

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

**December 12, 2016 Meeting Minutes  
Approved February 16, 2017 with corrections/amendments**

**Physical Locations (Teleconferenced)**

Division of Public and Behavioral Health, 4150 Technology Way Room 303, Carson City NV  
Aging and Disability Services Division, Desert Regional Center, 1391 S Jones, Las Vegas NV

**Members Present**

Tony Cabot  
Ryan Gerchman  
Ted Hartwell  
Connie Jones  
Carol O'Hare  
Denise Quirk

**Members Absent**

Carolene Layugan

**Also Present**

Lea Cartwright, NPA (Nevada Psychiatric Association)  
Jeff Marotta, Problem Gambling Solutions  
Pat Petrie and Gloria Sulhoff, DHHS, Office of Community Partnerships and Grants (OCPG)  
Rory Reid  
David Robeck and Merle Sexton, Bridge Counseling Associates  
Lana Robards, New Frontier Treatment Center  
Sarah St. John and Andrea Dassopoulos, UNLV International Gaming Institute

**I. Call to Order**

Committee Chair Denise Quirk welcomed everyone and called the meeting to order at 1:03 PM. Roll call was taken and a quorum was confirmed. Tony Cabot indicated he had a scheduling conflict and would need to leave at 2:00.

Pat Petrie, OCPG, noted that the meeting materials contained a schedule of ACPG meeting dates for calendar year 2017. He also announced a staffing change in the Office of Community Partnerships and Grants; Laurie Olson has transferred to the Division of Aging and Disability Services, and Cindy Smith is serving as Interim Chief of the OCPG. Additionally, the OCPG Chief now reports to Priscilla Colegrove, Administrative Services Officer (ASO) IV in the Division of Child and Family Services. [Cindy Smith, OCPG Chief, noted for the record that she now reports to Dena Schmidt, Deputy Director of Programs in the Director's Office, DHHS.]

**II. Public Comment**

None

**III. Approval of Minutes**

Ms. Quirk confirmed that everyone had received and reviewed the minutes of the previous meeting.

- There being no comments or changes to the minutes, Carol O'Hare motioned to approve the minutes of the November 3, 2016 ACPG meeting as presented. The motion was seconded by Ted Hartwell and carried unopposed.

#### **IV. Discussion on ACPG Initiatives and Functions**

Dr. Marotta explained that during the course of developing the RFA for SFY18-19, he and Mr. Petrie reviewed the Problem Gambling Strategic Plan and want to follow up with the ACPG regarding two items in Section V: Goals:

- Part A, Administrative Services Enhancement Activities Phase 1: measures the OCPG can take to support ACPG initiatives and functions. Is there anything that the Department, or Dr. Marotta as the consultant, could be doing to support initiatives and functions of the ACPG? Ms. O'Hare referred to the previous meeting's discussion when the ACPG asked for assistance in bill tracking during the legislative session.
- Part D, Treatment Phase 2: utilize the ACPG to inform the development and implementation of innovative interventions targeting high-risk populations. This would be a good time to offer any innovative ideas the ACPG, or individual members, may have for targeting high risk groups. There were no suggestions.

#### **V. Discussion on 2018/2019 Problem Gambling Request for Applications (RFA)**

Mr. Petrie discussed the RFA for SFY 2018 and 2019.

- The RFA timeline, which was included in the meeting materials and posted on the website, was reviewed in detail. Key dates include the release of the RFA on February 17, 2017 and an orientation webinar on February 23. Participation in the orientation is mandatory for all applicants.
- Mr. Petrie next discussed the proposed budget for SFY 18-19. The amount in the approved budget for the next biennium is equal to actual expenditures in FY16, a base budget year, of just over \$1.1 million. This is a reduction from the current year's funding of \$1,314,198. Because projected revenue is on track with no anticipated decrease from FY17, the Department's fiscal staff has advised us to base the upcoming grant cycle on the FY16-17 budget of \$1.314 million, stating they could process a work order to pull in the additional money from reserves if needed. The \$1.314 million is our authority to spend. He further explained that the Fund includes two reserves. One contains funds that the Department does not have authority to spend; these funds are held to ensure sufficient cash flow to pay grantees and can only be accessed by processing a work order. The second reserve consists of residual monies not granted out but within our authority to spend to supplement treatment or other activities.
- Mr. Petrie reviewed a spreadsheet that detailed spending by program area in ~~FY17-17~~ ~~FY16-17~~. These figures were being provided to show the percentages currently allocated to each program area, and the amount spent to date, to help the ACPG form a recommendation for allocating funds to each program area in the next funding cycle.
  - Concerning Treatment, Mr. Petrie pointed out and noted it was important for everyone to understand that while the grantees underspent in FY16, the new strategic plan which went into effect in FY17 includes substantial billing code rate increases and new

reimbursement codes for transitional housing. If these services had been billed in FY16, an additional \$144,000 would have been spent. These changes make it difficult to say where we will be at the end of FY17. The FY17 numbers shown on the spreadsheet are based on expenditures from July through October, and treatment services vary from quarter to quarter. Typically, the first quarter is not the highest.

- The program enhancement grants were small, noncompetitive awards of \$2,600 to each of the treatment centers to support expenses such as travel to conferences, purchase of materials and books, PSA campaigns and outreach. Only 58% of these awards were spent last year. This year, nothing has been spent. The Department's recommendation is to eliminate the program enhancement grants, move the funds back into treatment, and maybe add new treatment reimbursement codes; for instance, to cover the testing fee for an intern to be certified.

Ms. O'Hare asked how that would impact the ability of a grantee to apply for travel expense reimbursement through the NCPG's workforce development grant to attend the annual conference. Mr. Petrie responded that if the treatment grantees no longer receive grant funding to cover travel expenses to conferences, then they would be eligible to receive reimbursement through the Workforce Development grant.

- Funding for Prevention cannot be estimated by looking at how much has been drawn down, because these activities may happen at any time throughout the course of the year. The RFA for Prevention will be based on implementing the activities and ideas in Phase II of the Strategic Plan. It will be a little different than in the past. The Department is trying to do a better job of marketing both the Prevention and the Workforce Development RFAs to reach places that might be interested in applying. He and Dr. Marotta have begun meeting with all the grantees to get their input, which will help them shape and refine the RFAs. There may be a few new things but overall, no significant changes.
- The remaining grant award is with UNLV and is not a competitive grant. We will be asking for recommendations on funding allocations for Data Collection and Research, and for the contract with Dr. Marotta.

Ms. O'Hare stated that during the last cycle, the RFA process for treatment providers was not competitive and the grants were formula based. She asked how the process would work for new applicants. Mr. Petrie replied that the grant process for treatment providers was and is a competitive process. This is a new two-year grant cycle, and everyone must apply, including current grantees. No one is guaranteed funding for FY18. What changed last time were the questions, depending on whether the applicant had or had not received funding in the past. If the applicant was a current grantee, they did not request a dollar amount; the funding award was formula-based, using past data from UNLV. If the applicant had not received funding in the past, they were asked to provide an award amount based on the reimbursement rates in the strategic plan. New applicants will be asked to tell us what they think it will cost to provide treatment, to give us a dollar figure based on the number of clients served. For example, if a center says it can treat 10 people for \$100,000, that equals \$1,000 per case. If the applicant scores high and is recommended for funding, we negotiate the grant award based on what we know to be the system average case cost. The applicant asked for x amount, we can award x amount. We then negotiate numbers served and outcomes, based on the rates in the strategic plans. Dr. Marotta

added that the application questions are not about the budget; they are programmatic, focusing on program descriptions and whether those match up with strategic plan. The application is very similar to the previous one; basically, here are the reimbursement rates and average case costs. How many clients do you think you will serve, and how much funding do you think you will need? The reviewers rate the top five or ten programs without considering the budget. The results then go to the ACPG. If there is not enough funding to go around, the ACPG has to consider what to do.

Ms. O'Hare brought up the challenge of providing Spanish speaking services, and asked if anything could be added to reimbursement rates to incentivize, or in reviewing applications, include some kind of credit for providing Spanish speaking services.

Dr. Marotta responded that the RFA has always tried to encourage applicants that serve underserved groups; however, there have not been many applicants. One thing that gets in the way is that, per statute, services must be provided by a certified PGC. A lot of agencies can't afford to invest in Spanish speaking certified counselors or recruit new folks to come into the field. Applicant eligibility is not too restrictive, but we always get the same applicants. We could more clearly indicate that people can get creative; for instance, someone could apply as running a consortium of providers without having to name them specifically, they can be recruited and added later. They could say that, to serve the Spanish-speaking population, we will bring in any Spanish speaking counselor anywhere in the state as a subcontractor. Ms. O'Hare thought that would present problems with the Board if counselors aren't in the same location as their supervisor. Mr. Petrie suggested it might be possible, depending on how the cost would impact the system, to increase the reimbursement rate for Spanish speaking counselors. Additionally, because it is late in the RFA development timeline, any change needs to be implemented in the strategic plan, rather than the RFA process. Dr. Marotta added that agencies can get creative, but there needs to be an applicant willing to put that forward. The application allows for a variety of different types of treatment services to be provided. Mr. Petrie concurred, adding that there is no model for treatment services. Applicants only need to follow the strategic plan and adhere to the reimbursement rates.

In response to a question from Ms. O'Hare, Dr. Marotta stated that applicants who provide services in an unserved area or to an underserved population will have an edge during the review process.

Ms. O'Hare stated that for two years in a row, people attending the conference have said they are interested in problem gambling and want to get into the field, but have nowhere to go. There are only five funded treatment centers. What do the other centers do with the interns if they can't get into the system to get reimbursement to support them? Dr. Marotta replied that if the ACPG decides this is an area that needs to be opened up or deserves its own funding area, it would be a potential avenue to addressing unmet needs, as discussed in agenda item four.

Ms. Quirk opened the floor to public comment.

David Robeck introduced himself as the CEO at Bridge Counseling Associates. ~~He is also on the Board of Examiners for Elko problem gambling and was the first member of the SAPTA board. [Unverified and stricken from the record.]~~ Bridge is the oldest behavioral nonprofit in Nevada, with 11 therapists treating substance abuse and 26 dual licensed for mental health and substance abuse. Nine are Spanish-speaking, and others speak additional languages. He introduced Merlyn Sexton, CPGC and CPGC Supervisor. Mr. Sexton stated that although Bridge Counseling focuses on substance abuse and mental

health treatment, when they get a problem gambler in the program they provide treatment for gambling with no reimbursement; it is treated as co-occurring. All clients receive a full assessment using ~~GPS~~ **GPPC (Gambling Patient Placement Criteria)** screening.

## **VI. Recommendation of Funding Percentage Allocations for Treatment, Workforce Development, Prevention, and Information Management**

Ms. Quirk referred to the handout that detailed Problem Gambling Program Spending in SFY16 and 17 (Attachment A). Mr. Petrie presented the Departments' recommendations as shown on the handout: Treatment 60%; Prevention 16%; Workforce Development 4%; Data Collection and Research 11%; Consultant 4%; and Reserve 5%. A reserve is not required, but it is recommended in order to allow leeway to add more funds later if new codes are introduced. The numbers are based on funding of \$1,314,936, the same amount as the last grant cycle. Allocation percentages are based on FY17 spending more so than FY16 spending because of the increased reimbursement codes.

Ms. O'Hare asked how the SFY17-18 funding cycle would be impacted if the ACPG's legislative bill was successful and the Program Gambling Fund saw an increase. Mr. Petrie replied it would not change anything; if more funds become available, the committee could revisit the budget and make adjustments. An RFA for a prevalence study could be issued, or existing grant awards could be increased, if the ACPG decided that is what it wants to do. There are a few ways to approach that once that happens. If we see an increase or decrease in treatment applicants, we can make adjustments to the allocations; there are always ways to do that. Ms. Quirk thought that the numbers made sense and recommended the ACPG approve them as presented. There were no additional comments or questions.

- Ms. O'Hare motioned to recommend the program allocation percentages as presented by Mr. Petrie. The motion was seconded by Connie Jones. Dr. Marotta pointed out that the percentages were verbally presented as round figures, rather than exact percentages. The members agreed to accept any refinements to the percentages made by the Department, and the motion carried unanimously.

## **VII. Update on Diversion Law Training**

Dr. Marotta reported that at its last meeting, the ACPG approved an initiative to provide training on diversion law. Ms. Quirk, in collaboration with Colin Hodgins, put together a presentation which he and Mr. Petrie previewed at New Frontier. They provided feedback to Ms. Quirk that he wanted to share with the group. In addressing the question of what do we want to do with our efforts to further advance the idea of getting folks into therapeutic justice environment with crimes related to gambling behaviors, he suggested they look at it in different ways. First, who are the primary audiences? If a problem gambling counselor is providing services to a client engaged in diversion court, that person needs a lot of special knowledge in terms of assessments, working with the court, etc. This is a low occurrence activity, so rather than train everyone on a skill set they may never use, or forget in the meantime, an alternative might be to set up a mentorships system so if a counselor has a client in court, an expert could be brought in to advise that counselor as they work through it. Ms. O'Hare responded that everyone still needs a base knowledge; everyone getting funds must go through basic training of the law so they don't miss cases when they come through the door. Dr. Marotta noted that the basics on the law can be done in five minutes; if they are not engaged in the courts, they just need to know what to ask and when to ask it. A second suggestion would be to integrate this discussion of gambling, criminality and the court system into all training, conferences and webinars to provide multiple opportunities to learn, as well as

provide frequent reminders. Third, the effort to work with DAs and attorneys, is a little harder to figure out how to do.

Ms. Quirk agreed they were all good points. She discussed the possibility of incorporating a brief presentation of two or three slides into the orientation that all grantees receive. Regarding providing outreach to attorneys and judges, she suggested the "Family and the Law" publication, with NCPG endorsement, to assist treatment grantees to have the best tools for working with folks who do court training, mentorship, and outreach. She stated it should be a mandatory requirement for grantees to be informed on Nevada diversion law.

Dr. Marotta offered another suggestion to include an education requirement in the certification. As an advisory group, the ACPG could make a recommendation to the Board of Examiners. Ms. O'Hare stated the group would give attention to that and to the standard of GPSI in the core training. She added that regarding the diversion law, Nevada is divided: the north has champions welcoming interaction with the law, but in southern Nevada the law is under attack and there are concerns that there may be an attempt to change the law. She felt the ACPG may need to become engaged in legislative efforts to ensure the law is retained, adding that a response was likely to come out of the DA's Office in Clark County.

Dr. Marotta mentioned that adding new procedure codes, potentially for mentors and for providing outreach to people in the criminal justice system, may be a way to empower the effort, but he didn't know how the added costs would impact funding. Ms. O'Hare suggested adding a code for consultation with attorneys so providers could provide expert consultation with an attorney. If they don't get the right information up front, it is difficult to change their defense. She stated for the record that the ACPG would strongly support any creative means the Department could come up with. Dr. Marotta suggested that it could be added to the strategic plan as a priority area, and new procedure codes could be added to reimburse for therapeutic justice tied to a client. He stated, however, that at this point we don't know how many applications will be received and what the total funding requests will be. It may be better to wait and make a decision after the applicants are decided upon and we know what the funding is. We can update the strategic plan any time. Ms. Jones asked whether these new codes for outreach activities and legal consultations will take dollars away from treatment. Dr. Marotta replied yes, stating that would be okay if we have enough dollars, but if we have several new successful applicants, it comes down to a decision of priorities. Do we preserve dollars for treatment, or restrict treatment and invest in the court initiative?

Ms. Quirk felt that adding codes for outreach to people in the criminal justice system and reimbursement for legal issues with an existing client would amount to less than 2% of the grant award. She asked if any action was needed. Mr. Petrie explained that the topic will need to be added to a future ACPG meeting agenda. Then once the ACPG approves a recommendation, it goes to the Department Director for approval.

#### **VIII. Public Comment**

None

#### **IX. Adjournment**

Ms. Quirk expressed her appreciation for everyone's attendance and involvement, and wished everyone a happy holiday.

- Ms. O'Hare motioned to adjourn. Ms. Jones seconded and the meeting adjourned at 2:58 PM.