

Organization Information

Program Area

Confirm the program area that your proposal addresses.

Problem Gambling-Treatment

Project Title

New Frontier Treatment Center residential and outpatient gambling treatment services.

Describe your project in one or two sentences.

Providing residential and outpatient treatment services in our offices in Fallon and Battle Mountain and providing services to our other rural locations including Lovelock, Winnemucca, Elko, West Wendover, Ely and Caliente/Pioche through telehealth services. We also take referrals from anywhere in the State of Nevada for residential treatment.

Organization Name

New Frontier Treatment Center

Legal Name

Churchill Council On Alcohol And Other Drugs

Also Known As

New Frontier Treatment Center

Address

1490 Grimes Street
P. O. Box 1240

City

Fallon

State

NV

Postal Code

89407

Phone

775-423-1412

Extension

232

Fax

775-423-4054

E-mail Address

ccoad@cccomm.net

WWW Address

<http://www.newfrontierv.us>

Tax ID

880124514

Organization Type

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

Non-profit

Organization Primary Contact

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Last Name

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Title

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Executive Summary

Provide an overview of the proposed program or project.

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.

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.

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.)

Following are NFTC existing (FY14-15) funding sources from the State of Nevada, Department of Health and Human Services:

Substance Abuse Prevention and Treatment Agency (SAPTA) \$889,831; MR \$43,910;

Projects in Assistance in Transition from Homelessness (PATH) \$195,360;

Grants Management Unit, Problem Gambling \$115,986

CABHI \$84,416

Medicaid for FY13-14 was approximately \$83,430.86 and commercial insurance was approximately \$86,337.39.

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.

Portions from the following sources could be used to offset a fraction of the total costs for treatment (e.g. housing, treatment, case management, etc.) depending on client eligibility and placement in the program, referral source restrictions or recommendations: Housing and Urban Development (HUD) \$41,482 -- no treatment services covered; Indian Health Services, Federal Parole and Probation and Pre-Trial Services contracts totaling \$186,975. Plus there is the possibility of Medicaid, private insurance or managed-care organizations and client fees to help off-set the costs of providing gambling treatment services in an outpatient setting. We cannot use Medicaid for our residential programming as our state licensure is for 28 beds; well over the IMD exclusion limit of 16. We also have developed some contracts with some Courts including, but not limited to, drug courts, DUI diversion programs, juvenile probation departments and others totalling \$151,554. We also do collect some fees directly from the clients and that revenue for FY 2014 totalled \$440,127. NFTC works very diligently at collecting fees from third party payers if at all possible in order not to unnecessarily use grant funds.

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). New Frontier Treatment Center (NFTC) is licensed and certified to provide the following services:

Comprehensive Evaluation/AOD Evaluations/GPPC Evaluations

Detoxification Level III.2d

Residential Level III.5 and III.1

Outpatient (includes individual, group and family therapy) ASAM Level I and II

Gambling Treatment

Co-Occurring Mental Health/Addiction Services

Youth Treatment Services

Primary Health Services

Telehealth Services

All levels of care include screening, initial and on-going assessment and placement based on ASAM criteria, GPPC and intensive case management services. NFTC's clinicians are trauma-informed having been trained on Seeking Safety. NFTC utilizes a warm hand-off approach to case management. NFTC also utilized Peer Recovery Specialists to assist in the care of each client in any of our programs. Our

Case Managers have been trained on Housing First, Medicaid enrollments, and SOAR enrollments for disability and/or SSI income and in facilitating any appropriate community referrals individual clients may need.

Our Case Managers and Peer Recovery Support Specialists also assist with:

- Job Skills
- Job Placement
- Transitional and Traditional Housing Assistance
- Psychiatric Services
- Medical Examinations
- GED Examination Preparation
- Medication Management
- Literacy Education

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?

NFTC utilizes a client-centered, outcome-informed approach. Clients are assessed using clinical tools including Bio-Psychosocial Interview, Gambling Patient Placement Criteria, and Addiction Severity Index-Lite. Information gathered is summarized by need, functional deficits, strengths and resources. Client needs are then conceptualized using the ASAM's six assessment dimensions where an individual's risk is rated Low to Severe. Those areas rating at or above moderate drive placement (level of care).

NFTC requires that clinician and client develop the treatment plan together, consisting of target goals stated in behavioral terms and in the client's own words followed by specific and realistic action steps linked to clearly defined, measurable goals/objectives. The treatment plan is signed by both the clinician and the client; an action which signifies these are the areas/issues needing priority. As such, the treatment plan serves as the guide for treatment interventions. Clinicians refer to the treatment plan goals and objectives each session to determine appropriate clinical interventions and to document progress or lack thereof. Progress notes include the date, type, length of service, specific modality and contain clinical notes from the session which identifies how the session relates to the treatment plan. Clients in residential care receive a weekly progress summary including the same information. As a provider of residential gambling treatment services, NFTC documents each treatment encounter claim by signing a gambling treatment log. NFTC utilizes Motivational Interviewing (MI), the Stages of Behavior Change, Seeking Safety and Cognitive Behavioral Therapy (CBT). All are evidenced-based practices (EBPs) recognized in Substance Abuse and Mental Health Services Administration's National Registry of Evidenced-Based Programs and Practices and effective with substance abusing adolescents and adults and with co-occurring disorders (COD). NFTC works with the University of Nevada, Reno's Center for the Applied Substance Abuse Technologies (CASAT) to ensure staff are competent to provide evidenced-based treatment interventions.

Nevada supports Recovery-Oriented Systems of Care (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.

Recovery-oriented systems of care (ROSC) are networks of organizations that coordinate a wide spectrum of services to prevent, intervene in, and treat addiction, mental health and co-occurring disorders. Primary manifestations of addiction are that the individual gives up social, occupational, or recreational activities. Consequences of addiction often result in poor self-care, lack of medical services, poor nutrition, issues with employment and/or education and family/legal problems.

NFTC is the only provider of detoxification, adult residential and gambling services in the areas it serves. Continuum of care includes:

- Screening, Assessment/Comprehensive Evaluation for COD
- Gambling Treatment
- Tobacco Cessation Services
- Detoxification with Physician Oversight and Nursing Services
- Residential Treatment
- Outpatient Services
- Primary Health Services
- Testing and Counseling for Hepatitis, Tuberculosis, HIV/AIDS
- Evidenced Based Family Services (Parenting Wisely, Creating Lasting Family Connections, Parent Child Assistance Program, Multi-Dimensional Family Therapy)
- Trauma Intervention (Seeking Safety) and Gender Specific Services
- Peer Recovery Support

NFTC also provides a local Food Bank, manages the USDA Commodities program and has a donation closet for clothing, furniture or household goods. NFTC staff provides case management services which links clients to other community-based resources as needs are identified. NFTC has satellite locations in Lovelock, Winnemucca, Battle Mountain, Elko, Wendover, Ely and Caliente/Pioche.

As partners in the ROSC for rural Nevada we have shared responsibility for the outcomes in the lives of families.

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

NFTC is dual-diagnosis provider with dually-licensed clinicians. Clients are screened for mental health issues in an effort to assess safety and risk and establish a baseline for ongoing assessment/treatment. NFTC uses the American Society of Addiction Medicine's Patient Placement Criteria-2 (ASAM PPC-2R), the Gambling Patient Placement Criteria (GPPC), Level of Care Utilization Services (LOCUS), Substance Abuse Subtle Screening Inventory (SASSI) and the Stages of Change as framework for its assessment. The Addiction Severity Instrument (ASI-Lite) is the tool which assists the clinician to look for presence of persistent mental disorders.

These tools provide a beginning picture of whether further mental health intervention is necessary. Assessment for changes continues throughout treatment.

NFTC clinicians use an integrative approach to treat persons with co-occurring disorders addressing both chemical or non-chemical addiction and mental health. Collaboration with outside providers is incorporated into the treatment plan. NFTC staff regularly attend outside multidisciplinary meetings on behalf of clients and NFTC extends invitations to outside providers to discuss shared clients.

NFTC's Medical Director provides services consisting of a medical evaluation, health assessment, and medication management as well as treatment for other untreated medical conditions. Nursing staff monitors the ongoing health status of clients in treatment and work closely with the Medical Director and staff to connect clients and their families to services in the community.

Tuberculosis, HIV/AIDS and other communicable disease testing and education, pregnancy testing, diabetic education and other primary health education and information is provided to NFTC clients should they agree to participate.

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>

The influx of population, made up primarily of males who are in a sense transient and live in mining towns because of the employment and high wages are driving up the need and intensity for both substance use and gambling disorders.

Therefore, NFTC is planning to provide the following levels of care at the included rates: Residential/OP 22%; Residential Adult at 50%; Residential Adults and IOP/OP combination at 28%.

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?

We conduct outreach via internet, television, radio PSAs, newspaper advertisements, brochures, annual reports and other printed materials. Since our marketing strategy is as strong as our budget can afford, we anticipate no marked changes in the near future. NFTC believes very strongly in the step-down method

of treatment from higher to lower levels of care and currently works with other treatment providers, in all areas, to transition clients from NFTC's programs into another program with little consequence or upset to the client.

It should be noted that the number of beds available in Nevada has seriously dropped in year 2014. The very idea that we would remove availability of beds for gamblers who meet admission criteria for residential care would be extremely unfortunate. While we realize it was originally proposed in order to save money, we believe that only a certain amount of dollars will be available and it should not matter whether those are divided between one, two or more treatment facilities offering residential treatment. The biggest question is what will make treatment more accessible throughout Nevada for the betterment of the clients. NFTC is only about 65 miles from Reno where there is transportation including air, bus and train. As far as transportation is concerned, our clients come from all over the State of Nevada including Las Vegas and its surrounding areas. Most all of our clients can resolve their own transportation issues getting to our facility here in Fallon. Occasionally we do make arrangements to assist the client in getting to our Fallon facility for residential services.

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 to services within five business days or less for minimum 90% of all individuals receiving services. Average time between first contact and intake/scheduled assessment for our referrals was just under 33 hours. Interim services are provided if there is a wait list. Interim services include mandated screening and testing, physical examination, assessment, counseling groups and case management. Telephones are staffed 24/7 from the Fallon location by an on-call MFT/LADC and serve as a back-up for the other rural locations. NFTC utilizes telehealth at all locations making services readily accessible where there are no clinicians to support the program.

Hours of Operation

Fallon 24/7 Detox & Resid., 8a-7p M-S OP and Admin

Lovelock 8a-6p W,Th,F

Winnemucca 8a-6p M-F

Battle Mtn. 8a-5p T, W, F

Elko 8a-5p, M-F

Ely 8a-5p M-F

Retention of more than ten (10) sessions must be more than 40%. Based on the

statistics for FY 13-14 85% and YTD 81% have attended 10 sessions or more. Successful Completion of those receiving services must not be less than 35%. Our successful completion percentages for FY13-14 was 61% and our YTD 37% to date total because several clients remain in treatment. Client satisfaction surveys, completed internally, of problem gambling clients that completed the program, would recommend the program greater than 93% of the time in FY13-14. NFTC does internal follow-up surveys at 30, 60, 90, 120 days and six months internally for all clients, regardless of whether successful or unsuccessful completions. We try to maintain contact for that length of time. Questions regarding continued sobriety, relapse, criminal history, employment, housing situation, and recommendations are asked and answered. NFTC also has OP and Residential Evaluations upon completion that we utilize. UNLV has been conducting long-term outcome surveys but there have been no program statistics shared with this provider to date.

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.

Some of our problem gamblers enrolled in residential services are coming from locations other than Fallon. Therefore, many family members are too distant to be able to enroll and attend treatment services as the concerned other. The requirement that you enroll at least one family member for every problem gambling enrollment seems to be a little too aggressive based on the fact that our rural locations and distance issues may prohibit that in some cases. Now those areas where we have access to telehealth services or those located within the Churchill County area, we would have a better opportunity to enroll those family or concerned other members in the program. One point that should be strongly considered in the requirement for enrollment of family members is that many of our clients have burned and severed family relationships prior to coming into treatment. Part of the work that we do with all of our clients is family reunification. In some cases there is no family member at admission that would even agree to participate. It is only through hard work and growth toward treatment planning goals that we can even start a dialogue with their family members. The requirement to enroll an additional family member could, in some cases, provide a barrier to this client receiving treatment services.

Population to be Served

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

Most of our clients are from rural Nevada, serving Fallon, Lovelock, Winnemucca,

Battle Mountain, Elko/Wendover, Ely, Pioche/Caliente, Hawthorne and Tonopah. NFTC has taken clients from as far as Las Vegas into our residential gambling program and will continue to serve whatever client cannot find services near to them. We would say that we do a combination of geographical areas.

Geographical Area Served

Choose Up to 5

Rural-Rural North

Rural-Rural North-Churchill

Rural-Rural North-Elko

Rural-Rural North-White Pine

Rural-Rural North-Lander

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

N/A

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? As far as youth services are concerned, we currently do a screening for alcohol and gambling in the High School and Junior High in Fallon, NV in April each year. We have counselors available should any student wish to talk about their substance use or gambling problems. An article in Clinical Psychiatry News, 05/20/11 reports about eight percent (8%) of U.S. veterans are problems gamblers who report between one and four gambling-related problems, and an additional two percent (2%) are pathological gamblers with five or more such problems, a study of 2,185 veterans in Department of Veterans Affairs care reveals. Since New Frontier works very closely with the Veterans Hospital in Reno and also the outpatient clinic in Fallon, and with being located near the Naval Air Station in Fallon, we are already available to serve this specific population. The mining industry, as described in a previous section is a target due to the mining boom and prevalence of substance abuse and gambling. NFTC counselors in all offices do screen all adolescent clients for gambling problems.

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

Homeless

At Risk

Low Income

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?

New Frontier, incorporated in 1971 as the Churchill Council on Alcohol and Other Drugs, has a long history of providing mental health and addiction treatment services to adults and adolescents in Churchill County, Nevada. In 1974 the doing business as New Frontier was added so that residential services could be provided in Churchill County. From 2005 forward NFTC expanded and moved into more remote locations to fill critical gaps throughout rural Nevada that were without treatment services. In 2006 New Frontier added problem/pathological gambling services. Today, NFTC serves multiple locations throughout rural Nevada including Fallon, Lovelock, Winnemucca, Battle Mountain, Elko, Wendover, Ely and Caliente/Pioche. NFTC's main facility in Fallon houses detoxification and residential services which are utilized by persons throughout rural Nevada. In recent years, the agency expanded its array of services to include treatment for adolescents, non-chemical addictions and for co-occurring disorders. The economic recession has impacted NFTC in several ways. Donations from local funders, United Way and other local consortium have all but diminished. As a result, NFTC has had to do more with less but has refrained from cutting services. Instead, we are trying to conduct business in a smarter, more efficient manner. For instance, we are buying more of our food in bulk, downsizing our supplies and asking employees to conserve energy. NFTC has, and continued to refine, its Strategic Plan.

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.

NFTC is a co-occurring enhanced facility covering a wide swatch of rural areas, it employs a total of 62 full and part-time employees in our eight office outpatient and residential/detox facilities for co-occurring, mental health, substance use, gambling, nicotine, parenting and prevention programs; 21 administrative, 21 direct treatment providers and 20 support positions. Lana Robards is the Executive Director and has been employed by NFTC since 2003. The Financial Manager Misty Alegre has a team of four financial support staff that are responsible for all income assessments and submissions of third-party payer invoices or pre-authorizations on Medicaid, insurance or managed-care organizations. Of NFTC's 62 full and part-time employees the following are gambling counselors or interns: Dani Whitaker, CPGC since November 2, 2009 and on staff since July 12, 2011; Kathy Melendy, CPGC since January 24, 2012, and on staff or contract since June 2, 2006; Tina Marie Bisiaux, CPGC-I received dated 2/23/2012 and on staff since May 13, 2011, Jacque Burger, LADC/CPGC-I intern since April 4, 2011 and Debbie McBride, CADC-I/CPGC-I intern since February 28, 2013.

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

Since New Frontier maintains rigid standards for Clinical Supervision and with our gambling supervision through Denise Quirk and Colin Hodgen (and most recently Dani Danley received her Clinical Supervision Certificate), we are confident that

our Interns are capable of providing services to gambling clients under their tutelage. Obviously since reimbursement rates are much less with interns than with certified counselors we should be able to see more clients than projected. We are, at this writing, recruiting for additional gambling counselors to add to our cadre of experienced professionals. It is NFTC's intention though to add interns again in the out-county areas of greatest need to allow for servicing more clients. With our telehealth capabilities we are able to provide more services through our already certified problem gambling counselors and interns and reach more clients.

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

None of our interns whether they are gambling, alcohol and drug, or mental health provide any treatment services without supervision. See paragraph above.

NFTC has an extensive and comprehensive Clinical Supervision program. We bring our highly qualified clinical supervisors together on a quarterly or more frequent basis to discuss how supervision of interns is progressing and we utilize data from our program monitors and reviews to identify and address challenges with the program and interns. Together our supervisors develop annual training plans for interns and develop and/or revise policies impacting the program.

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%?

Billing third-party payers ensures that grant dollars are not being spent where other funding may exist. That will ensure that these State dollars stretch a little further. Professionals in the field must have access to adequate evidence-based training to increase the number of Certified Problem Gambling Counselors and/or interns to provide services. Remember, by the time clients admit, they have spent every single dime they have, are rarely employed and generally have a co-occurring substance use disorder.

Rapid expansion in rural mining has caused an increase in population and with it a sharp increase in dependence on opiates, particularly prescription drugs coupled with continued challenges with alcohol and methamphetamine. Together these factors, along with parallel increases in gambling, are contributing to the already significant gap in services and are driving the demand for higher intensity treatment services and longer lengths of stay. Physicians prescribe opiates to treat chronic back pain--a result of long years of heavy labor. With 24/7 shift work and rural isolation it becomes easy to abuse these prescriptions. Once dependent,

treatment can be difficult to access due to fear of job loss and a lack of available treatment. We believe that reaching out to more businesses including mining, farming and the casino industry would increase admissions. Increasing the number of certified problem gambling counselors in the rural areas is necessary in order to grow the industry. The more counselors NFTC has, the more admissions increase.

Outreach to Judges in the criminal justice system could also increase numbers.

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?

New Frontier already employs telehealth cameras and laptops in providing services to our rural communities including Lovelock, Winnemucca, Battle Mountain, Elko/Wendover, Ely, Pioche and Caliente. Qualified professionals in the Fallon office and other locations provide services for co-occurring disorders, dual diagnosis clients, gambling, parenting, adolescent services, Creating Lasting Family Connections prevention program, Seeking Safety, credit counseling and, in some cases, primary health with our Medical Director. NFTC embraces new technology as a way to cover the distance issues faced by rural clients.

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

While SAMHSA/CSAT focuses on the substance abuse addiction definitions and recovery-oriented systems of care, there is much to be gleaned from the information provided during their National Summit on Recovery including their twelve (12) guiding principles and the seventeen (17) elements of recovery-oriented systems of care. We are also training staff as Peer Recovery Support Staff and are currently working with Medicaid to ensure these services are billable.

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

Legislative increases in funding are imperative to keep these services accessible in Nevada but they will not be enough. More educational opportunities for gambling interns, certified or licensed clinicians is necessary as the cost of continuing education seems to be increasing while the choices in training are decreasing. Section-based workforce development focusing on the specific industry standards must become a priority or requisite expertise and qualifications integral to service delivery will not happen in Nevada. This funding requires that all clinicians must be Certified through the Board of Examiners of Alcohol, Drug and Gambling. If a drug and alcohol intern wants to add an internship for gambling, the cost of the two internships, progress reports, and continuing education requirements double. Some clinicians who may consider adding the gambling certification may choose not to do so because of the increased cost of certification. Maybe there is some way that a dual-credential for alcohol/drug and gambling could reduce those costs to the clinicians.

Additional Information

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

Our last client demographic calculations for poverty (in February 2015) showed that 78.94%% were below 100% of the Department of Health and Human Services (DHHS) poverty level and 57.06% were unemployed. This with other discouraging statistics over the years has caused NFTC to focus on all the other needs of the individual that are just as important to their success, versus providing treatment only. Although these issues are tracked and discussed between the clients and clinicians, we have also added a dedicated case manager or peer recovery support specialist that also works directly with them, which has developed the relationships within the communities, to coordinate access to services these individuals may not have known were available. New Frontier also has some homeless assistance available through HUD and CABHI, an integrated intake/case management unit, a clothing closet, and an emergency food pantry to assist our struggling clients and their families. We focus on facilitating means for a successful outcome regardless of their issues (e.g. education, vocational, primary health and dental, housing, employment, family reunification, etc.), and with other partnerships and collaborations are able to effect change in these individuals that would not be practical if we were relying on providing these services from a single grant/source. New Frontier believes in treating the entire person rather than just the addiction.

Our A-133 for FY 2014 is in process and we should receive a draft copy very soon. In the meantime to satisfy the requirement of attaching the financial statements, we have included the FY13-14 A-133 as well as a copy of our 9/30/2014 internal financial statement.

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	2014 Sep Balance Sheet Pre-Audit.pdf
Letter and Schedule of Findings for OMB-133 Audit or Financial Statement/Status Report if OMB-133 not required	2014 Sep P and L Pre-Audit.pdf
Letter and Schedule of Findings for OMB-133 Audit or Financial Statement/Status Report if OMB-133 not required	Signed A133 FY 2013.pdf
Board of Directors List (if applicable)	Board Members 2015.doc