

**Department of Health and Human Services (DHHS)
Advisory Committee on Problem Gambling (ACPG)
December 18, 2015**

DRAFT Meeting Minutes

Videoconference Locations

Carson City: Division of Public and Behavioral Health, 4150 Technology Way, Room 301

Las Vegas: Rawson Neal Hospital, Administration Building Room B-193, 1650 Community College Drive

Members Present

Rick Heaney (via phone)
Connie Jones
Carol O'Hare
Denise Quirk
Jennifer Shatley (via phone)

Members Absent

Tony Cabot
Ted Hartwell

Others Present

Andrea Dassopoulos, UNLV
Lori Flores, The Problem Gambling Center
Dr. Jeff Marotta, Problem Gambling Solutions (via phone)
Pat Petrie, Laura Adair, Laurie Olson, DHHS Grants Management Unit (GMU)

I. Call to Order

Committee Chair Denise Quirk called the meeting to order at 9:06 AM, after a quorum was confirmed, and welcomed the attendees.

II. Public Comment

None

III. Approval of August 20, 2015 Meeting Minutes

- Carol O'Hare moved to approve the minutes of the August 20, 2015 ACPG meeting. The motion was seconded by Connie Jones and carried unopposed with no abstentions.

Ms. Quirk noted that the November ACPG meeting was cancelled due to location issues in Las Vegas and rescheduled to today.

IV. ACPG Vacancy Update

Pat Petrie reported that he was still pursuing leads to fill the seat that represents veterans. Ms. Quirk mentioned she has been in touch with a psychologist at the VA Medical Center in Reno; he has not had a chance to check out the responsibilities yet, but remains a possibility. Mr. Petrie said he is available to answer any questions he may have. All other seats are filled and terms are current.

V. UNLV Follow-Up Research Report

Andrea Dassopoulos, UNLV, reviewed the UNLV report which was provided in the morning's handouts and posted on the GMU website. The follow-up survey is comprised of three sections of questions. The

first section includes questions regarding the clients' evaluation of their treatment services and relationships with staff. The second section asks questions about the impact treatment has had on their lives. The third section discusses their current gambling behavior, and includes an open-ended question when they can add anything that had not been asked in the survey. Overall, the clinics are doing very well with a satisfaction rate of over 90% across the board.

- Access to Services scored very high, as did Treatment Quality and Helpfulness. The first counseling session was thought to be the most helpful and was talked about the most, but clients were highly satisfied with all services.
- Aftercare is something that is talked about in the open-ended questions; they're not able to go to aftercare, or they're not sure what their aftercare plans are.
- Treatment Effectiveness scores and measures are quite high and the ones with significant differences between the 30 day, 90 day and one year follow-ups are the housing situation, financial situation, and spending less time thinking about gambling. Financial and housing situations are things that can't be measured very easily, but they're not instantly improving their housing or financial situation. It probably takes more time to fix the problem, and these may need to be measured differently.
- Gambling Behaviors is another measure that is significant over time. Regarding gambling behavior, they spend less time thinking about gambling as time goes on. The number of people who had not slipped at all at 30 days was much higher than at twelve months. Almost 55% of people at 30 days had not gambled at all, and it drops off a little bit after a year to just under 50%. But responses to the question, "Thinking back to the time when you gambled most heavily, have you reduced your gambling since this time?" show that even those who had slipped, 90% said that after one year, they had reduced their gambling since that time when they gambled most heavily.
- The other thing that came up as highly significant in the open-ended questions is dissatisfaction with Gamblers Anonymous (GA). By and large, they don't find it particularly helpful. Some people do find it helpful, but as time goes on they find it less and less helpful. The general consensus is that GA is okay; it's not as good as treatment and as time goes on they drop off from using it.

Ms. Quirk commented on the clinic-to-clinic comparison chart showing representation from the Reno Problem Gambling Center (RPGC) at 11.2% of the total sample. Ms. Dassopoulos clarified that number reflects the percentage of people she was able to contact and interview, not the number of people who consented to the follow-up. She explained that she makes the phone calls between 5 and 7 pm, and if she needs to leave a message or the subject needs to call back at another time, they can reach her between 1 and 8 pm. Regarding RPGC specifically, many of the contact telephone numbers were out of service; Ms. Quirk acknowledged that was a common problem with her clients. In order to improve the rate of return phone calls, Ms. Dassopoulos said the treatment providers could give their clients her phone number and let them call her from the clinics any time between 1 and 8. The number is 702-374-6193. Ms. Quirk asked if it would be appropriate to ask her clients, during her six-month reviews, whether they had received a call from UNLV, and if they had not, give them the number to call. Ms. Dassopoulos responded yes, and added that once she gets them on the phone, there are not many who refuse to participate in the interview. She confirmed that this report would be presented to the ACPG on an annual basis, around this same time frame.

Ms. O'Hare had concerns with the comments in the report regarding Gamblers Anonymous and asked if they were made in the context of a comparison to treatment. Ms. Dassopoulos said the actual questions regarding GA were included on page 21 of the report, and the comments on page 22 were unsolicited responses to an open-ended question asking the subjects if they had anything further to add. The comments are not cherry-picked; they are reflective of all the data that was collected. The general feeling is that GA in itself is not going to be able to help with their gambling problem.

Ms. Quirk asked Dr. Marotta if he felt there was a need to revisit anything having to do with the research. Dr. Marotta stated that a few weeks ago, when he and Mr. Petrie visited the UNLV team to discuss the evaluation efforts, Ms. Dassopoulos brought up some great suggestions which they are looking into. A lot is contingent on their budget and available funding. He stated that in general, he felt this to be a very solid follow-up study and personally felt the UNLV team did a great job collecting the data and compiling the report. The reach they made to contact people is impressive, as is the data, in terms of how it reflects on the system. There are improvements in the pipeline, but they are in the nature of expansion as opposed to changes.

Ms. O'Hare was also concerned that the report is public information, and the introductory statement that says the comments reflect participants' ambivalent relationship with GA comes across sounding like the state has come to a conclusion that people don't think GA is important.

Dr. Marotta acknowledged that Ms. O'Hare brought up some good points, including the fact that the general public may not see these comments as a sample, and not reflective of the full community of people who use problem gambling services, so any generalizations people may make about GA based on this information would be not well-founded. Ms. Dassopoulos was focused on her job at hand, to evaluate people who are part of this system. He thought that distinction probably could be added to the report. Another option would be for Ms. O'Hare, as a reviewer, to add an addendum expressing her concern. He added that the question good potentially be asked, if there are enough people who did not participate in GA – which there may not be, because the percentage of participation is quite high, about 75% – how outcomes differ say, at 12 months, for those who participate in GA compared to those who do not.

Ms. O'Hare was dissatisfied with the context in which the comments were presented, stating the opinions could have been formed after only one experience with GA, or from those with no participation with GA during treatment, at six months following treatment, or from three years ago. She also noted that technically, GA is not a part of the State's treatment program because it is not required. The report says many of the treatment centers require or encourage GA, but it's not part of our treatment system. We're asking about something that we don't have any control over and no improvement measure when it comes to people's options.

Dr. Marotta stated that his take-away, in terms of looking at program, is that it is clear not everyone has a positive experience in GA, and what the program should consider is alternatives to GA, other community support organizations.

Ms. Quirk stated she would like the treatment providers to have an opportunity to discuss and report back on this topic, because we can't assume that they are all recommending GA or doing any one thing. She asked if it would be appropriate to conduct a meeting of treatment providers and gather their

comments after they've had a chance to read the report. Dr. Marotta stated that he and Mr. Petrie have been bringing the report to the program site reviews and talking to the clinics about what's in it. Those conversations are taking place on a one-on-one basis during the program site reviews. Ms. Quirk felt that all the treatment providers should get together at least once a year to discuss what is working and what isn't. She wanted to bring together the treatment providers and counselors to review the report and provide feedback.

After discussing several possible options, it was decided to conduct a meeting of the program gambling treatment grantees once the site reviews have been completed and the treatment providers have had a chance to review the report. It was also decided that the meeting should be held without ACPG members present, in order to avoid any potential quorum issues, which would constitute an unofficial meeting of the ACPG and violate Open Meeting Law. In discussing a venue for the meeting, the general consensus was that, although face-to-face meetings are usually preferable to teleconferencing, participation might be greater they if were held via phone. The time frame for the meeting was tentatively set for February or March.

VI. Treatment System Performance Report for FY15

Ms. Dassopoulos presented the year-end performance report on behalf of Sarah St. John of UNLV, who was not in attendance. The report shows that inpatients are up by 13% and outpatients are up by 7.6% over the previous fiscal year.

VII. Legislative Workgroup

Ms. Quirk explained that due to Mr. Cabot's absence, scheduling of the workgroup meetings should be put on hold. She reviewed the roster of workgroup members appointed during the previous ACPG meeting, and stated she had since spoken with and appointed as members Judge Cheryl Moss and Deborah Robinson. Ms. Robinson is the general counsel for Monarch Casinos in northern Nevada and serves on the Reno Problem Gambling Center's board of directors. She asked if there were other volunteers interested in serving on the workgroup. Ms. O'Hare cited an email from Mr. Cabot that mentioned Professors Sarah Gordon and Stacy Tovino. Ms. Tovino is with the School of Health Law at UNLV; she was not sure of Ms. Gordon's affiliation. To facilitate matters, Ms. Quirk appointed Professors Gordon and Tovino to the workgroup, contingent on their acceptance. The general direction of the workgroup was discussed during the previous ACPG meeting, so the workgroup can meet as soon as a date can be determined. Mr. Petrie reminded the group that Department staff will need ample advance notice of the meeting date in order to secure meeting rooms and post a meeting notice in accordance with Nevada Open Meeting Law.

VIII. Strategic Plan Moving Forward

Dr. Jeff Marotta reported that the strategic plan project is moving forward and the project plan is nearly finalized. The first stage was putting together the plan; the next stage, gathering situational data, began over a year ago at a stakeholders meeting at the Nevada Conference on Problem Gambling in Reno. That meeting included a large slate of individuals representing different parts of the system, from many different prevention programs and different kinds of communities. The next set of data to be collected will be from those individuals who are most informed about the system. He expected that the data would be very different from people on the outside looking in as opposed to people on the inside giving their perspective. He developed two different forms to collect this information. One is through a semi-structured interview and the other is through a survey for individuals who opt to do the interview but

have difficulty finding the time to schedule one. Interviews have been completed with everyone in southern Nevada who was able to participate, and information will be collected from the northern providers and stakeholders on January 7. The information will be compiled and presented during a strategic planning meeting in conjunction with the Nevada Conference on Problem Gambling. The completed plan will be presented to the ACPG as a recommendation. The concept with this plan will differ from previous ones; it will encompass the entire system, with sections devoted to treatment, prevention, workforce development, and the ACPG, so it will be a more comprehensive document. It will also need to include some detail that's in the current treatment strategic plan so that will probably be included in appendices. He did not anticipate any radical changes to the strategic plan, but hoped a number of improvements would emerge from the process.

IX. Public Comment

Carol O'Hare commented on gaps in services. She cited as a positive development the new youth treatment program in southern Nevada, Vencer, which provides problem gambling treatment for adolescents through Sydney Smith, formerly of The Problem Gambling Center. On the gap in service side there is a lack of supportive services for people. She shared the circumstance of a woman incarcerated in Jean, Nevada who served ten years of a sentence as a woman with gambling problems. She got parole but can't be released until she secures transitional housing. The two centers they contacted for housing would not accept her because her addiction is not substance abuse. Advocates for recovery support services need to be especially conscious of the fact that if we are successful in advocating for people to get diversion or to get better treatment by the court system, we need to be able to get people into transitional housing. She asked that during strategic planning, the ACPG and providers talk about how the diagnosis of problem gambling, which is in the SAPTA treatment, is not being looked at, considered or tolerated by the substance abuse system.

X. Adjournment

Ms. Quirk wished everyone a happy holiday and thanked them for devoting their time to participate in the meeting. Meeting dates for 2016 were confirmed as February 18, May 19, August 18, and November 17. The meeting adjourned at 10:17 AM.