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/Guiding\\_Principles\\_Whitepaper.pdf](http://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/Guiding_Principles_Whitepaper.pdf)). Describe how your services fit in a ROSC. Describe specific recovery support services and care coordination elements within your proposed program.

Each component of Bristlecone's system of care is oriented toward providing the highest quality, evidence based, holistic treatment that addresses each client's unique needs. Bristlecone's staff works to ensure that clients are engaged and empowered in their treatment process. Clients are encouraged to remain in treatment for a minimum of 90 days and take advantage of the full spectrum of care provided by Bristlecone, including, but not limited to, peer support, family support, and community reintegration activities. Clients who have transitioned to lower levels of care are encouraged to participate in peer supported programming and mentor clients currently in the program. Recovery support is included in each client's relapse prevention plan.

Bristlecone is invested in the local community and maintains strong relationships with and knowledge of other non-profit and social-service agencies to ensure clients are receiving the most comprehensive support and care available. Further Bristlecone is able to coordinate and integrate care across service systems to better respond to the client's needs, improve cost effectiveness of services, and optimize treatment outcomes.

Bristlecone strives to ensure the client acts as their own "agent of recovery" and are empowered and encouraged to self-direct their recovery as much as possible. The programs and services provided by Bristlecone are strengths-based and build on the clients own assets, desires, and abilities. In addition to being outcomes driven and developed in collaboration with the client, this person-centered approach also emphasizes ally and family involvement across the continuum of health and wellness.

Describe measures to assure screening, assessment, and treatment or referral for possible co-occurring substance use disorders, mental health disorders, or physical health issues.

Clients in all Bristlecone programs, including GATE, are screened and assessed for co-occurring substance use disorders, mental health disorders, and other physical health issues. Counselors at Bristlecone are qualified and capable of treating clients diagnosed with co-occurring substance use, problem gambling, and mental health disorders. Clients with serious physical health issues are referred to appropriate treatment, in some cases this may delay initiation of problem gambling or substance addiction treatment until the health issue is resolved.

During intake GATE counselors collect and record assessment information including: referral source, presenting problem, gambling history, current financial assessment, history of substance use and substance use disorders, and

assessment of risk of possible withdrawal. Additionally counselors assess for a history of other behavioral addictions, current health status, current medical conditions, mental health history and current mental health status, profile of family of origin and marital/relationship history, recovery environment, strength and recovery assets, as well as education and vocational history.

The information collected also includes an intake assessment summary containing a DSM 5 diagnosis with supporting documentation, level of risk of harm to self or others, financial risk, recommendations for the type and intensity of treatment and any referrals given to another treatment provider.

If you plan to provide multiple levels of care, estimate the percentage of your clients whose primary course of problem gambling treatment will consist of ASAM Level I outpatient care, ASAM Level II intensive outpatient care, and ASAM Level III residential treatment. For residential treatment applicants, estimate the percentage of your clients who will receive a combination of inpatient and outpatient treatment at your facility. For more information on ASAM levels of care see: <http://www.asam.org/publications/patient-placement-criteria>  
-45% or 34 of the total 75 clients, will received ASAM Level 1 (GPPC in Nevada) outpatient treatment

-7% or 5 of total 75 clients, will receive only ASAM level III (GPPC in Nevada) treatment

-48% or 36 of the total 75 clients, will receive residential and outpatient treatment

ASAM (GPPC) Level II outpatient is available to clients who wish to receive it. Historically clients who complete residential treatment transfer to level I outpatient.

## **Residential Treatment Providers Only**

The Nevada Problem Gambling Treatment Strategic Plan includes the possibility of designating only one residential treatment facility in the state. If only one residential treatment program is selected through this Request for Applications, and your organization is that program, how will you market your services, how will you facilitate transportation to and from your program, and what measures will you take to facilitate a smooth step-down transition from residential treatment to the client's local treatment or support resources?

Bristlecone is Nevada's oldest and largest substance abuse and problem gambling treatment center. Bristlecone has the leadership, expertise, experience, and capacity to serve as the state's only residential treatment center.

Bristlecone is committed to having a strong presence in the community and



regularly engages in targeted outreach, marketing, and networking activities. The agency's Fundraising and Special Event Coordinator works to garner community support for the agency and programs as well as overseeing the development and implementation of targeted regional marketing campaigns. This campaign emphasized promoting Bristlecone through traditional television, radio, and print media as well as new media including social networks and online advertising. Agency staff conduct weekly street outreach and also attend several community resource fairs. Bristlecone also offers transportation services.

As the previous statewide residential gambling treatment center, Bristlecone has experience coordinating the transportation of clients from throughout the state. Additionally Bristlecone has experience cultivating relationships with statewide referral sources, airlines, bus lines and taxi services to ensure clients are able to arrive at our Reno location safely and efficiently. Bristlecone is sensitive to the importance of providing GATE clients timely admission into treatment.

Bristlecone has established strong alliances with other nonprofit organizations, service agencies and community stakeholders ensuring the smoothest transition possible for clients returning to their local communities after completing treatment. Consents for the release of information will be obtained for appropriate treatment services and their GATE counselor will act as a liaison with local providers.

Consistent and regular communication between all key partners and stakeholders is a vital component of operating a well run and structured transportation and transition system for clients seeking treatment from outside the greater Reno/Sparks area. If clients must be placed on a wait list, GATE program counselors will maintain contact by phone and provide appropriate referrals to nearby treatment providers.

### **Outputs and Performance Standards**

The Nevada Problem Gambling Treatment Strategic Plan describes five performance standards that relate to access, retention, successful completion, client satisfaction and long-term outcome (refer to Page 14 of the Plan). Review these standards and indicate if you believe your agency is capable of meeting the benchmarks described in each performance standard. Provide any data or information that supports your ability to meet these standards. If you cannot meet one or more of these standards, please indicate which are not expected to be achievable and provide alternate target benchmarks.

**Access:** Past performance indicates that the amount of time between a problem gambling affected individuals request for outpatient services and the first offered service appointment is four business days for at least 90% of all individuals receiving services through the GATE Program.

**Retention:** According to past performance measures approximately 85% of clients complete treatment which lasts longer than 10 clinical contact sessions.

**Successful Completion:** Bristlecone's current completion rate is approximately 85%

as defined by the Statewide Strategic Plan.

Client Satisfaction: Based on previous Client Satisfaction Surveys 90% of clients would recommend the GATE Program to others.

Long Term Outcome: Currently Bristlecone does not administer a 6 month follow up survey for clients that have completed the GATE Program. Such a survey could be implemented upon request.

Award recipients will be measured on the five performance standards described above and in their ability to meet enrollment goals. To better standardize enrollment goals across all problem gambling treatment grantees, the Department will determine grantee treatment enrollment goals by dividing grant award amounts by the average, system-wide cost per client during SFY14 (\$1,128 for outpatient clients and \$2,466 for residential treatment clients). Additionally, grantees will be expected to enroll at least one family member for every problem gambler enrollment. If you believe the proposed program cannot meet one or more of the five performance standards or the standardized goal formula is too low for your proposed program, please explain.

Bristlecone has a history of excellence in our services and meeting the goals and program performance standards. One area of struggle though is enrolling the family of problem gamblers. Every effort is made to include and encourage the involvement of family members in treatment however, some clients explicitly do not want to include family. Many of Bristlecone's clients are estranged from their families as a result of their struggle with gambling or previous trauma. Additionally, many gambling clients are older veterans who have few, if any surviving family. Many clients are also geographically isolated from their family further hindering family involvement. While Bristlecone understands the importance of family involvement, much of the time, for our clientele, it is simply not possible.

### **Population to be Served**

What geographical area will you serve? Indicate whether statewide, Clark County Urban, Washoe County Urban, Rural or a combination.

Currently Bristlecone primarily serves the Washoe County Urban and Rural populations, as well as statewide clients. Clients not from Washoe County often come from the surrounding Northern Nevada counties including Lyon, Douglas, Churchill, and Carson. Bristlecone does have the capacity to serve clients from throughout Nevada. Bristlecone often receives clients from Clark County, as there is no residential gambling treatment program there.

Geographical Area Served

Choose Up to 5

Urban-Washoe County

Rural

Rural-Rural North  
Rural-Rural South  
Urban-Clark County

If you are not specifically serving a rural area, describe the steps you would take to ensure participation and access by rural residents.

Bristlecone offers services to individuals living in rural areas throughout the state.

Do you plan to target any special populations (e.g., senior citizens, traditionally under-served ethnic populations, persons with disabilities, youth)? If so, describe the populations and specific efforts and resources/partners that suggest those efforts will be successful. What led you to target your services in this manner?

Bristlecone targets and serves gamblers over the age of 18 with culturally responsive, comprehensive problem gambling treatment and family wellness services. Bristlecone serves all adult age groups including senior citizens and young adults, all ethnic groups, individuals with co-occurring disorders, veterans, and members of LGBTQ community. Many GATE program referrals come from other substance abuse addiction programs including Adult Drug Court and Family Drug Court. Approximately 95% of clients seeking substance abuse treatment from Bristlecone also gamble. During their recovery from substances many learn about signs and symptoms of problem gambling and seek participation in the GATE Program. The vast majority of Bristlecone's clients report income of less than \$10,000 per year. Several clients are homeless and Bristlecone conducts weekly outreach at the Volunteers of America Shelter.

Program accessibility is vitally important to maintaining both program stability and increasing community treatment capacity. Bristlecone is conveniently located to several major bus routes, is ADA accessible, and has staff on site 24 hours a day to support clients and maintain safety. All agency staff are trained in cultural diversity and adhere to treatment improvement protocols emphasizing cultural sensitivity. Additionally Bristlecone does not deny services to anyone based on their ability to pay and actively strives to ensure that the State is the payer of last resort.

Identify the special population you plan to target. If none of the choices in the drop-down menu match exactly, choose "other."

Choose Up to 3

At Risk

Low Income

Homeless

### **Organization and Staff**

Provide an overview of your organization. How long have you been in business? How has the organization grown through the years? Is there a business plan in place?

Bristlecone Family Resources is Northern Nevada's oldest and largest substance abuse and gambling treatment facility. The agency was founded in 1966 with the mission "to help people reclaim their lives by providing customized addiction and

mental wellness treatment services [...] by taking a holistic approach to the unique needs of each individual."

Bristlecone offers social model detoxification, residential treatment, outpatient and intensive outpatient services, problem gambling treatment, a co-occurring disorders program, as well as Adult and Family Drug Court Services.

Bristlecone has been serving Northern Nevada for almost 50 years and has never wavered in the organization's mission to help people reclaim their lives by providing client centered addiction and mental wellness services. The reputation, integrity, and the longevity of the services provided are the cornerstone of Bristlecone's success. Bristlecone works extensively and collaboratively with other substance abuse, social service, and law enforcement agencies to provide the most comprehensive care and advocacy possible for our clients. All of Bristlecone's treatment protocols are centered on evidence based and best practice standards.

Bristlecone is committed to providing services to members of the community who seek addiction treatment. The general operating costs of the organization are primarily funded through county, state, and federal grants and contracts. Funding cuts over the last several years dramatically impacted Bristlecone. Fundraising and development efforts continually seek new avenues to generate income and funding. Bristlecone operates under a board approved and annually updated strategic plan that emphasizes excellence in client services and developing sustainable funding streams.

Provide a list of key staff members including the executive director, program manager, fiscal manager and program staff. For counselors, indicate whether they are Certified Problem Gambling Counselors or Certified Problem Gambling Counselor Interns. For all staff, indicate the length of time they have worked in the problem gambling field and for the organization.

Executive Director Tammra Pearce has been with Bristlecone Family Resources since 1999 and Executive Director since 2005 she oversees all the day to day management of Bristlecone staff and programs and ensures agency compliance with all county, state and federal regulations. She has overseen the GATE program since 2006

Finance Director Bonnie Phillips completed her Master of Science in Accounting from the University of Baltimore in 1999 and has worked in finance and accounting since that time. She has been with Bristlecone since 2010.

Program Administrator Dianne Springborn, M.A., LCADC-S, CPGC-S, has been with Bristlecone since 2001 and worked primarily in the Problem Gambling Field since 2006.

Program Counselor, Nicole Auldridge, is a CADIC-I and CPGC-I and is completing her M.A. in Counseling and Educational Psychology at the University of Nevada-Reno. She has been with Bristlecone since 2012 and has worked in problem

gambling since that time.

Program Counselor Donna Meyers is a CADC-I and CPGC-I and is completing her B.S. and is expected to graduate June 2015. She has been working in the gambling field since 2014.

To what extent will you use Certified Problem Counselor Interns in the provision of service to State subsidized clients?

Bristlecone currently has two CPGC-Interns who are supervised by Program Administrator, Dianne Springborn. Both interns are able to provide all levels of treatment including, assessment, group, family and individual counseling, as well as psychoeducational material. Interns will be used to provide all levels of care to clients and ensure 7 day a week on-site or on-call coverage.

If you will use Certified Problem Gambling Counselor Interns, how will you ensure appropriate supervision?

Program supervision is conducted by Program Administrator Dianne Springborn. Dianne is currently a Certified Problem Gambling Counselor and Certified Supervisor. She is also Licensed Clinical Alcohol and Drug Counselor and Certified Supervisor. Dianne is currently the president of the Nevada Board of Examiners for Alcohol, Drug, and Gambling Counselors. She has been a member of the organization since 2008 and often sits in on the oral boards of persons taking their gambling orals. As an intern supervisor Dianne provides 1 hour per week clinical supervision to program interns. Information and records regarding the supervision are collected and maintained by the Program Administrator. She has completed at least 40 hours of gambling specific education within the past 2 years including at least 2 hours on supervising gambling treatment counselors and maintains documentation evidencing her compliance with required education standards.

**Support of NV Problem Gambling Treatment Strategic Plan**  
**The Nevada Problem Gambling Treatment Strategic Plan includes several goals related to the treatment system (refer to Pages 8-9) and goals related to workforce development (refer to Pages 10-11). The following questions relate to your organization's ability and commitment to help Nevada reach these goals.**

What steps would you take to support the goal of increasing problem gambling treatment utilization by at least 10%?

Bristlecone has in place a strategic plan and public relations/development plan to guide and all marketing and fundraising efforts. This plan includes the GATE program. The overall efforts outlined will work to increase problem gambling treatment and utilization by at least 10%. In the last year Bristlecone has launched several targeted media and contact marketing campaigns through TV, radio, print, and social media platforms. This campaign works directly to increase gambling treatment utilization by at least 10%. Bristlecone currently broadcasts

regular commercials and public service announcements focused on problem gambling and treatment. Program Administrator Dianne Springborn has appeared on several local television and news programs in the last 3 months. Development Director Rikki Hensley-Ricker attends regular community service and networking events, vendor fairs, informational events, community events, as well as meeting with referral sources to increase community awareness. Bristlecone intends to continue implementation of the public relations/development plan to promote community awareness and access to services. These efforts will be evaluated by tracking the number of clients requesting services.

How would your organization address and support the goal of implementing innovative treatment strategies and emerging interventions such as distance treatment and the use of new technologies to support recovery?

Bristlecone recognizes the importance and value of exploring emerging and innovative treatment strategies and technologies, and is open to implementing them. Prior to implementation staff will evaluate the new strategies to ensure they are evidence based, client-centered and recovery oriented. Bristlecone will also work to ensure appropriate staffing and support and that the agency is adequately equipped to implement the new strategies. If a new system of treatment is implemented as part of the GATE program, emphasis will be placed on ensuring comprehensive training, establishing clear obtainable objectives and program outcomes, as well as systems of evaluation and monitoring.

How would your organization address and support the goal of transforming Nevada's system into a Recovery Oriented System of Care?

Bristlecone is a statewide leader in addiction treatment and recovery. As a result, Bristlecone is well versed in the many complex elements of implementing a recovery oriented system of care and is committed to ensuring the further transformation of Nevada's system. Bristlecone staff are all committed to:

- Working collaboratively with other addiction and problem gambling treatment facilities.

- Working collaboratively with other non-profit and social service agencies that serve our clientele.

- Sharing our own activities and policies to promote this transformation and implement best practices to further recovery oriented systems of care.

- Actively participating in advisory committees, strategic planning sessions, focus groups, and any other methods of improving goals, objectives, strategies, and performance indicators as part of a Recovery Oriented System of Care.

How would your organization address the need for educational and professional development opportunities to support workforce development?

Bristlecone is deeply committed to ensuring that staff receive regular opportunities for training and professional development. Within the GATE program itself, staff are dedicated to building on a foundation that recognizes that concepts of recovery and wellness are foundational elements of curricula, certification, licensure, and accreditation. Bristlecone staff receive regular training and supervision from licensed and experienced supervisors. Staff are also encouraged to attend additional trainings throughout the year focused on gambling, mental wellness, and addiction education.

### **Additional Information**

Provide any additional information about your organization, services, staff or plans that you deem important to this application.

In May of 2013 Bristlecone moved into our new location at 704 Mill St in Reno. This location greatly improves client access to services and allows Bristlecone offer all our services under one roof. At one time several of Bristlecone's different programs were housed in different locations making it difficult for clients to access all of our available services. This particularly affected clients in the Family Drug Court and Adult Drug Court programs. Having a single central location also allows Bristlecone clients to more easily access the menu of over 70 counseling and psychoeducational groups provided by Bristlecone staff each week.

Bristlecone is currently submitting our 2013 Federal Audit. This is the most recent completed board approved audit. The 2014 is still in process and not yet board approved. If the committee requires it, the 2014 audit can be made available by April 23, 2015.

### **Management Checklist**

**Confirm that the organization already follows each of the practices listed below, or will implement these practices by the start of the SFY16 grant year. Note that items will be verified during program or fiscal monitoring visits, which may include a random sampling of transactions.**

ANSWER "YES" OR "NO."

Yes

**The organization has written personnel policies covering at a minimum: job descriptions, leave policies, recruitment and selection, evaluation, travel, salary ranges, fringe benefits, grievance procedures, disciplinary procedures, termination procedures, conflict of interest, sexual harassment, substance abuse, lobbying, confidentiality, and equal employment policies.**

**The organization has an accounting manual covering all of the following: separation of duties, accounts payable, accounts receivable, internal control, purchasing, check signing policies, payroll, cash receipts,**

**procurements, property management, time sheets, travel, conflict of interest, nepotism.**

**Procedures are in place to minimize elapsed time between receipt and expenditure of funds and for determining allowability and allocability of costs.**

**Accounting records are supported by source documents.**

**Records are adequate to identify the source and use of funds.**

**The organization has a process for reconciling project expenses with revenues.**

**Fiscal and program records are retained for at least 3 years after the end of the grant period.**

### **Attachments**

Title	File Name
Letter and Schedule of Findings for OMB-133 Audit or Financial Statement/Status Report if OMB-133 not required	<a href="#">BFR audited financials FY2013.pdf</a>
Board of Directors List (if applicable)	<a href="#">Bristolcone BOD 2014-15 update 3.27.15.docx</a>