

Organization Information

Program Area

Confirm the program area that your proposal addresses.

Problem Gambling-Treatment

Project Title

Reno Problem Gambling Center 2016 Outpatient Program for Gambling Families

Describe your project in one or two sentences.

Reno Problem Gambling Center has provided professional counseling services in a non-profit outpatient setting since 2006, serving Northern Nevada families impacted by Gambling Disorder. RPGC honors these families by giving expert care where, when, and how the family needs these essential services.

Organization Name

Reno Problem Gambling Center

Legal Name

Reno Problem Gambling Center

Also Known As

Address

527 Humboldt St.

City

Reno

State

Nevada

Postal Code

89509

Phone

7752845335

Extension

Fax

7752845336

E-mail Address

dqrpqc@gmail.com

WWW Address

<http://www.renopgc.org>

Tax ID

261099449

Organization Type

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

Non-profit

Organization Primary Contact

First Name

Denise

Last Name

Quirk

Title

CEO and Clinical Director

E-mail

dqrpqc@gmail.com

Office Phone

7752847275

Extension

Mobile Phone

7756919767

Project Primary Contact

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Executive Summary

Provide an overview of the proposed program or project.

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.

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.

The RPGC is not a new applicant.

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.)

RPGC does not receive any other grant funds from the State of Nevada.

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.

The RPGC has operated successfully and with grateful support from the State of Nevada Gambling Grant since opening in 2006. The organization has worked through the 2008 - 2010 recession and several budget changes in Nevada which resulted in a loss of 50% of grant funds at one point, the threat of loss of all grant funds another time, and the continued loss of Gambling Grant funding from its source, which is \$2.00 from each Slot Machine being used in Nevada. RPGC has maintained savings for such contingencies and continues to collect donations from previous and new individuals to sustain our organization should anything happen to the Gambling Grant from the State of Nevada. The 2015 RPGC Marketing Plan

which is currently being created by the Grimshaw Group (hired 1/1/15) will include strategic planning for increasing the number of clients served and sustaining of financial needs to operate the Center. However, under the most extreme circumstances, Denise Quirk, George Howell and Erin Chapel have agreed to see clients even if the funding was no longer available until further funding could be obtained. Denise Quirk as CEO will continue to serve in all possible capacities on Boards, Committees, and independently to address strategic plans, legislation, and changes needed to carry the RPGC into the future and adjust to changes in funding sources.

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). RPGC provides outpatient behavioral health services to all adults and their family members who are affected by Gambling Disorder. Clinical services include phone consultation and referral, assessment, evaluation, intervention, individual, couples, group, and family counseling, psycho-educational groups, and outreach services. Of the 13 types of reimbursement rates this grant provides, RPGC does 12 of them, except residential treatment. Whether the client is a gambler or a family member or concerned other, when that person first calls or visits the RPGC he will encounter an expert and welcoming person who can immediately answer questions, address needs, and provide hope. Through the delivery of services at RPGC each individual is treated with compassion, attended to in a manner respectful of his culture, needs, abilities, experience, and desires. Clients who present to RPGC with trauma, acute distress, a lack of suitable resources, and/or presently experiencing thoughts of harm to themselves or others are quickly situated in a safe environment, attended to by a professional counselor who will see to it that they are placed properly at the level of care they need in that moment. In most cases our clients are seen within one working day of the initial call, and many times our clients continue to participate in aftercare services many years after their initial encounter. Our clients connected to the Armed Services are assured they will be guided through available local resources to meet their needs and coordinate their care while at RPGC. RPGC counselors coordinate with the Public Defenders Office and serve those incarcerated by providing evaluations, treatment and advocacy as expert witnesses in Court, as well as telephone/webcam services for those in prison. As authors of the Gambling Patient Placement Criteria (GPPC), RPGC counselors are very knowledgeable and capable of outstanding delivery of services to gamblers and their families.

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?

Treatment planning begins with a complete psycho-social-spiritual assessment, and the GPPC is a tool each of the counselors uses to start that assessment, work within the desires expressed by the client and the knowledge of the clinician to place the client at the optimal level of care and assist him in a hopeful and positive manner through the process of recovery. All counselors at RPGC use Motivational Interviewing and Cognitive-Behavioral methods to assess clients' needs and develop individualized treatment plans. Counselors at RPGC are also using their knowledge of the Twelve Steps and previous experience at Alcohol and Drug Treatment Centers, REBT, and Solution-Focused Therapies. Counselors at RPGC have training in the use of the new DSM-5, clinical supervision, advocacy, legal issues, trauma, intervention, prevention, education, faith-based, suicide, family systems, horse therapy, EMDR, DBT, Financial Social Work, alcohol/drug/tobacco/pornography/sexual and other addictions. During the evaluation of the clients' resources, financial questions include whether the client has insurance, what options and choices the client prefers to use to be able to achieve success at the outpatient level of care offered at RPGC or whether they have what is needed to succeed in residential care if needed and referred. Upon completion of multiple diagnostic tools including the SOGS, NODS, DSM-5 WHODAS and CCSM documents, suicide, trauma, self-harm and other mental health evaluation questions assessed in the GPPC multi-dimensional questionnaire and interview process, the client will be advised of the suggested treatment plan. With discussion and guidance, the client will be oriented to the RPGC patient rules and procedures, given a binder with tools to be used during treatment, given a tour of the facility, given a list of outside support meetings/phone numbers to use after hours and introduced to team members and peers.

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.

The RPGC has given a variety of leadership, clinical, advocacy, education and prevention activities and services to Nevadans. Our CPGC-Intern and peer specialist serves with the Trauma Intervention Program as well as Veterans activities which she participates in as a family member with the long-term goal of specializing in trauma services. Supervision of CPGC-Interns throughout Nevada, by the use of telephone and web-cam groups, promotes distance treatment services and provides clinical guidance for interns to reach out to every corner of the state. Denise Quirk's online UNR Course, Exploring Gambling Behaviors, has reached more than 500 college students since 2005, including a significant number who have requested treatment or help to become clinicians. The RPGC is an emblem of outreach and willingness to work with clients at whatever their current

state of readiness is, from questions on the phone, to intervention, to advocacy in jails, prisons, court and at the legislature, to co-leading committees and teams to bring better services to Nevadans. Some agencies RPGC works with to achieve these goals include our partnership with the United Way of Northern Nevada, Northern Nevada Adult Mental Health Services and the assessment and referral offices at each hospital in Northern Nevada. Focusing on the strengths and assets each client brings to any encounter at the RPGC, we can quote several aftercare clients who return for many years because "we feel better after we leave here each week." Peers are involved in treatment improvement and fund-raising activities.

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

RPGC has experienced more than 75% of individuals presenting with Gambling Disorder having a past or active alcohol or drug addiction and mental illness diagnosis. Counselors are trained and continue their clinical supervision and ongoing education to be able to identify and treat or refer co-occurring issues. On staff at RPGC are one MFT, one CPC-Intern, one LCADC, one LADC, and one LCADC-Intern. Thus we are qualified to assess for multiple disorders and make appropriate referrals during the initial interview. The intake and assessment process used at RPGC begins with the identification of appropriateness for treatment at our Outpatient Center, and clients' cases are reviewed at weekly staff meetings. Clients are screened and can be tested for drug and alcohol intoxication/withdrawal through a voluntary chemical screen as deemed necessary by the observation of the clinician, which would require immediate referral for appropriate detoxification and/or treatment at a nearby hospital or treatment center prior to the client being able to be treated for a Gambling Disorder. The GPPC includes a multi-dimensional screen using the WHODAS and CSSM tools in DSM-5, interviewing to determine the level of severity in six dimensions much like the ASAM Criteria (which the GPPC is based on), and each counselor is trained to do a mini mental health exam to determine the client's readiness and current capacity for outpatient gambling treatment. Counselors are prepared to schedule individual appointments and regularly re-assess the client's appropriateness for the IOP or a higher LOC.

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 RPGC client load is 66% Level 1 and 33% Level 2. RPGC serves an average of 130 clients per month in all levels of outpatient and intensive outpatient gambling and family programs. A significant number of gambling disordered clients begin treatment in individual (Level 1) therapy and remain there until ready to transition

to IOP (Level 2), and on to Aftercare. Clients participate in ongoing individual, couples and family therapy while also attending from one to four groups (or more, when in crisis) per week. The IOP is structured as a 90-day intensive outpatient program of four 2-hour groups in the morning or evening each week, along with at least two individual/family sessions per month. This ideal 3-month structure of IOP is very rarely achieved, as a great number of our clients are still employed, which does not allow them to attend either the morning or evening outpatient program consistently. Attending to clients' individual needs and preferences allows RPGC to structure therapy sessions at a wide range of times throughout the week and often for six to twelve months or more, including stepping down to Aftercare, with both group and individual sessions. Many clients are not ready for or appropriate for group therapy, and remain in Level 1 treatment a long time. RPGC sees an average of 11 new clients per month, and the transition from initial assessment to regular involvement in therapy includes a number of stops and starts, as we meet the client's level of readiness.

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?

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.

Please refer to the attachment titled, "2014 RPGC Annual Meeting Performance" for exact numbers of clients seen by the RPGC in calendar year 2014. This demonstrates one aspect of the RPGC's performance and success, and this is our ninth year of successful operation. RPGC continues to exceed goals of bringing in gambling disordered clients and family members and treating them successfully. Regarding "Access," the usual time between the initial call for service at RPGC until the person is seen by a counselor is 48 hours or less. 100% of our clients are seen in less than five business days after initial contact. Our "Retention" of clients in FY 2013-14 who actively engaged in treatment for at least 10 sessions averaged

59%. Our "Successful Completion" rates in FY 2013-14 were 40% of admissions completing treatment successfully. Our "Client Satisfaction" numbers from the 6-month followup calls collected by RPGC and UNLV indicate an average of 92% of clients surveyed would positively recommend RPGC to others, and these numbers were collected by a combined average of 55% of total enrollments. The "Long-term Outcome" numbers of RPGC clients who answered follow-up calls at six months after discharge indicating they have maintained improvement from their treatment were 70%.

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.

We at RPGC will be grateful for the subsidy received in this grant no matter what the size, and will make it work within our capacity as an outpatient treatment center to meet the needs of our clients. That being said, client payments are dropping each year as we perceive our clients are having consistently increasing distress and financial difficulties. Our part-time intern will be testing in 2015 and we believe she will achieve CPGC and CPC certification, so we will no longer be billing for an intern rate of reimbursement as we did this past year. Thus, at current projections, we will continue to see an increase in clients treated at RPGC and be requesting a higher rate of reimbursement, albeit one we hope will be liveable with these numbers and our reserves. We also have a new Marketing Plan which we hope will not only bring in more clients but also more interest from new donors and increased donations. Perhaps the more difficult number will be the charge to enroll one family member for every problem gambler enrollment. Speaking as a Marriage and Family Therapist and Addictions Counselor with 23 years' experience, while I understand there are 4 - 7 affected family/friends/significant others for every addict, the bridge from a first session to continuing treatment is a very difficult one for family members. They are more difficult to engage and retain than the gamblers quite often because their perception is "fix my addicted person," not "fix me." I am afraid the demand to enroll one family member (and I assume, keep for more than one session) per gambler will be difficult for all facilities to achieve, in part because of stigma and ignorance about the benefits of treatment for family members. We always strive to include family.

Population to be Served

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

Washoe County and surrounding rural areas within 90-minute drives which include Carson City, Pershing County, Storey County, Churchill County, Douglas County, and Lyon County.

Geographical Area Served

Choose Up to 5

Urban-Washoe County

Rural-Rural North-Carson City

Rural-Rural North-Storey

Rural-Rural North-Pershing

Rural-Rural North-Churchill

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

Since RPGC often serves rural areas surrounding Washoe County, our promise to continue to serve all clients who can make their way to our Center is firm and ongoing. RPGC facilitates many case management calls with other agents around the Northern Nevada area to assist clients with transportation, day care, access to necessary services for shelter, medical care, rehabilitation of all kinds, and with those case management calls we find resources which help clients get back and forth from our Center to other locations for their various needs.

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?

The primary special population RPGC has served consistently and well for nine years is the low income and homeless population. Being non-profit, located in the mid-town Reno area close to bus lines and less than two miles from the city and county's largest homeless services center, RPGC has been able to help a significant number of people who are challenged this way. Our reputation precedes us, and we have received many referrals from homeless and low-income service agencies. Additionally, the chronically mentally ill population who have very few financial resources and have developed gambling problems or live with someone who is affected by Gambling Disorder are often served at RPGC. Individuals who are co-addicted with substances or other behavioral disorders are also referred and regularly seen at RPGC, in part because of our reputation for treating all clients who are addicted and our policy of seeing everyone who comes through our door for at least a consultation. Having helped develop and implement the state's Gambling Diversion law, we also see a number of clients in the legal system. From the Public Defender's Office at both State and Federal levels to the District Attorney's office and many attorneys and judges who are aware of our advocacy and willingness to assist legal professionals in getting treatment for their clients, RPGC is actively involved in training, educating, and treating individuals with legal issues. We also reach out to Veterans and have a counselor expertly suited to treat Veterans and their families, as she is a military wife and is trained in trauma and veterans' concerns. RPGC reaches out to the College culture, being very close to

UNR and having a counselor who developed and continues to teach the online "Exploring Gambling Behaviors" course, leading many students to visit RPGC.

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

Low Income

Homeless

Other

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?

The RPGC opened in March, 2006 and we have treated more than 650 clients since then. Denise F. Quirk opened the Center and George Howell and Colin Hodgen soon followed as employees. Administrative assistants have come and gone, usually at their own choice and once due to funding cuts. Last year's administrative assistant, Liliana Ledezma, went to Spain through the University of Nevada Reno's Study Abroad program. This year we have Heather Hackler, who came to us from the same source as Liliana, the Community Services Agency which refers individuals needing training and employment. The first two years of operation were funded fully by the Problem Gambling Center of Las Vegas, whose founder, Dr. Rob Hunter, opened RPGC and dedicated his resources and his Board of Directors to support our opening. The first time RPGC obtained our own Revolving Fund Grant from the State of Nevada was 2008, when RPGC became independent of the PGC Las Vegas. The first Business Plan designed by RPGC staff in 2009 has been accomplished, and a new Business and Strategic Plan is being created in 2015, thanks to the contract just created 1/1/15 with Grimshaw Group, under the direction of Andrew Grimshaw, our Marketing Director, who is also a member of the RPGC Advisory Board. While we have achieved sustainability and gradual growth, our outreach, service and excellence goals include serving more clients in 2016 and beyond, as our prevalence data for Nevada indicate we have not reached the 25,000 addicted gamblers yet.

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.

The CEO and Clinical Director is Denise F. Quirk, M.A. Denise's credentials are: Masters Degree in Counseling and Educational Psychology, MFT, LCADC, BACC-NCGC-II and CPGC-S. Denise has worked in the family therapy and addictions field for 23 years, specializing in gambling treatment since 1999. George Howell, M.A., LADC, CPGC serves as the Senior Counselor and Fiscal Manager. George has worked in the Addictions field in residential and outpatient offices for 18 years, the last eight as a gambling specialist. Erin Chapel, M.A., CPC-Intern, LCADC-Intern

and CPGC-Intern, has been a practicum student, intern, and now part-time employee of RPGC for the past two years. Erin is expecting to complete her testing for all three certifications within the next few months, and is also pursuing her Ph.D. Colin Hodgen, M.A, Ph.D. candidate at UNR (expected to graduate with his Doctorate 5/16/15) is our part-time consultant for operations, policy, research, grant writing, outreach, workforce development, and education of staff and students. Colin has been in the addictions field as a counselor/supervisor for 19 years, specializing in gambling for the past nine years.

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

Our CPGC-Intern, Erin Chapel, has been providing services 20+ hours per week for the past year, and will continue to do so as an Intern until she completes her written and oral exams for the Board of Examiners in Nevada. Upon successful completion of those tests, which is presumed to occur within the next several months, we will have no CPGC-Intern at RPGC. The RPGC is presently able to sustain two full-time counselors and one part-time counselor. Should another CPGC-Intern be needed, we would not be able to pay the person until our client load grows significantly more. At the present time, Erin provides group therapy for four groups a week and has a case load of 40 persons, including group and individual clients, who mostly attend one or two sessions a week.

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

Erin Chapel is one of several CPGC-Interns currently being supervised by Denise Quirk at the RPGC. Erin participates in a weekly one-hour face-to-face supervision session, and joins the weekly group phone supervision session when she is not in another supervision group facilitated by her LCADC supervisor. Erin is involved in all staff meetings and is working onsite at RPGC, so she is being observed and supervised daily and intensely once a week. Erin also has supervision with her CPC supervisor, and all three supervisors connect regarding her progress in a regular supervisors' call or face-to-face meeting regarding improving supervision expertise. Denise also supervises CPGC-Interns in rural areas as well as one in Clark County, by facilitating a weekly phone supervision education call, site visits quarterly, live trainings several times through the year either at the rural sites or in Reno and Las Vegas. Denise sends online information for CEU's to all Interns and advises them on current issues, conferences, and improvement ideas. Denise also assists Interns in preparing for the national exam, sharing building a small private practice and other business practice education, and assists Interns who wish to pursue research in being able to do their own research, writing and presentations.

**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%?

RPGC has had policies and procedures in place for years which use distance treatment and peer recovery services. Regularly using distance supervision and offering distance treatment has been one of RPGC's methods for bringing what we offer to every corner of Nevada. Using the "V See" application, RPGC is able to connect to others by WebCam in a manner approved by HIPAA. RPGC hired our first Peer Recovery Advocate in 2014, and she and other counselors at RPGC have been instrumental in sharing what RPGC does with many groups, especially college students, parents, individuals affected by trauma, law enforcement, Veterans, homeless advocates, various services for chronically mentally ill individuals and families and others.

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?

Emerging interventions and technologies RPGC has been using include the Internet, Social Media, Cell Phones and Applications, and as mentioned previously, continuing to expand use of distance supervision of CPGC-Interns and distance treatment of clients through use of WebCams. RPGC has contracted with the Grimshaw Group to implement a new Marketing Plan as of 1/1/15 which includes creating mini web pages based on key words extracted from the RPGC assessments which will link potential clients to the RPGC web page and Facebook page. Those key words include the terms most often used by clients to describe their gambling problems, and we perceive this to be an excellent way to find those who are doing Internet searches about possible gambling problems and offer them services at RPGC. RPGC is searching and open to new technologies and uses the services of our consultants to find and apply these innovative treatment strategies. At each educational conference, RPGC counselors are required to return and report on what has been gained and find immediate applications in the treatment programs.

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

Having a peer recovery specialist on the RPGC staff for the past year has been one aspect of RPGC transforming into a ROSC. Our staff has extended and enhanced our reach within our community so that we are known as experts in gambling recovery knowledge and treatment. By increasing our offerings of training, education, and interaction with other individuals and entities who can bridge and connect our clients' needs and our desire to train the workforce about our mission, we have presented many classes and professional trainings on DSM-5 and behavioral disorders, collaborated with UNR's addiction programs, increased our

internship scope throughout the state, given talks at Gamblers Anonymous mini-conferences, advocated for the mentally ill and addicted at the Legislature, served on charter high school and problem gambling prevention boards, volunteered with trauma intervention programs, and much more. This knowledge, experience and connection brings many perspectives to our clients who are "met where they are" as they approach RPGC for services. Our staff are trained to have an attitude of flexibility and of a long-term relationship which may go for years with clients. This hopeful, long-term and welcoming attitude creates an atmosphere at RPGC that we expect clients to be with us much longer than the 90-day IOP, and they often return and participate in RPGC programs for years as they work their individual recovery plans. We are GPPC authors, exemplifying the highest standard of placing clients at the optimal level of care and assessing their needs constantly.

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

By serving with multiple community organizations throughout Nevada which focus their goals on prevention, education, advocacy, professional development, workforce training, research, and gambling treatment expertise, all the RPGC counselors are involved in multiple activities and events each year which support workforce development. Some of these include helping create and produce the State of Nevada Gambling Conference each year, teaching and constantly improving the courses taught at Nevada Universities relating to gambling and other addictions, creating and delivering gambling and mental health educational trainings in rural Nevada several times each year, encouraging and developing relationships with students and others interested in becoming CPGC-Interns and offering training and supervision at low- or no-cost to those individuals. Seeing the number of students in CASAT programs of addiction education at UNR grow from approximately 300 to 900 in the past year, Denise Quirk is intimately involved as a CASAT affiliated UNR Instructor to assist in encouraging and teaching students who are best suited to become new Peer Recovery Specialists and CPGC-Interns in Northern Nevada. RPGC counselors also participate in supervision activities to increase knowledge as Interns and Supervisors and share that experience with other addiction and mental health workers in Nevada.

Additional Information

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

The RPGC is excited about the changes and new opportunities we have as an organization to better serve the people of Northern Nevada. RPGC staff continuously participate in and monitor anything having to do with problem gambling, services available to our clients, emerging best practice and evidence-based therapies, ROSC information and trainings with our brother and sister agencies and at conferences, and we remain steadfast in advocating for all good things at our Nevada Legislature. Testimonials from our clients range from "you saved my life," which we actually hear frequently, to "I miss the RPGC group when I'm out of town, after attending for two years." This tells us that what we are doing

is working. We are proud that there are members of the original group of clients from March 2006 who drop in to an alumni/aftercare group occasionally and share their stories. We are proud that we are becoming a regular resource for so many other agencies, and that people across the state are calling on us to help them. Recently a call came from a lawyer in Las Vegas advocating for a client who had gambling disorder and needed a letter explaining the number of clients advocated for in Washoe County, 500 miles away, so that he could share with the judge in Las Vegas that Washoe County had helped more than a dozen defendants through the Gambling Court process since Gambling Diversion law was enacted two years ago, where Las Vegas only has heard of one case. In situations like those we know that we are making headway for a wide variety of services to help gamblers and their families in recovery as well as the rest of the population know what is available to them. Our consultants and contracted helpers are bringing us in touch with better marketing strategies, better research, and 21st century methods of documentation which will greatly help our clients and help those we reach out to better understand our clients' needs. We know this will result in growth in our Center, and as we often say when someone asks us what we want, we say, "so many clients seeking help that we have to find a bigger place." The last Nevada prevalence study conducted in 2000 indicated 6% of the adults, which equates to 25,000 in Washoe County, are likely problem and addicted gamblers. We continually strive for ways to find them, encourage them with messages of hope and success from our alumni and peers, and bring them through recovery in an honoring, safe, and successful manner. We are doing that!

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
Board of Directors List (if applicable)	2015 RPGC Board and Advisory Board.doc
Letter and Schedule of Findings for OMB-133 Audit or Financial Statement/Status Report if OMB-133 not required	2014 Annual Meeting RPGC Performance.docx
Letter and Schedule of Findings for OMB-133 Audit or Financial Statement/Status Report if OMB-133 not required	2014 RPGC Balance Sheet.pdf
Letter and Schedule of Findings for OMB-133 Audit or Financial Statement/Status Report if OMB-133 not required	2014 RPGC P & L.pdf