

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

August 18, 2016 Meeting Minutes

Approved as Presented November 3, 2016

Videoconference Locations

Division of Public and Behavioral Health, 4150 Technology Way, Room 301, Carson City NV
Aging and Disability Services, Desert Regional Center, 1391 S Jones, Las Vegas NV

Members Present

Ryan Gerchman
Ted Hartwell (via phone)
Carolene Layugan
Carol O'Hare
Denise Quirk

Members Absent

Tony Cabot
Connie Jones

Others Present

Dr. Bo Bernhard, UNLV International Gaming Institute
Angela Carey, Community Development Coordinator, Aetna Medicaid Division
Dr. Jeff Marotta, Problem Gambling Solutions (via telephone)
Brooke O'Byrne, Specialty Courts Coordinator, 6th Judicial District Court (via telephone)
Stephanie Asteriadis Pyle, UNR CASAT
Dianne Springborn, Bristlecone Treatment Center
Sarah St. John, UNLV International Gaming Institute (IGI)
Pat Petrie, Social Services Program Specialist, and Gloria Sulhoff, Admin Asst. III, DHHS

I. Call to Order, Welcome and Announcements

Denise Quirk, ACPG Chair, welcomed everyone and called the meeting to order at 9:05 AM. Pat Petrie, DHHS, took roll call and a quorum was confirmed. There were no announcements.

II. Public Comment

None

III. Approval of May 19, 2016 Meeting Minutes

- Carol O'Hare moved to approve the minutes of the May 19, 2016 ACPG meeting as presented. Ryan Gerchman seconded the motion and it carried unopposed with no abstentions.

IV. Fiscal Year 2016 Problem Gambling Spending Report

Mr. Petrie reviewed several documents, beginning with the Fiscal Year (FY) 2016 Problem Gambling Spending Report.

- This report shows actual spending in FY16 by grantee, the amount awarded, amount spent, percentage of grant spent, and balance left unspent. Overall, treatment grantees spent 82% of the funds awarded, leaving an unspent balance of \$160,080. The treatment centers' Program Enhancement grants were awarded to support activities such as outreach, advertising, travel, and training. Overall, 58% of those funds awarded were spent; \$5,501

were left unspent. The two Prevention grantees spent out 96% of funds awarded, leaving \$8,657. The sole Workforce Development grantee spent 100% of the grant award. The Data Collection and Research Grantee spent 89% of the award, leaving \$11,008 unspent. Dr. Marotta's contract was fully spent. In total the Problem Gambling Fund granted \$1,314,198, and grantees spent \$1,128,951 or 86%, leaving a balance of \$185,247 unspent. A footnote in the report noted that had the grants been paid at FY17 rates, which include increased reimbursement rates for intake assessments, interns, and residential rates, the State would have paid out an additional \$143,985 for treatment programs, leaving \$41,262 or 19.4% unspent.

- The FY16 4th Quarter (year-end) Nevada Problem Gambling Treatment System Quarterly Report was included in the handouts but not yet posted on the web. Mr. Petrie noted that the treatment providers attained 73% of the system-wide goal of 611 new clients, reaching 445. This year the Department provided the goals for the treatment centers, based on the previous year's average case costs and their grant amount, in order to equalize them across the board. The 611 number is in line with previous years.
- The Problem Gambling Treatment Spending and Goal Comparison Report covers fiscal years 2013 – 2016. This document was included in the handouts but not yet posted to the web. In FY13, 600 clients were enrolled system-wide, exceeding the goal of 411 by 146%. Awards totaled \$730,685 and \$727,271 or 99%, was spent. In FY14, 553 clients were enrolled, exceeding the goal of 500 by 111%. Awards totaled \$1,008,586, and \$894,855 or 89% was spent. In FY15 629 were enrolled, exceeding the goal of 540 by 116%. Awards totaled \$998,500, and \$956,522 or 96% was spent. In FY16, 445 were enrolled, reaching 73% of the goal of 611. Awards totaled \$900,288, and \$740,208 or 82% was spent. He commented that the numbers in FY14 and 16, the first years of the two-year grant cycle, seem to be consistently lower than in the second year of the cycle.
- Mr. Petrie provided information on the balance in the Problem Gambling Fund. The budget authority for SFY17 is \$1,314,936. Total funds awarded equal \$1,170,322, leaving a balance of \$144,614. The balance is mainly due to a reduction in the grant award to Reno Problem Gambling Center, which had some staff changes and went from two counselors down to one. He mentioned this because some of the treatment reimbursement rates increased in FY17, and mid-year adjustments to the treatment grant awards may be needed.
- Sarah St. John, UNLV IGI, reviewed the Nevada Problem Gambling Treatment System Performance Report for FY 2016 and its accompanying document describing the seven Program Performance Measures. The report listed performance ratings for each treatment grantee; a score of one was assigned for each performance measure standard met.
 - Access: At least 90% of clients receive services within five business days of initial contact. All the providers except one met this measure.
 - Retention: At least 40% of clients actively engage in at least ten treatment sessions. This measure was met by all.
 - Successful Completion: At least 35% of individuals successfully complete treatment. There's a caveat to this area; if clients are not being discharged in the system, it will

pull the number down. Four out of five met the rate. Dr. Marotta explained the difference between the adjusted and non-adjusted percentages. The adjusted rate takes into account those who were discharged because they moved, became incarcerated, or for other reasons outside the control of the program, and takes those out of the equation.

- Client Satisfaction: At least 85% of clients who complete the survey will positively recommend providers to others. Four of the treatment centers were at 100% and the fifth was at 96%.
- Consent for Follow-Up: The percentage of clients who consent to the follow-up survey should be no less than 80% of the average system-wide. The report showed a system-wide average of 57% but was calculated incorrectly. The correct percentage is 85.6%.
- Case Cost: The average outpatient treatment cost per case is no more than 120% of the average system-wide. The case costs were based on outpatient services only, which is why the residential centers' costs are so low.
- Service Cost Share: The percentage of client services not claimed for DHHS reimbursement is fairly low for all the treatment centers. New Frontier had a higher percentage, at 31%. This may be because they have other payment sources. Something else that can affect the percentage is if the treatment center does not enter all clients into the system, whether or not the center bills the State for them. Be sure to enter all clients whether billing for them or not.
- Global Performance Rating: Shows the performance rating for each treatment center, factoring in all the measures. Percentages were also calculated omitting the Service Cost Share measure.

The only comment was from Dr. Marotta, who noted that the performance measures are showing a decreased performance from last year. Mr. Petrie said that issue will be part of the discussion at the Department's quarterly grantee meeting scheduled for September 8, and he will report back to the ACPG on their findings.

V. Program Concepts Workgroup Update

Ted Hartwell, Chair of the Program Concepts Workgroup, reviewed the role of the workgroup, which is to provide a supporting statement and data for the Legislative Workgroup to bring to the legislature. The group met twice since the last ACPG meeting, and hopes to complete their work after one more meeting. The Workgroup began by researching best practices to develop a gold standard of service for each program area, but refocused efforts to provide a higher level, big picture view for the legislature. Using the talking points from the 2013 legislative session as a starting point, they updated and added to the sections of the document. Mr. Hartwell shared a few of the highlights:

- There has been a \$400,000 decrease in revenue in the years since the Fund's inception, due to the trend away from slots and the rising popularity of e-gaming.
- A current prevalence study is needed to identify where the needs are, and funding is needed for that.
- Nevada's per capita funding for problem gambling programs is much lower than other states'.
- A point of discussion and of real concern is that the group is asking for a funding increase while having funds left unspent in FY16. Dr. Bernhard has stated that a decline in the fourth quarter

seems to be a general trend, but this year it was significant. However, factoring in the recent increases in reimbursement rates, nearly all the money awarded would have been spent, and going forward in FY17 it's expected that the grantees will spend out their total awards. Mr. Hartwell shared an excellent point brought up by Sarah St. John at the last workgroup meeting. She suggested that instead of looking at the unspent balance as an indicator of decreased need, it is probably largely due to being underfunded in the workforce development and awareness and prevention areas. An increase in these efforts would help providers identify individuals with problem gambling issues and provide them with information on how to get help. Ms. St. John is writing up a paragraph which provides a wonderful response to concerns that may arise regarding the leftover funds.

In conclusion, Mr. Hartwell stated that the workgroup's goal over the next two weeks is to finish working up the data, compile a final draft of talking points, and send it to the Legislative Workgroup to present at the next ACPG meeting.

VI. Action Item: UNLV IGI Data Collection and Research Grant Increase and Change to Scope of Work

Dr. Bo Bernhard, UNLV International Gaming Institute, summarized a request sent to the Department to increase UNLV's current grant funding from \$100,000 to \$139,372. The additional funding would allow them to add two more research assistants to the team and purchase a replacement laptop computer. Mr. Petrie explained the steps required to comply with the request. The ACPG had previously recommended how much money to allocate to each problem gambling program area; the amount approved for the Data and Research category was \$100,000. If the ACPG wants to recommend that the grant award be increased, it would need to submit a recommendation to the Director to move additional funds from some other category into the Data and Research category, and to increase UNLV's grant award by the amount decided. If approved by the Director, the Department would issue an amended Notice of Grant Award with an amended budget. He reminded the group that the Problem Gambling Fund has an unobligated balance of \$144,614 in the Treatment category. These would be the same funds used to make any mid-year adjustments to the treatment grant awards; however, each treatment grantee received the same grant award as in the previous year, with the exception of Reno Problem Gambling Center, and they would need to spend their entire award, plus increase treatment reimbursements by \$144,000, before utilizing all of the unobligated funds. Looking at last year's spending, even when adjusted for increased FY17 reimbursement rates, the grantees did not spend all of their money, but it's difficult to say what might happen this year.

- Ms. O'Hare moved to send a recommendation to the Department Director to: a) move sufficient funds from Treatment to Data Collection and b) increase UNLV's FY17 grant award from \$100,000 to \$139,372. The motion was seconded by Ms. Quirk, and there being no further discussion, carried unanimously.

VII. Action Item: Approval of Program Concepts Workgroup's Proposed Recommendations

Mr. Hartwell confirmed that the Workgroup was not yet prepared to submit recommendations, so this item was tabled until the next meeting.

VIII. Diversion Law Training for Treatment Centers

Ms. Quirk discussed the idea of providing Diversion Law training to the treatment centers. She feels there is a lack of understanding on the intervention law among providers as a whole. The Nevada Council on Problem Gambling (NCPG) book, *Problem Gambling and the Law*, is available but is not

widely used or dispersed. She suggested a free, one-hour training, mandatory for grant recipients, to inform gamblers and others about the law opportunities prior to sentencing, reviewing guidelines on interacting with the legal system on behalf of clients, knowing where assistance is available, and being able to make referrals.

Ms. O'Hare added that the aforementioned book will be updated to conform to the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) and include more current legal information and case law. If the training could be made available as an online webinar, she would offer to make the training a requirement for inclusion on NCPG's referral list, stating that anyone providing problem gambling services should be required to have a basic understanding of the law.

Dr. Marotta asked whether the required training would be mandatory for every clinician, or one representative from the clinic. He also wondered what the impact would be if the training is a requirement for applying for a grant and the key person could not attend. Ms. Quirk felt it should be mandatory for every CPGC or CPGC Intern that is working for the grantee, and she would like the training to be digital which could be accessed online 24/7. Dr. Marotta asked to hear from the treatment grantees to see if they support the initiative. Dianne Springborn thought it was a great idea. She attended the NCPG conference session on legal and regulatory perspectives and was impacted by it; all the judges were there. She uses the book all the time. Ms. O'Hare said she hears from attorneys who are desperate for right tools to help their clients, and there are a couple of attorneys giving a great deal of pro bono to keep people out of jail. This gives us a proactive way to support them and advocate for our clients. Mr. Petrie suggested that Ms. Quirk discuss the idea at the Department's September 8 grantee meeting. The following grantee meeting, scheduled for early December, would provide an opportunity to present a webinar and get it rolling.

IX. Action Item: Approval of Diversion Law Training for Treatment Centers

- Ms. O'Hare motioned to recommend that the Department move forward with developing and implementing a required training on the diversion law for the funded treatment providers. Mr. Hartwell seconded the motion and it carried unanimously.

X. Public Comment

Dianne Springborn commented on the decreased number of clients at Bristlecone Treatment Center. Due to decreased funding, they had to reduce their counselor and intern staff from four to two, which resulted in the number of clients they could accept.

Angela Carey, from Aetna Medicaid Division, was appreciative of the opportunity to sit in on the meeting and learn more about Nevada's problem gambling program. Nevada Medicaid has stipulated that her company address an innovative way to address problem gambling, and she has a meeting scheduled with Ms. O'Hare following the ACPG meeting.

Mr. Petrie announced the next ACPG meeting is scheduled for November 17.

XI. Adjournment

- Ms. O'Hare moved to adjourn the meeting; Ryan Gerchman seconded. The meeting adjourned at 10:30 AM.