

**Department of Health and Human Services (DHHS)
Advisory Committee on Problem Gambling
Research/Program Workgroup Meeting
March 15, 2016**

DRAFT Minutes

Location: Videoconference only

Members Participating

Jennifer Shatley
Ryan Gerchman
Ted Hartwell
Dr. Jeff Marotta
Denise Quirk
Lana Robards
Sarah St. John

Members Absent

Stephanie Asteriadis Pyle

Others Participating

Pat Petrie and Gloria Sulhoff, DHHS

Members of the Public

Sydney Smith, RISE Center for Recovery
Aaron Lyons, The Problem Gambling Center

I. Welcome

Workgroup Chair Jennifer Shatley called the meeting to order at 1:03 PM. Roll call was taken and a quorum confirmed.

II. Public Comment

None

III. Define the Responsibilities and Focus of the Workgroup

Ms. Shatley began by explaining that this workgroup was appointed at the request of the Legislative Workgroup to figure out what the cost would be to have a great program in Nevada and what a comprehensive program would look like. They want to take that information to the Gaming Control Board or Legislature and request a revision to statute regarding the amount and source of monies deposited into the Problem Gambling Fund.

Ms. Shatley asked for input on other areas of focus for this workgroup, in addition to designing a comprehensive plan and determining its cost.

- Lana Robards stated that, after speaking with Laurie Olson, DHHS Unit Chief, she was under the impression that this group would also be looking for additional revenue streams, to see what other funding options are out there, should something happen to State funding.
- Ted Hartwell said his understanding was that the major focus would be to identify all the various components of an ideal comprehensive plan for Nevada, and come up with a dollar figure along

with supporting data so the Legislative Workgroup could form a strong argument to take to the Legislature. He suggested they could also brainstorm priorities to identify which components to cut first in the event funding falls short.

- Denise Quirk commented that Dr. Marotta is working on an updated strategic plan that includes a “pie in sky” perfect problem gambling plan and how that plan would compare to other states and to what we have now. In response to Ms. Robards’ comment, she is reminded that this workgroup is about the future of treatment, prevention and workforce development in Nevada.

There were no further comments on this agenda item. Ms. Shatley skipped to agenda Item V.

V. Review Research Needs to Define Programs, Resources and Funding Needs in Nevada

Ms. Shatley thought some kind of needs based analysis is required to determine the extent of treatment being provided in the state, how much is being billed to the State program, and how much is not. She also wants to research other states to find out what they are spending on their problem gambling programs and what those programs look like. Another research topic would be to identify an escalator to increase funds from year to year, whether it be tied to inflation, the cost of living, and/or population.

In response to a question regarding what research is currently being conducted, Mr. Hartwell said he is conducting a study focused on tribal communities in Nevada. Mr. Petrie added that UNLV’s research is limited to the individuals receiving treatment from the State’s grant-funded treatment program. Mr. Gerchman suggested collecting data from the Gambler’s Anonymous (GA) hotlines, which reach a large population of individuals on the prevention side and those who are not in treatment.

Ms. Shatley identified the components of a comprehensive multi-faceted plan as treatment, prevention, awareness, workforce development, and research, and asked for suggestions on how they might collect information and determine the needs in each area.

Dr. Marotta explained that it’s a challenging and complicated process to go through all the steps to identify the best plan and attach a number to it. Two years ago he began work on this by conducting a workshop attended by partners and agencies that could suggest ways to expand our current reach. For instance, other states are collaborating with schools, health clinics, and the VA. He and Mr. Petrie looked at the feasibility of the suggestions and found it would be challenging to do those things in Nevada due to the way they are structured here. Also, last year he and Mr. Petrie conducted program reviews with prevention and treatment providers and ACPG members, and asked questions on how to improve the system, where to focus efforts, and so on. That report has been completed and could be useful to the workgroup. He also is nearing completion on an updated strategic plan; the report is not ready yet but he does have notes. Also, a few years ago Dr. Marotta was the primary investigator on a study to document what’s happening across the country. He contacted every state and every state affiliate to the National Council, and talked to state agencies that administer any kind program addressing problem gambling. He offered to distribute that report to the group to give them an idea of what other states are doing. He also suggested looking at recent plans from other states, suggesting Massachusetts and one other, both of which go a lot further than Nevada’s. Another aspect would be to look at how to monitor changes in the environment to determine whether the problem is increasing or decreasing, as a way to measure whether our programs are working. He has considerable data he could provide but was not sure how the group wanted to go about processing and analyzing the data.

Mr. Gerchman suggested that one way to monitor the effectiveness of programs might be to base it off of depression symptoms. A great number of VFWs are losing members by suicide; perhaps VFW members could be surveyed about their gambling and depression with follow up surveys 6 and 12 months later. Dr. Marotta thanked him for the suggestion, adding that assessing community impact generally involves collecting data from as many points as possible, so that could potentially be one.

VI. Review Possible Steps to Gather Research and Identify Workgroup Members' Possible Roles

The group decided that the best way to approach this task would be to break it down into components and have individuals research what other states are doing and then think outside the box in terms of what might be done in Nevada in each particular area.

The workgroup members volunteered as follows:

- Public awareness campaigns: Ted Hartwell
- Prevention: Dr. Marotta suggested that Stephanie Asteriadis Pyle would be well qualified to take on this area. Ms. Shatley also suggested Carol O'Hara. Ted Hartwell and Ryan Gerchman volunteered to assist.
- Treatment: Sarah St. John, Denise Quirk, Lana Robards
- Workforce development: Dr. Marotta suggested Carol O'Hare, adding that a part of workforce development is defining the scope; a broader scope could include the gaming industry, mental health practitioners, etc. He has spoken to Ms. O'Hare about this and she would be a good choice to work on that. Denise Quirk, Ted Hartwell and Ryan Gerchman volunteered to assist.
- Research: Dr. Marotta stated he could help here. Jennifer Shatley and Sarah St. John volunteered to assist.

Sidney Smith volunteered to help with treatment if needed, and will also research Oklahoma's plan. Dr. Marotta will look at Oregon's plan, and will also send the survey he mentioned earlier.

Ms. Shatley reminded everyone that Nevada's plan needs to be based on a realistic dollar amount, and they will need to work around what we think we can get. Dr. Marotta's impression was that Mr. Cabot is looking for the golden standard, and suggested she touch base with him.

Mr. Hartwell asked if the plan would be addressing special research projects, such as multi-year prevalence studies. Occasionally there will be additional needs and it would be nice to see that expense come from somewhere other than the annual budget. Ms. Shatley replied that they would need to go back to the Legislative Workgroup and ask that question.

There was no further discussion on this agenda item, and Ms. Shatley move back to agenda Item IV.

IV. Recommendations for Official Name of the Workgroup and Make Recommendation to ACPG

The group brainstormed possible names for the workgroup, including: comprehensive plan workgroup; national comparison workgroup; program planning workgroup; program concepts workgroup; or an acronym. Ms. Shatley asked Department staff to poll the members via email for their preference.

VII. Public Comment

None

VIII. Schedule Next Meeting

The group decided to schedule their next meeting about a month out, and settled on Tuesday, April 19 at 12:30 pm. Ms. Shatley asked everyone to come prepared with suggestions, ideas or even just an update on what other states are doing in their area of focus.

Dr. Marotta alerted the group that he has been working on updating the Problem Gambling Strategic Plan, and will be presenting it for critique at a workshop on May 4. If this group reports out at the April 19th meeting, there is a good chance he will be able to build on those ideas, but he needs to send his plan out by the end of April. The strategic plan helps guide the advisory committee and the Department with decisions on funding, program development and expansion, and the current plan expires this year. Having these two processes happening concurrently is challenging, and he wanted everyone to be aware that he will not be ignoring input from the workgroup, but needs to move at a different pace. Mr. Petrie added that the strategic plan can always be amended, based on what is determined by the two workgroups. Dr. Marotta asked, in that case, whether his plan should be based solely on a flat budget. Mr. Petrie responded affirmatively, because it will be some time for the results of the two workgroups to come together.

IX. Adjournment

Having concluded all business, Ms. Shatley called for a motion to adjourn.

- Ms. Quirk moved to adjourn the meeting. The motion was seconded by Ms. Robards and the meeting adjourned at 2:04 pm.