

Applicant Strength and Weakness Summary for Proposals for State Fiscal Years 16 & 17

Applicant: New Frontier Treatment Center

Average Proposal Score: 94

Requested Amount: *Based on Funding Formula*

Program Area: *Treatment*

Executive Summary (Required) *From application

New Frontier Treatment Center (NFTC) is a not-for-profit community based organization established and incorporated in 1971 to provide substance abuse prevention and treatment services to individuals and their families. New Frontier Treatment Center's main facility is located in Churchill County in rural northern Nevada about one hour east of Reno, and encompasses 4,929 square miles. It is a multi-jurisdictional community comprised of the City of Fallon, Churchill County residents, the Fallon Paiute-Shoshone Tribe and the Fallon Naval Air Station. The organization's mission is "dedicated to promoting individual and community wellness through a variety of substance abuse and behavioral health services." NFTC's vision is "to provide quality evidence-based addiction treatment, prevention and behavioral services to rural Nevadans through existing programs and continued expansion." New Frontier's values are "Honest Communication, Integrity, Respect and Accountability."

New Frontier has provided care for over forty (40) years, bringing treatment to rural areas that are inaccessible or impractical to other providers. Clients and their families are treated with evidence-based practices, including assessment and placement based on the Addiction Severity Index and American Society Addiction Medicine's Patient Placement Criteria -2nd Revision, Cognitive Behavioral Therapy, and Motivational Interviewing. Programs, including detoxification, residential and outpatient services which are state certified by the Substance Abuse Prevention and Treatment Agency (SAPTA) and the 28-bed residential license are issued by the Bureau of Healthcare Quality and Compliance (BHCQC) with its kitchen certified by the State of Nevada, Division of Health and Safety. New Frontier is also nationally accredited with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Under this project NFTC proposes to provide residential (referrals can come from anywhere in the State of Nevada) and outpatient treatment for problem/pathological gambling in the areas of Fallon, Lovelock, Winnemucca, Battle Mountain, Elko, Wendover, Ely, Pioche and Caliente. NFTC will work directly with the Division of Child and Family Services/Child Protective Services, Churchill County Social Services, Banner Churchill Community Hospital, Fallon Mental Health, Fallon Naval Air Station, Fallon Paiute-Shoshone Indian Reservation, Friends Family Resource Center, Churchill County School District, local Courts, law enforcement and Parole and Probation departments as well as other community programs to reach those in need of services. The purpose of providing a gambling treatment program in rural Nevada is to decrease the devastating consequences that are created as a result of problem/pathological gambling in individuals and their families. The target population for this application will be adults, over the age of 18.

Recent statistics from The Nevada Problem Gambling Council reports that six percent (6%) of Nevada adults are

compulsive gamblers with the national average at one to two percent (1-2%). Pathological gambling was recognized by the American Psychiatric Association as a "disorder of impulse control" in 1980, gambling addiction is a chronic disease. Many times compulsive gambling goes hand-in-hand with other obsessive behaviors, such as alcoholism and drug addiction.

Reviewers Strengths:

- Good support from other sources. Applicant has secured, and is continuing to look for, additional resources. Applicant understands that State funding should be the payment of last resort and has obtained a substantial amount of insurance reimbursement.
- Comprehensive services offered including case management. Good use of evidence-based practices and person-centered planning with accountability in progress toward goals. Applicant understands that Problem Gambling treatment is just one service a client may need and either provides or connects clients with supplemental supportive services that can help with stabilization. Comprehensive, reliable assessment methods. Applicant does not mention follow-up as part of approach to treatment or ROSC but states in the Outputs and Performance Standards section that follow-up surveys are conducted at 30, 60, 90 and 120 days and at six months.
- Well-established organization and strong staff with good experience in Problem Gambling. The intern with the least amount of experience has more than two years in this field. Good use of interns and supervision.
- Applicant sees the relationship between increasing treatment utilization and factors such as insurance reimbursement, availability of providers including interns, and outreach to businesses and judges. Applicant already uses tele-health to provide services. Good ideas about educational opportunities and professional development (i.e., costs associated with multiple certifications and CEUs discourages potential providers).
- Not reliant on gambling treatment funds / multiple funding sources
- Very good responses. Hold multiple certifications, established treatment agency with good community links, and describes a well-developed program.
- Refers clients to other services that may be needed.
- Applicant is in a rural area and treat clients with tele-health.
- Bills insurance and recognizes that grant dollars are spent when there is no other options.

Reviewers Weaknesses:

- Did not provide an actual plan for increasing treatment utilization; just ideas. Response to question about innovative treatment strategies was limited to tele-health. There are other methods. Insufficient information is provided about the referenced "12 guiding principles and 17 elements of recovery-oriented systems of care."
- Lack of creativity in response regarding continuity of PG services if PG funding is no longer available. As this is an agency that treats more than PG, could have included description of serving problem gamblers within the other clinical populations they serve.

Comments and Questions:

- Thoughtful response to question about the possibility of one residential facility in state. Good points made.

Applicant Strength and Weakness Summary for Proposals for State Fiscal Years 16 & 17

Applicant: Bristlecone Family Resources

Average Proposal Score: 88

Requested Amount: *Based on Funding Formula*

Program Area: *Treatment*

Executive Summary (Required) *From application

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.

Reviewers Strengths:

- Overall treatment funding is from multiple sources – SAPTA, Medicaid, client donations.
- Treatment methods are comprehensive and plans are individualized based on client need. Assessments are comprehensive. Crisis intervention is available 24/7. Applicant has partnered with VA to offer veterans transitional living. Experience serving individuals from other parts of the state.
- Strong organization with strong key staff. Interns don't have lengthy experience but do have specific experience in this field. Good use and supervision of interns.
- Strategic plan and fairly well-rounded public relations plan are in place, and being implemented, to increase utilization. Good, cautious approach to implementing new strategies (i.e., ensure they are evidence-based, ensure staff is trained). Collaboration with other treatment providers and community partners is one potentially successful method of implement ROSC. Applicant appears to be committed to staff education.
- Good description of efforts to inform community to promote awareness and service availability.
- Provides clients referrals to other services needed in the community.

Reviewers Weaknesses:

- Applicant did not explain what “working with” partners like the VA, the courts and United Way actually means. Are they contributing dollars, providing other types of support or just networking? Missed opportunity to place a value on in-kind support (e.g., food, clothing, supplies). No other specific sources of funding for the GATE program are listed. No mention is made of attempts to obtain insurance reimbursement and ensure that State funding is the payment of last resort.
- ROSC is generally good but seems to be missing an essential element – client follow-up. In section regarding performance standards, applicant also notes that it is not conducting six-month follow-up surveys.
- No mention of social media in public relations plan (which might reach online gamblers).
- Organizational overview provided no mention of agency licenses or if the organization is growing or constricting.
- Open to exploring emerging and innovative treatment strategies but did not describe any detailed efforts for FY16/17.

Comments and Questions:

None

Applicant Strength and Weakness Summary for Proposals for State Fiscal Years 16 & 17

Applicant: International Problem Gambling Center (The Problem Gambling Center LV)

Average Proposal Score: 87

Requested Amount: *Based on Funding Formula*

Program Area: *Treatment*

Executive Summary (Required) *From application

A study commissioned by the State of Nevada reported that 3.5 percent of Nevada residents can be categorized as pathological gamblers while another 2.9 percent can be categorized as problem gamblers (Volberg, 2002). In combination, 6.4 percent of Nevada residents can be classified as problem gamblers, more than twice the United States prevalence rate.

Recognizing the personal impact and public cost of problem gambling the 2005 Nevada Legislature established a fund to purchase treatment for problem gamblers, the Revolving Account for the Prevention and Treatment of Problem Gambling. The Nevada Department of Health and Human Services (DHHS) and the Advisory Committee on Problem Gambling (ACPG) are responsible for the management of the fund. The current plan to procure gambling treatment for problem gamblers is described in the Five Year Strategic Plan for Problem Gambling Treatment Services within the State of Nevada, 2012-2016.

The Problem Gambling Center, Las Vegas (PGC-LV) is committed to providing effective gambling treatment. Since it was founded by Dr. Robert Custer and directed by Dr. Robert Hunter in 1986, as a hospital based, inpatient program, the Problem Gambling Center has helped thousands of problem gamblers turn their lives around.

The Problem Gambling Center has evolved into a community based, comprehensive outpatient gambling treatment program. A full array of services are offered, including crisis services, assessment, individual counseling, group counseling, and continuing care services. Services are provided by a diverse, experienced treatment team including the PGC Director/ clinical psychologist/ Two Certified Problem Gambling Supervisors (CPGS), One Certified Problem Gambling Counselor (CPGC)/Licensed Drug and Alcohol Counselor/Supervisor/Marriage and Family Therapy Intern/ and three Certified Problem Gambling Counselor Interns (CPG-I), one of whom is eligible to take the certification exam and is listed as (PPGC)

The primary treatment model at PGC is an abstinence based six week Intensive Outpatient Program (IOP). Attendance is required in group four days weekly, three hours daily for six weeks. A group is offered at 10:00 am and 5:30 pm, Monday through Thursday. Individual counseling is initiated following the first week in group therapy. Attendance at two Gamblers Anonymous meetings a week is required. The intensive 6 week program is followed by a one year of aftercare program of 1 1/2 hours per week for one year. An alumni program is offered which includes service commitments and outreach activities for any interested program graduates.

The IOP model involves primarily Cognitive Behavior Therapy based treatment with three primary services intertwined. One part of treatment is psycho-educational didactic material, including neurological and psychological findings. Pragmatic therapy on using the program and combating urges. The third primary modality is more traditional 'feelings therapy'.

The PGC is requesting funding to assist in the support of the addition of a family group. Previously successful and eliminated in the budget cutbacks, the lack of a family focused program has been a noticeable gap in the treatment services needed to support the problem gambler, their family and significant other persons.

Reviewers Strengths:

- Multiple donors from the private sector contribute to sustainability.
- Assessments are comprehensive. Emergent cases are handled appropriately. Treatment includes multiple approaches – individual counseling, group sessions, 12-step, education, family involvement, aftercare. Applicant works with neighboring financial guidance service to help clients with financial issues. Applicant has ability to identify and address co-occurring disorders.
- Organization is well-established, specializing in problem gambling recovery. Director and one of two certified counselors have more than 10 years of experience in this field. Others working directly with clients have appropriate education. Healthy use of interns with appropriate supervision.
- Good use of internet – social media for awareness and support, and website for self-assessment tools. Uses television advertising to promote awareness. Partners with UNLV for intern training.
- Good description of increasing community awareness of center. Strong use of interns and contributing to build larger workforce via internship program.
- Many treatment options available for clients
- Has protocol for emergency treatment if needed

Reviewers Weaknesses:

- No mention of pursuing reimbursement through private insurance or whether it is possible to collect fees from clients.
- The role that clients play in the development of their treatment plan is not clear. In response to question about treatment models/methods, applicant references a standardized model that is sometimes customized. However, in the ROSC response, applicant describes clients and therapists working together to develop a treatment plan. ROSC plan has some good elements but does not discuss the client in a holistic manner (i.e., clients will typically have supplemental needs like housing and employment that can be addressed by community partners).
- Unable to evaluate experience level for some staff. Examples: Rose 11.5 years recovery but just hired July 2014; and Smith good education and credentials but just hired September 2014. How long have they counseled problem gamblers?
- ROSC response limited to outreach and issues directly associated with problem gambling; no discussion of the use of community partners to address clients' ancillary needs.

- Few details provided as to how clients with co-occurring mental health or other addiction issues are treated or referred. Also few details as to how clients unwilling to work toward abstinence goal are treated or referred or if they are every integrated in main IOP program.
- No mention of referrals for clients for other services needed (food, housing, ect..)

Comments and Questions:

- In general, responses to questions were well crafted and provided a clear description of services.

Applicant Strength and Weakness Summary for Proposals for State Fiscal Years 16 & 17

Applicant: Reno Problem Gambling Center

Average Proposal Score: 77

Requested Amount: *Based on Funding Formula*

Program Area: *Treatment*

Executive Summary (Required) *From application

The Reno Problem Gambling Center is a 501(c)(3) tax-exempt organization which opened in March, 2006. Denise F. Quirk, M.A. is the CEO and Clinical Director, along with George E. Howell, M.A., Senior Counselor and Fiscal Director, and Erin Chapel, M.A., part-time counselor and intern. The mission of the RPGC is to provide expert and compassionate treatment services to problem gamblers and their families, regardless of their ability to pay. The vision of the RPGC is to reach out to all Northern Nevadans to educate about Gambling Disorder and the benefits of treatment, collaborate with individuals and groups to offer the best resources available to all our clients, and inform and welcome all interested persons to participate in healthy and positive coping strategies for behavioral disorders and co-occurring mental illnesses.

Having served more than 600 persons since opening in 2006, the RPGC reaches out to all adults and family members above the age of 12 in Washoe County, Carson City and nearby rural Northern Nevada areas. RPGC refers any children of problem gamblers under the age of 12 to appropriate services in Northern Nevada while treating the families of affected children. Special populations which RPGC cares for are the elderly, homeless, single/alone, and chronically mentally ill persons.

The components of the RPGC outpatient treatment program include a research-based Intensive Outpatient Program (IOP), counseling sessions using cognitive-behavioral therapies, individualized assessments or evaluations and referrals, family groups, combined gamblers and family members group, case management, interventions, individual, couples' and family counseling sessions, data collection and collaboration with other researchers for outcome monitoring and quality assurance. Outreach strategies to alert more Northern Nevadans to the services offered by RPGC include regular PSA radio commercials, the development and implementation of a Marketing Strategic Plan for the RPGC by Advisory Board member Andrew Grimshaw of the Grimshaw Group, "Exploring Gambling Behaviors" addiction course taught by Denise Quirk at the University of Nevada since she created it in 2005, gambling counselor training and supervision, DSM-5 training for all health professionals taught on several occasions by Denise Quirk and consultant Colin Hodgen, and evaluations and phone counseling provided for inmates of the Nevada jail and prison system.

In addition to any state funds that are granted, the annual RPGC operating budget of \$200,000.00 is derived from seeking new private donations and grants, collecting client fees where possible, seeking insurance reimbursement from the 1 - 2% of clients who have insurance, and other fund raising activities. Based on a free financial assessment during intake, all clients are offered a sliding-fee scale where their individual circumstances are taken into consideration. Financial questioning of each client helps determine if any other funding sources are available.

RPGC counselors seek out and provide education, training and financial and personal growth opportunities for our clients throughout the community. With that expert training, our counselors specialize in providing the best care for gamblers and families available in Northern Nevada.

Reviewers Strengths:

- Applicant has engaged a consultant to develop a plan for marketing and sustainability. Applicant and staff have agreed to work pro bono when State funding is reduced or unavailable.
- Comprehensive assessments followed by a wide range of treatment approaches and methods. Applicant works with partners to serve clients (e.g., court system, Veterans Affairs, hospital discharge planners, university). Good understanding of levels of care.
- Well-established organization with very well-qualified staff. New business plan in development. Thoughtful approach to use of interns. Strong supervision of same.
- Using distance treatment and peer recovery to increase utilization. Uses social media and has structured web presence so that key search words used by gamblers bring up the treatment program. Good outreach and community presence. Very involved in education at the university level.
- Only program that works with the court system to serve people in custody

Reviewers Weaknesses:

- No other substantial sources of funding.
- Client does not appear to have a role in development of their own treatment plan. Discussion about ROSC is missing an important element – linking clients to community supports such as housing, employment, benefits, etc. Applicant mentions case management and supportive services in Population section of proposal and mentions referrals to employment and housing in Organization/Staff section, but does not tie these elements into ROSC.
- ROSC response still missing the piece that looks at the whole person and his/her needs. Applicant may be doing this but is not quite making the connection between ROSC and supplemental community services in this proposal.
- Specific amounts of other funding sources not addressed and contingency plans if funding is discontinued were vague. That is, the agency would see clients if funding no longer available but no details regarding for how long, at what cost to the client, other methods to seek support, etc.
- Describes some program elements of ROSC but fails to describe any enhancement of those elements. Unclear of efforts to link clients to broader recovery community or foster recovery capital. Under services provided, only offer general description of methods.
- No mention of referring clients for other needed services, housing, employment, food etc. ...
- Applicant has only one Intern that is going to be certified soon and has no plan for expanding its intern program once she is certified.
- Applicant does not address the idea of case management and providing referrals for other needs the client may have

Comments and Questions:

None

Applicant Strength and Weakness Summary for Proposals for State Fiscal Years 16 & 17

Applicant: *Pathways*

Average Proposal Score: 71

Requested Amount: *Based on Funding Formula*

Program Area: *Treatment*

Executive Summary (Required) *From application

Serving the southeast area of Las Vegas and Henderson, Pathways provides professional, licensed treatment to problem gamblers and their families, from screening to continuing care. After screening, clients work with a licensed therapist or intern to establish a treatment plan that may include admission to an intensive outpatient program, couples, family or individual therapy. Treatment materials are based on the principles of Gambler's Anonymous and GamAnon.

Staff includes one Certified Problem Gambling Counselor-Supervisor with over 15 years of experience in directing gambling programs; one Certified Problem Gambling Counselor; and up to two Certified Problem Gambling Interns. In addition, Pathways works with a network of providers gambling treatment, mental and physical health and social services to provide the best quality of care to its clients.

Potential clients are assessed by a Certified Problem Gambler Counselor (CPGC) using SOGS, ASAM, GPPC, Lie/Bet Scale, and Burns Anxiety and Depression Scales. The outcome of the assessment drives the level of treatment recommended. The plan of treatment is based on the needs of the client, and consists of at least the proposed length of treatment, Axes I, II, III, IV and V, course, severity, and remission status, GPPC dimensions, level of care recommended, client strengths, and goals and approaches to be used.

The Intensive Outpatient Program (IOP) is presented in 12 three-hour group sessions, which are a supplement to, NOT a substitute for, GA involvement. Each session is presented in lecture format with client participation, including handouts regarding each lesson, and homework. IOP is conducted 3 days/week, for 5 weeks. Our Continuing Care Program meets Friday nights and is extremely well-attended. Pathways hopes to reinstitute an evening program from 5 PM to 8 PM.

Individual sessions are presented in 12 two-hour sessions, and are a supplement to, not a substitute for, GA involvement. Each session is in lecture form with client participation, with handouts and homework. The number and times of each session is determined by the client's needs.

Continuing Care is a group session and meets every Friday night, and they are well-attended.

In accordance with the Strategic Plan for Problem Gambling Treatment Services Within the State of Nevada, we intend to offer appointments within 5 business day or less, for at least 90% of all individuals receiving services. We will continue to provide services which retain 40% of our clients for at least 10 clinical contact sessions. In

addition, Pathways has a very high track record of the successful completion of at least 85% of our clients, and plans to continue that success. This means achievement of at least 75% of short term treatment goals, completion of a continuing wellness plan, and lack of gambling behaviors for at least 30 days prior to discharge from services. More than 85% of clients have been and will be satisfied with our services and would recommend this provider to others. Lastly, no less than 50% of our clients have or will successfully complete treatment and maintain improvement.

Reviewers Strengths:

- Pro bono work is done by the practice when State funding runs out each year.
- Initial assessment seems comprehensive. Treatment planning is person-centered. 24-hour access to therapist is available.
- In business more than six years. Staff is qualified and experienced. Supervision of interns is appropriate.
- Program will be using interns, which is useful in building the workforce, and has good infrastructure to provide supervision (onsite supervisor available all times clients seen by interns).
- Has CPG Supervisor on staff

Reviewers Weaknesses:

- Too much reliance on State funding. No other sources of funding or partnerships are in place. Applicant “hopes” to explore insurance reimbursement but apparently has not made an effort to do so yet.
- Too little information is provided about the applicant’s use of “evidence-based cognitive behavioral therapy.” A description of the approach and a citation for the source would have been beneficial. Because IOP is based on the same principles as GA, is the State paying for therapy that is duplicative? Applicant says IOP based on GA is not a substitute for GA, but how is it different? Perspective on ROSC seems to be limited to health and wellness. A comprehensive ROSC would also include referrals and links to community programs that help with housing, employment, child care and a myriad of other supportive services this population typically needs.
- No information is provided about the content of the business plan. Insufficient information is provided about the use of interns. The Gambling Program is almost completely reliant on State funding. If this source of funding was eliminated, the Gambling Program would not be a sustainable service within the business.
- Lack of detail provided as to how organization will be sustained if DHHS funding is no longer available. It appears applicant does not have a well-developed contingency plan in place.
- Responses generally short on details. That is, provided response that indicated an approach or principle yet often failed to offer examples of implementation.
- Needs to take a more holistic approach for referrals to help clients with other needed services such as employment, housing, food etc...
- If program is based on GA how is it a supplement and not a substitute.

Comments and Questions:

- Overall, applicant’s responses are not dynamic or particularly descriptive but at least demonstrate support for the concepts in the Strategic Plan.