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

Draft Meeting Minutes May 17, 2018

Meeting Locations (Videoconferenced)
Division of Public and Behavioral Health, 4150 Technology Way, Room 153, Carson City NV
Desert Regional Center, 1391 S Jones Boulevard, Administration Building Training Room, Las Vegas NV
Web and Teleconference Participation also available

Members Present	**Members Absent**
Denise Quirk, Chair (Carson City)	Tony Cabot
Ryan Gerchman (Carson City)	Alan Feldman
Carol O'Hare, Vice Chair (Las Vegas)	Ted Hartwell
Carolene Layugan (Las Vegas)	Connie Jones
Donald Yorgason (on phone)	

Also Present
Cindy Smith, Chief, Office of Community Partnerships and Grants (OCPG), DHHS Director's Office (Carson City)
Lori Follett and Cathy Council, OCPG (Carson City)
Gloria Sulhoff, OCPG (Las Vegas)
Lori Chirino, The Problem Gambling Center (Las Vegas)
Jeff Marotta, Problem Gambling Solutions (phone)
Merle Sexton, member of the public (phone)
Jim Clinton, Bridge Counseling (phone)
Sarah St. John, UNLV (phone)

I. Call to Order, Welcome Introductions and Announcements
Denise Quirk, Chair of the Advisory Committee on Problem Gambling (ACPG), called the meeting to order at 9:04 am. Attendees in Carson City, Las Vegas, and those participating on the phone introduced themselves and a quorum was confirmed. Lori Follett introduced herself as the Problem Gambling Program Lead, replacing Pat Petrie following his departure from State employment.

II. Public Comment
None

III. Approval of ACPG Meeting Minutes

Ms. Quirk called for approval of the February 15, 2018 quarterly ACPG meeting minutes and the April 19, 2018 special-called ACPG meeting minutes. There were no comments or corrections to either.

- Carol O'Hare moved to approve both sets of minutes as presented. The motion was seconded by Denise Quirk and there being no further discussion, the motion carried.

Ms. O'Hare stated for the record that the minutes were very well done. Ms. Quirk commented that the minutes made for very interesting reading and were instrumental in capturing the comments and recommended revisions to the Legislative Workgroup's Legislative Talking Points documents.

IV. Discussion on Treatment Reimbursement Rates
Ms. Quirk introduced Jeff Marotta to review the Problem Gambling Services Reimbursement Rates document he compiled. Dr. Marotta explained that the information in this document is from the most

recent national survey conducted by the APGSA (Association of Problem Gambling Service Administrators) and the National Council on Problem Gambling in 2016. The survey includes information on what different states that offer publicly funded problem gambling services are doing in a number of dimensions, including how much reimbursement is being paid to the providers within the system. Figure 1 illustrates the comparative fee-for-service reimbursements for individual and group counseling in twenty states, including Nevada. There is a great range of variability between the states; Nevada's rates are not the lowest or the highest, but are below average. He further explained this graphic reflects only those states that participated in the survey and that use the fee-for-service system; not all states do.

Figure 2 compares Nevada's reimbursement rate to the national average and the national median rates for residential, individual, and group treatment services. Nevada's reimbursement rates are less than both the national average and the national median rates. Dr. Marotta explained that he used averages to account for the differences in reimbursement rates paid to providers depending on their qualifications, except in the case of Nevada. To arrive at the Nevada rates, he did not average the rates for certified counselors and certified interns; he used the certified counselor rates only. He agreed that including the lower reimbursement rates for interns would lower the overall Nevada rate, but thought the difference would be slight.

Sarah St. John stated that the third quarter performance report, which she was currently compiling, does blend interns and full counselors together, and she would have that information available soon. But she added that the percentage of the overall billing for intern-provided services is very low, less than 10% or even 5% of the overall billing, and didn't think the numbers would change much at all. Ms. Quirk stated she would like to have the performance report available when meeting with legislators and stakeholders.

Ms. Quirk explained that the purpose of this discussion was to support an increase in reimbursement rates that would cover the cost of doing business, both clinical and administrative work. She opened the floor for discussion, noting that a decision would not be made today. She suggested using the national median rates, rounded up, as a starting point: $200 for residential treatment; $90 for individual treatment; and $35 for group treatment. Ms. O'Hare asked if the median rates had seen movement from year to year that should be factored into the discussion. Dr. Marotta responded that there is movement. Often, state agencies index these rates to others within their state, such as Medicaid, substance abuse treatment rates, or to behavioral or mental health rates. Also, states often engage in different studies to determine what the cost of doing business is in their state, so it's a fairly extensive exercise in determining how the rates should be adjusted. He wondered if there were existing rates within DHHS that could be used to index the problem gambling rate; if so, those should be considered.

The group agreed that a comparison should be made to Nevada's treatment payments in other models, particularly Medicaid, whose rates are higher than the problem gambling reimbursement rates, and substance abuse, mental health, and behavioral health. Ms. Quirk asked DHHS staff if they could provide comparative rates which would include not only the cost of counseling services, but also the cost of doing business in Nevada, to see how they measure up to the problem gambling reimbursement rates. Dr. Marotta explained that the current rates were determined by "backing in" the numbers. We knew the amount of funding available to the program (the spending authority) and from that, the ACPG made recommendations on how much to allocate towards treatment services. Using historical projections, we estimated how many people would be served in a year, and determined rates based on the amount of treatment funds available. This is not a good way to do business, but it allowed the system to support the demand. The providers at that time agreed to get reimbursed less than what it would take to

provide these services. If the rates increase, there won't be enough funding to support current demand. Ms. Quirk agreed, adding that with the ACPG marching forward with a request to increase funding, this fits perfectly with the timing. She asked if the group had any questions or comments.

Don Yorgason commented on Nevada's below-average pay out rate for treating problem gambling. Nevada is known for its gambling; it should also be known for its high-quality gambling treatment. That's directly tied to reimbursement because it's an incentive for people to want to work here and provide those kinds of services.

In response to a question, Ms. Quirk explained the differences between residential, individual and group treatment reimbursement rates. A clinical assessment is conducted at intake to determine the level of care that is needed. The levels include:

- Inpatient, where the person stays in a residential treatment center and is given full services, which can include up to 8 hours a day of group therapy, individual therapy and other educational groups. That rate in a hospital would probably be $1,500 to $2,000 a day, as compared to the proposed rate of $200.
- Individual counseling is for one-on-one treatment with a clinician, a Master's level or Bachelor's level person with problem gambling certification, or a certified intern, and the rate is for one hour of treatment.
- Group counseling is when two or more people are in the room. The rate tends to be less because the clinician is providing group therapy to a group of people. Treatment is billed per hour for each person in the group.

The Committee discussed whether to make this discussion topic a quarterly meeting agenda item, or to form a workgroup to meet separately. Given that the ACPG bylaws limit ACPG meetings to no more than six per year, it was decided that a separate workgroup would be necessary. Recommendations made by the workgroup can be provided to the ACPG for approval at the August meeting. Any approved changes to the reimbursement rates can be addressed through an amendment to the strategic plan and implemented in SFY19. It was noted that workgroup meetings are bound by Nevada Open Meeting Law and considered open, public meetings.

Ms. Quirk formed a Treatment Reimbursement Rate Workgroup and appointed the following individuals to the workgroup: Sarah St. John, Don Yorgason, Lori Chirino, Carolene Layugan, Merle Sexton, Lana Robards, and Jeff Marotta, if so assigned by DHHS. She indicated a Doodle Poll would be sent via email to determine meeting dates. She would like to meet at least once, hopefully twice, before the August ACPG meeting.

V. Discussion of Comprehensive Public Awareness Campaign

Dr. Marotta stated that the information in the Problem Gambling Services Public Awareness Spending report was obtained largely from the 2016 National Survey on Problem Gambling Services. He noted the difference between prevention information and public awareness. This discussion topic, regarding a public awareness campaign to inform the public of treatment resources, falls within the media categorization within the survey. The pie charts in the document illustrate significant differences in Nevada's problem gambling system spending compared to the national average, with much more money going toward treatment, and no money going towards media or a helpline. Prevention spending is on par with the national average, but workforce development is low, only half the national average. With 68% of Nevada's budget going to treatment, we're not doing a good job of educating the public that treatment services are available. Theoretically, if funding was spent on media, it would drive up the

treatment numbers. But it again puts us in a situation where the budget doesn't support a whole lot more treatment. In his opinion, the system is not set up as ideally as it could be, or should be, in that so little is going toward media and prevention.

Nevada also differs in that most states have a state lottery, which in most cases is operated by a state agency and includes a statewide effort to educate the public about available treatment services. What is not represented in this national picture are the media campaigns run by state lotteries that didn't get picked up here because they aren't called "problem gambling campaigns". In Nevada, there is no centralized vendor for the gambling services system. There is quite a bit of public information, mainly provided by the casinos, but it's sporadic, it varies between properties with some doing a better job than others, there is no statewide effort, and what is being done locally mainly takes place within the property and within its marketing materials.

The report also listed seven states that spend the most on problem gambling awareness. The Oregon lottery spent almost $3 million in 2016 to promote responsible gambling and treatment resource awareness. This resulted in twice as many people getting treated for gambling related issues in Oregon (1,200) than in Nevada (500-600), and Nevada has a much higher prevalence of problem gamblers than Oregon. So we have a state with a higher prevalence, but only half as many are getting treated through the respective publicly funded treatment systems, and one of the variables that is likely contributing to that is the very large marketing campaign done in Oregon to promote treatment.

Because Nevada's problem gambling program is supported differently, and with most of the awareness efforts provided by gaming properties, these efforts won't have the same reach and impact of a coordinated statewide effort that is seen in other states. With the legislative workgroup looking for changes in the way funding for services is structured, this is an important part of that conversation.

Ms. Quirk asked Ms. O'Hare to report on the effect of the media campaign that ran last year. Ms. O'Hare stated that with that small amount of money, they identified a handful increase of calls to the helpline that were specific to the television ads. That does not sound like a lot in the treatment world, but the number of callers who say they got the number online is going up every month, from websites and social media; and in media, whatever you do ends up being social media as well. We saw real, positive impact even with the tiny amount of money. She would expect a true statewide, professionally derived and coordinated media campaign to produce such significant results that the system would be challenged to handle it. Ms. Quirk asked if she could develop a pie chart to compare the results of this small effort with the possible impact of a true media campaign.

Ms. Quirk formed a Public Awareness Workgroup and appointed Alan Feldman as Chair, along with Carol O'Hare, Ryan Gerchman, Carolene Layugan, Connie Jones, and Jeff Marotta, if so assigned by DHHS.

VI. Discussion on Unfunded Strategic Plan Initiatives

Dr. Marotta explained that at the time the strategic plan was being developed, the ACPG was pursuing efforts to increase funding to the system, so the plan was developed to support activities at the current funding level along with what could be provided should additional resources become available. The effort to realize additional resources was unsuccessful, and this handout, "Unfunded Projects within the Strategic Plan", includes those activities that did not happen due to the lack of resources.

Some of the major activities include:

- Implement improvements to data collection, information tracking, and data management systems
- Conduct a prevalence study
- Efforts to expand treatment
- Add a devoted staff position within DHHS to focus on problem gambling prevention and coordination, and integrate problem gambling across state agencies.

Dr. Marotta stated that the projects and scope of these activities would need to be defined before a cost could be developed for each. Ms. Quirk stated that is something the ACPG will want to work on. She also asked Ms. St. John if she and Dr. Bernhard could develop a cost proposal for the research projects they worked on prior to the economic turndown. She would like to add all these activities to the Legislative Workgroup's wish list to support increased funding for the program.

VII. Legislative Action Plan Update

Tony Cabot, Legislative Workgroup Chair, was not in attendance. Ms. Quirk gave a brief update on her meetings held the day before with members of the DHHS, including Lori Follet, Pat Petrie, Cindy Smith, and Director Richard Whitley. Mr. Whitley was very receptive and complemented the ACPG on the preparation of its documentation, which included the four-page Legislative Talking Points and one-page Summary, and recommended bill draft to change the funding formula.

Ms. Quirk added they are now prepared to hold one more meeting of the Legislative Workgroup, and then schedule an appointment to talk with the Governor, which is the next step in the action plan. She noted that the plan is ahead of target thanks to Mr. Cabot and his leadership.

VIII. Public Comment

Ryan Gerchman, ACPG member, announced he has decided not to apply for reappointment when his term on the ACPG ends June 30, but is looking forward to being a part of the workgroup. He thanked the ACPG for the opportunity to have served, adding that it has been an amazing experience working with the ACPG members and he has learned a lot.

Pat Petrie, OCPG, speaking via telephone, thanked everyone for their hard work. His decision to leave was not an easy one due to the strong ties he has to the problem gambling program. He sent his good wishes and hopes to work together again sometime.

No further public comments.

IX. Adjournment

Ms. Quirk thanked the group and announced the date of the next ACPG meeting as Thursday, August 16. She wished everyone a happy Memorial Day and called for a motion to adjourn.

- Ms. O'Hare moved to adjourn the meeting. The motion was seconded by Carolene Layugan and the meeting adjourned at 10:30.