
ADVISORY COMMITTEE ON PROBLEM GAMBLING
Approved Minutes
Thursday, November 19, 2020
11:00 a.m. to Adjournment

This meeting was held in compliance with Declaration of Emergency Directive 006.

Attendance by teleconference and TEAMS meeting invite or call in.

Note: Agenda items may have been taken out of order, combined for consideration, and or removed from the agenda at the chairperson's discretion.

1. Call to order/roll call – Alan Feldman, Chair

Members: Alan Feldman, Chair; William Theodore Hartwell; Constance Jones; Ms. O'Hare; Carolene Layugan; Denise Quirk, Vice Chair; Brenda Joy Rose

Guests: Brent Geerhart, Andrea Dassopoulos, Chris Murphy, Nann Meador, Jeanyne Ward, UNR CASAT, Michelle Berry UNR CASAT, Donna Meyers, Reno Problem Gambling Center, Sara Polito, KPS3, Dr. Jeff Marotta, Lana Robards, Stephanie Goodman Las Vegas Problem Gambling Center, Dr. Stephanie Woodard, Brook Adie, Kim Garcia, Cari Moss, Bureau of Behavior Health Wellness and Prevention, Lori Follet and Abigail Bailey, Division of Health Care Financing and Policy.

2. Public comment– Alan Feldman, Chair

(Action may not be taken on any matter brought up under this agenda item until scheduled on an agenda for a later meeting)

Mr. Feldman asked for public comment.

Stephanie Goodman provided an update for Las Vegas Problem Gambling Center. We are getting 3-5 new assessments a week. Almost pre-COVID number and thanked the group for the support. Mr. Feldman asked 3-5 assessments a week what is that pace compared to pre-COVID. Ms. Goodman stated that it is about the same because some of the assessments are not returning and still getting that drop-off so the numbers are not always as robust when it comes time for the number of people that enroll in the program but we are budding up against those pre-COVID numbers and that is without the advertising last year. More money was put into advertising this month due to the holidays are coming up. Chair Feldman ask if the 3-5 assessments per week indicate an uptick in activity in the last 6 months? Ms. Goodman answered, "yes, definite increase from March until now. March was a big month and would say from April until now was a gradual increase. There is always

ups and downs.”

Mr. Feldman asked if there is other public comment?

Ms. Layugan asked, “Do you know where these individuals are coming from and how are they hearing about the Problem Gambling program?”

Ms. Goodman stated that people come from everywhere and they hear about the program mostly by word of mouth because we have a great reputation locally. I am also putting money toward our digital campaigns and we received some money from Google to spend but is difficult to spend in the gaming arena when you can’t bid over \$2 a click. We used some of that. We also put money into digital marketing so that when people look for us, they are finding us.

Mr. Feldman ask for any further public comment.

There was no additional public comment.

3. Announcements – Alan Feldman, Chair

Informational

Chairman Feldman stated he had no announcements and ask the Members if they have any announcement(s).

There were no announcements from the Members.

Ms. Garcia made an announcement that Don did not renew his appointment. We have two vacant positions on the Advisory Committee and wants that on record. One is for one or two members of qualified mental health professionals. At least one who is Certified Problem Gambling Counselor (CPGC) pursuant to Chapter 641C of Nevada Revised Statute (NRS) and is currently practicing. The other is that one of three Members who is a resident of the State of Nevada and has personal or professional knowledge and experience concerning problem gambling issues. We are down two Members.

Ms. Goodman asked that if she previously applied, and is interested, should she re-submit.

Ms. Garcia stated, “Yes, and if anybody who knows someone who may be interested have them submit an application to the Board.”

Chairman Feldman asked that when submitting an application to also send a quick message to him and Ms. Quirk to make them aware of submissions. Those applications go through a portal through the Governor’s Office and whoever receives them may not be aware of the timing to act on it, however if we are aware then we may be able to help. Additionally, to people on this call, if you know of someone who may be interested to reach out the them or you may apply as well. Ms. Garcia can provide you the link to apply and notify Ms. Quirk and myself.

Any further announcements?

There were no additional announcements.

4. Approval of Minutes July 16, 2020 meeting

For Possible Action

Alan Feldman, Chair

Chairman Feldman ask if there is any discussion on the July 16, 2020 Minutes?

Mr. Hartwell thanked everyone for the revisions and makes a Motion to approve them as revised. Ms. Jones seconded the Motion. A vote was made, and the Motion passed unanimously.

5. Approval of Minutes August 4, 2020 meeting **For Possible Action**
Alan Feldman, Chair

Chairman Feldman ask if there is any discussion on the August 4, 2020 Minutes?

Ms. Jones made Motion to approve the August 4th, 2020 Minutes. Ms. Layugan second the Motion. A vote was made, and the Motion passed unanimously.

6. *Presentation by OpenBeds* **Informational**
Elyse Monroe/Program Manager/Nevada Overdose to Action Public Health Training Center UNR, School of Community Science
Miranda Branson Openbeds Coordinator/Nevada Overdose to Action Public Health Training Center UNR, School of Community Science

Chairman Feldman tabled this agenda item for another time.

7. Discussion on the Integration Project for Problem Gambling Services **Informational**
Dr. Stephanie Woodard/ Behavioral Health Wellness and Prevention/ DHHS Senior Advisor on Behavioral Health

Chairman Feldman commends and appreciates Dr. Woodard for having such open discussions about mental health and problem gambling and realizes how important those discussions are to broaden the understanding and how we can better deliver services in the State.

Dr. Woodard stated she is here today to share some of the conversations and the Strategic Plan that we were able to put together to help bring problem gambling to scale as part of the larger Health Care System as well as the Behavioral Health System. I have had an opportunity to talk with Alan, Dr. Marotta and Kim and really look at the Strategic Plans that this group has put together and we really would like to talk today about opportunity to move forward with looking at co-occurring capable enhanced program with problem gambling in our certified providers. Most of you are aware that the Substance Abuse, Prevention and Treatment Agency (SAPTA) resided in the Bureau of Behavioral Health, Wellness and Prevention (BBHW) as does the Problem Gambling Program. Under SAPTA we certify all the substance abuse treatment and prevention agencies in the State. As part of that certification over the years we have worked with (CASAT) who does our certifications on our behalf. To integrate what is called the Dual Diagnosis Capability Tool kits. What these tool kits do is allow us to see the level of capability that a program, not a person or provider, has related to serving individuals with co-occurring substance use disorders as well as, behavioral health disorders. It has been a long-time goal to really help to really grow those co-occurring capabilities within our provider organizations. As we have partnered with them. As we move towards Medicaid reimbursable services with in substance abuse disorder treatment, in order for a program currently to enroll as a

Medicaid provider for substance abuse disorder program or a provider type 17215 they are required to meet criteria through the certification process that signifies that they are at least co-occurring capable. Co-Occurring capable essentially means that they are able to screen, assess, diagnose individuals with mental health and substance abuse disorder and that their ability to treat mental health disorders, in addition to, very severe substance use disorders is that they can treat mild to moderate substance use disorders with mild to moderate acuity. The reason that this is important is because we see the integration with behavioral health really as the direct action that health care is going. We worked diligently with our providers over the last several years to integrate these tool kits into what it is that they do. It not only a certification tool, but it also comes with technical assistance and low cost-no cost recommendations. For how those programs use their Policies and Procedures in programs to be more program capable. When we started these discussions, we started talking about the role of Problem Gambling in the larger health care delivery system. What became evident is a desire to be able to integrate Problem Gambling into the larger health care delivery system as part of integrated behavioral mental health. Ideas such as ensuring the ability for screening. Perhaps Universal screening as some point for problem gambling within health care. We really needed to have a robust network of providers that were willing to take those referrals from health care providers and be able to provide the services needed. Also recognized that not all individuals struggling with problem gambling have Co-Occurring behavioral health disorders, the vast majority do. We see this as an opportunity to bring problem gambling more meaningfully into our substance use disorder treatment to providers. What was striking in some discussions with subject experts have worked to develop a companion tool kit for co-occurring capable enhanced programs that include problem gambling. We saw this as a tremendous synergy based on the work that had already been done and have been able to look at the ways we can integrate Problem Gambling Co-Occurring tool-kit into the work we are already doing through the certifications in SAPTA. We subsequently met with CASAT and talked to the group that did certifications and have identified ways that we as a group can develop an endorsement for our substance abuse treatment providers should they decide to pursue co-occurring reimbursement for problem gambling. It is important to know that this endorsement has nothing to do with detracting away from the expertise that our Problem Gambling Providers already have. What it does recognize is that for individuals seeing treatment for substance use disorders, that it is very possible they may go un-detected or un-treated for problem gambling disorder if we are not also working to integrate problem gambling into those programs. We also recognize we do need more program providers in our State that can bring in and assessing and treating individuals with co-occurring disorders with mental health and problem gambling disorders. In our discussions with CASAT we would like to move forward with developing this endorsement. That endorsement essentially includes elements within a site visit to evaluate their co-occurring capabilities with this problem gambling toolkit. The endorsement then needs to go to SAPTA Advisory Board which provides sign-off for anything that we are doing related to division criteria. Division criteria is then determined by The Board of Health.

Division criteria helps us really define the kinds of certifications and endorsements that we provide to our providers. That is our guiding light when it comes to determining the developing programs that we certify, and in this case endorse. Once that endorsement criteria was signed-off by SAPTA Advisory Board and then approved by The Board of Health it become and official part of our division criteria and then our site reviewers through CASAT would be able to offer the endorsement to our substance abuse treatment providers, should they decide to move forward with that endorsement. We know we already have substance abuse treatment providers in our State that have successfully integrated problem gambling into their program. We see this as an essential next step to helping the grow into that integration of not just a counselor but able to grow in their programming to ensuring that that program is co-occurring capable at the least in managing individuals with substance abuse and co-occurring problem gambling.

Is there anything Dr. Marotta that you would like to add?

Mr. Marotta stated this is an exciting development. It is exactly what was talked about and hoped for when considering the program being moved from the Directors Office to the Division of Public and Behavioral Health. This exceeds my expectations and Dr. Woodard did a great job explaining this. To give a concrete example of how this plays out if it were implemented. When someone goes in for substance use disorder and get treated then leave and later discovered there was an underlying gambling issue that wasn't identified, or they find some needs that substance use was meeting can be replaced by engaging in gambling behavior where it gets to the point of also being addictive. Individuals may relapse and can really spiral downward. A program like would enable agencies that treat these individuals with substance use disorders can be much better equipped to recognize the issue through educating clients and obtaining a broader recovery with this type of programing and certification endorsement in place. This has been used in other States and what it has done was increased the number of referrals into specialty programs. This does not in any way take away from Problem Gambling Programs, it is really an additive that is complimentary that reaches an audience or population that many programs have not been able to.

Mr. Hartwell commented that this program is exciting news and piggy-back on the information a little as something he is involved in on behalf of Nevada Council on problem gambling. There are programs that he has seen that don't have a CPGC on staff. As a person very aware research and a lot of other areas about this to educate the clients who are going through this program regardless of when there or not, they may have been affected to this point and time. I think this will gravely enhance that process. I would also be helpful to have more formal synergies in place that might continue or make their organizations aware of that process who chose for whatever reason not to pursue that additional endorsement to make sure that their clients and staff know where to make those referrals to in a community.

Dr. Woodard asked Mr. Hartwell, “what would be the benefit for someone to move forward in this program toward endorsement?” If they have a CPGC that is dual located and may not be fully integrated. Would the goal be to treat the individuals coming in but more comprehensively? We also talked about the benefits to problem gambling as a specialty in general because I think it will create a demand for a workforce in a way that we haven’t seen before. The opportunities for the workforce come along with us and give greater visibility at the community level for programs that may have an endorsement. We have BehavioralhealthNV.org which is a website that CASAT has built for us. That website does list all the different providers that we have that are certified. We could call out providers specifically that have this endorsement on that website. A program not heard about today is the OpenBeds system for all levels of care. Not just Feds. Its kind of a misnomer. It will allow for those programs that include Problem Gambling and Behavioral Health. Those programs will stand out with technology-based platforms for referrals. Then those programs can go above and beyond and hold themselves out to the public in marketing and advertising as being enhanced or Co-Occurring at the least for problem gambling.

Ms. Garcia stated we can even ad them to our project work under another section with that endorsement. Ms. O’Hare asked if it would be an additional certification. Dr. Woodard stated that this is a program level and not an individual level. This allows a program to be identified as having integrated problem gambling services in addition to behavioral health services that they already have. Dr. Woodard provided an abridged version of the previous information provided by her and Dr. Marotta. Can be heard on the recording at 38-40:30

Ms. Jones really likes this idea, however a concern that gambling addiction becoming lost in the whole group of other mental health issues and substance abuse issues where we may not receive enough attention and may not receive the money or attention that it needs to.

Ms. Quirk states this is an exciting proposal and very curious about integrating. In past experience, SAPTA has been substance abuse focused. Agencies that are SAPTA certified have a special procedure they go through and their certification and auditing is under their umbrella and ran by the SAPTA people. Dr. Woodard, I am curious about this endorsement possibly implying that the Problem Gambling agencies would then be “certified by SAPTA” and if there’s been discussion about that?

Dr. Woodard responded that we have not included anything like that in our discussion were specifically focused on our Substance Abuse Treatment providers and those agencies becoming co-occurring with problem gambling. We have not contemplated anything related to specific problem gambling programs. Ms. Quirk thanked Dr. Woodard and for mentioning the workforce development issue as the last round of goals included getting more discussion between all of the agencies, CASAT and

people that are learning about problem gambling at University and all providers we are going to be amending the current restriction on the supervisors and people being certified that will not be located at the agency. We are hoping that telehealth will be bridge opening the telehealth for supervision and other things being approved by the Board and has there been any discussion about that. Dr. Woodard responded that it has been discussed in small group that has only met a few times to have these discussions. Our primary goal in those conversations has been about what it would take to do an endorsement. The issue around growing the workforce has come up. In speaking with CASAT we anticipate that we collectively will be able to bring in the Board and Board leadership further in these discussions.

Mr. Hartwell stated that another potential benefit, although the budget is less than what is needed to fulfill what is needed by the State, this further integration does open the possibility, especially given that there is yet to be any Federal Funding stream of any kind. To have Problem Gambling to piggy-back in terms of research and potentially the treatment dollars that can be creatively linked with the substance abuse disorders that might not have been in the past. Hopefully this may further open some of those opportunities.

Dr. Woodard ask Dr. Marotta if it is possible to send to the members of ACPG the tools and let them see what we are working on? Dr. Marotta agreed that the tool is a public tool and can be shared with anyone with interest. Ms. Garcia already has it. She will send it to the ACPG Members. Ms. Garcia stated that for the record that information will go out to the Members today. Dr. Woodard commented that they will continue to work on this, and the goal is to have a draft of what we believe the Division criteria will be for endorsement by the next ACPG meeting so we can continue to make forward progress.

8. Department of Public and Behavioral Health (DPBH) **Informational**
and Bureau of Behavioral Health Wellness and Preventions Updates (BHPW)

a. Discussion on Fiscal Reports

Michelle Countryman/ Behavioral Health/ Administrative Services Officer

Ms. Garcia shared documents on her screen that has been distributed prior to this meeting of reports. Document shows what is obligated out to Grantees and the balance remaining to obligate for our mid-year allocation. It appears at this time we may be underspending but that may due to COVID-19 causing Award delays. Looking at projections it appears we are on target to spend the funds.

b. Discussion on Program Updates

Kim Garcia/ Behavioral Health Wellness and Prevention/Social Services

Program Specialist III

Ms. Garcia shared on her screen a report that she usually prepares for them. This is the report Ms. Garcia usually prepares for the meeting. This report shows from the first quarter and what the Agencies and all the Sub-awardee have spent as to-date as of First Quarter. Additional requests have been received for October, however for meeting purposes I kept it as the First Quarter. This report reflects where we are. We are staying very consistent yet under percentages. Again, mentioned earlier may be due to late arrivals caused by COVID-19. At the bottom shows we are at about 7% when we should be at about 25%. Looking at projections I believe we shouldn't have a problem. After I receive our December Request for Reviews (RFR) I will be looking at and making spending plans for all the Grantees to make adjustment if needed or move things around. As stated before, this number is as of September and the number is a lot lower.

Chairman Feldman posed a question and asked the group to relay their questions as well.

The \$9,300 Dollars that is un-obligated is that something we should be obligating? Should we be thinking of obligating that now?
Ms. O'Hare replied, "yes".

Ms. Garcia do think we need to be cognitive if numbers are increasing, and we obligate those dollars, and treatment does not have the funds, say that they spent their funds for by May and we possibly would not have money to pay those services. Yes. Agrees that we can if that is your choice. We are more than eligible to or able to obligate those funds but just keep in the back of your mind the "just in case" if services start expanding. Ms. Quirk agrees with Ms. Garcia as we don't have a reserve and that is all there is to play with, and I'd be hesitant to do anything with it. We still don't know if we are going to be able to use that conference room due to COVID. But we should not wait to long because the paperwork can take time to process too. Better to give a little time and have a clearer picture.

Ms. Goodman commented that our ad-on codes are at 5%. As we try to raise awareness, it would be great if it could get bumped up to maybe 10%. That would make a big difference as more people who know about the service, the more people we can help. The advertising budget has been limited. Ms. Garcia is very knowledgeable when managing the funds and knows how to move things around as we approach the halfway mark and if we can let more people know we are open and we are essential would be very helpful.

Ms. Garcia stated that Ms. Dassopoulos provided information regarding the Treatment Provider performance. All Members should already have the report.

Any questions on the treatment performance updates.

Ms. Dassopoulos commented that it is a standard quarterly report. It reflects how funds are spent and what goals are being met by each program and the percentage of their budgets that are going towards extension requests. It shows the number of new clients, the goals and percentage being met.

Ms. Garcia stated the Governor announced some short budget-cuts possibly to the next biennium of approximately 12%. Not sure how that may affect the Problem Gambling Services at this time as it is too soon to know. Chairman Feldman commented that with so many uncertainties this past year and big events that did not occur will have a significant impact on tax revenue. We need to be prepared ourselves for whatever may come.

9. Project Updates

Informational

a. Research Grant Project Updates: UNLV, International Gaming Institute
Andrea Dassopoulos, PhD Candidate, Project Manager, UNLV IGI

Summary update: We awarded 7 Grants. Three of them resulted in full papers. Everything that became of this project is in the document follow-up is still on-going with people as they are working through things and hopefully, we will see some of these presentations at our next conference.

Mr. Hartwell stated appreciation for being able to carve out at this point and time when there is no Federal funding to be able to try this process when not knowing if you'd even get applicants. Being one of the individuals involved in reviewing the applications for this, I can tell you there were a lot worthy of funding if we had the additional funding. I'm hopeful that once we get back to a State of health in the future that we're able to reinstate this process.

Ms. Quirk commented that the student she teaches in her Exploring Gambling Behavioral course and Interns that lead would be so excited to regularly see this kind of focus on problem gambling research come out of our efforts with Nevada dollars. I hope we get to see more of this in the future.

Ms. Goodman asked Ms. Dassopoulos for a separate copy of the Suicidality and Problem Gambling to share with a Board she is on Hope Means Nevada. A copy will be provided as requested.

b. Gambling Treatment Diversion Court -*Stefanie Hui/ Eighth Judicial District Court*

Ms. Garcia stated that Ms. Hui was not able to attend today, however, her update is included in the packet the Members have. If there are any questions, reach-out and I will get those questions to her.

Chairman Feldman mentioned that in the packet it does mentions if any questions to get them to Ms. Garcia and they'll be forwarded Ms. Hui.

c. **Project Worth - KSP3/Kimberly Wade/Sarah Polito KPS3, Inc.**

Ms. Polito shared her screen.

We started working with Kim and Dr. Marotta last year and launched the campaign Project Worth March of 2020 and unfortunately COVID-19 hit. We were able to rearrange our plan and was able to still support the cause by sharing information on all the virtual services you provided. We made some changes to the Homepage and all social posts. We adapted them to the times in COVID-19. We will continue those efforts going into 2021. Our goals for this year are to continue to increase the number of people receiving treatments by 10%. Of course, that depends on numbers that is set by this committee. We will continue to build on the momentum we have made. We will target certain people to raise awareness of problem gambling and of course those treatment resources. We will continue to work on paid media or earn media coverage and increase social media followers as people receive the information. Our tactics include social media content development. We are pushing out about four different posts per month. Those are approved by Chairman Feldman, Dr. Marotta and Ms. Garcia, then it goes to Martha at the State and Dr. Woodard approves those as well. After approved, we push those out to our social media Twitter and Facebook. We are also doing social media management. We look at comments and respond to those and also tracking to see how people are responding to that content. We are producing new artwork to keep the campaigns fresh a couple times a throughout the year. We will also be doing public relations via Press Release. We will continue to maintain that project content page. We also will provide Quarterly Report results. We will have result to show you at the next meeting. A variation of messaging is utilized in the content to meet with various audiences. We did earn media and had a story on Fox5 Las Vegas. It was pending at the time information was prepared for this meeting. Chairman Feldman shared part of the interview. As holidays approach we did reassure "there is hope" in content and resources. March is Problem Gambling month and we will make a big splash there. We also set aside some funds to have some new assets come through and work with some of the casinos in Las Vegas and Reno and may be able to push those messages up on the marques. However, when COVID-19 hit their focus shifted but we are looking to revitalize that effort this year and feel that will happen. We also wanted to leave some flexibility in this calendar year because who knows what is going to happen. We will keep you posted on things as they transpire and what will be shared with

the public. If anything, big comes up we will adjust accordingly and can create a Press Release to fit that need.

Ms. Quirk asked if Chairman Feldman would be comfortable inviting Mr. Hartwell and/or Ms. O'Hare with their problem gambling experience to allow them a once over with the copy so their years of experience can provide input? Chairman Feldman requested that Ms. Polito reach out to Mr. Hartwell and Ms. O'Hare and discuss the holidays and what that means to a problem gambler.

Ms. Goodman asked what the holiday message was?

Ms. Polito stated the initial plan are to talk about that isolation that comes through COVID and in the holidays stress can impact or entice people to go out and gamble more. Maybe they've had loss wages and using gambling as a way pay for Christmas presents or all sorts of things. With everything we do, we try to focus on positive message like hope and support that there are resources out there to help people.

Ms. O'Hare likes the positive messaging. First reaction has got to a family approach. Historically, help-line data. It's a timeframe when it's a lot about family and maybe get that attention during emotional times.

d. Workforce Development - Center for the Application of Substance Abuse Technologies CASAT – *Jeanyne Ward, CASAT*

Ms. Ward – we are happy to announce we completed the Course Bill for the thirty-hour self-paced intern online course. It was sent the draft of the course to Dr. Marotta and Ms. Garcia and he folks who helped us develop it (Denise and Rory) to get feed-back before we went live with participants. I have not received any feedback yet. I am hoping to receive that ASAP. If anyone else would like to look at it, I'd be happy to send it over to you as well. We are offering a coupon code and will go live January 1, 2021. We offer a coupon code that is being sponsored through our funds through the State that will allow access to the course for free for 1 year through December 31, 2021. The information is on the page of our learning platform. I am hoping that once the course goes live that I would be able to access you all and KSP3 to help us get the word out about the course. The course is broken down into a series of five modules that should take participants about six hours each. That encompasses learning activities, videos and a workbook that folks download and fill out as well as quizzes to move throughout the modules. Once the workbook is completed and returned to CASAT and graded we will release a Certificate of Completion and some next steps which includes the flow-chart we developed and hopefully getting them in contact with supervisors so they can apply for an internship. The course is

approved by the Nevada Board of Examiners for Alcohol, Drug and Gambling Counselors, as well as, Nationally International Certification & Reciprocity Consortium (IC&RC).

Ms. Polito stated she would like to include that in our social media push that we have and then for anyone that replies we can share that with your audience, so we get that larger reach. I will connect with you to get all those great details.

Ms. O'Hare stated that the many things she has been working on is to get as much training out there. We will be very excited to feature this course and push it through strongly. With Mr. Hartwell being connected to many treatment programs that offering it free for a year, if anyone has been on the fence about pursuing certification might at least check it out.

Ms. Ward also mentioned that we also have a resource called "CASAT on Demand", not sure if your all subscribed but it is a behavioral health resource in the community. This week's article is about different licensures and certifications offered in Nevada with alcohol and problem gambling. All flow-charts are there as well as: who to contact? What training is required? Here are resources you need. We have compiled it in a nice digestible way.

e. *Prevention – Ms. O'Hare, Nevada Council on Problem Gambling*

Ms. O'Hare's update: We spent most our effort First Quarter reviewing and revise but with technology. Part of that includes figuring out the learning curve of what we are already equipped to do? What can we do better? And think ahead how to do prevention work in a way that is less of group gatherings and more about getting the message out there. Mr. Hartwell has done a lot of work to re-connect community partner we have worked with. But when COVID hit we have to rebuild relationships. One thing I didn't write in this Summary Report is March 18, 2021 is reserved for "Problem Gambling Awareness Day" at the Legislature. We did that last year before we had any idea about what this year would be like. We have not moved forward in planning that yet. I will be reaching out to Trey Delap who is the one who volunteered to help us achieve that. I am hopeful we will be able to put people in a room at the Legislature but that is yet to be determined. If we are able to go through with that, it will be really important that we get some promotion of that. Not sure who can attend for that in Carson City. We are doing similar things on social media. Our Program Coordinator (Aaron Thompson) is quickly becoming an expert in things related to our website and YouTube and making videos. Things we did not anticipate doing but it is going well. As we move forward, we may be reaching out to connect with some of you for content and expertise. May do a series of brief videos with treatment providers people can access to make it personable to people something they can access and have some

comfort around what it means when going to treatments. Those are some avenues we have looked at. We are open to any other subject matter that if someone had a desire to put on your website it is available, and people are watching them. We are trying to beef-up the YouTube channel because it appears people learn a lot from YouTube.

The Professional Education as far as Conference, we have reserved physical space in June, however, with COVID we have no hard plans yet. We will decide after the first of the year how much is live and how much is digital. We will keep you all up to date.

Chairman Feldman asked if any questions. There were no questions.

10. Presentation and Discussion of Annual Gambling Treatment Evaluation Report for SFY 20 - *Andrea Dassopoulos UNLV IGI* **Informational**

Ms. Dassopoulos stated that the Members have the full report. (insert link to doc). This report includes all of 2020 and demographics. Today's presentation is a brief overview. If you have any question about the full report feel free to ask me. Starting with the probative and the response- as soon as the "Stay at home order" was issued, we saw dramatic drop offs in enrollment. Most clinics were able to stay open with in-person appointments but within a week all the clinics were able to pivot to using telehealth options. We had six clinics last year. Three up North and three in Las Vegas. Our outpatient enrollments were down 23%. Just talking about from March to June that is a significant drop. Residential enrollments weren't that impacted. Las Vegas Problem Gambling Center is still our biggest provider followed by Problem Gambling Center in Reno. Clients are getting to treatment mainly through word of mouth, referrals from medical professionals or website searches is up this year from last year. Everything else is kind of lumped together as referrals from Gambling Anonymous or another service agency. The helpline is steady, as is print and broadcast media as far as referral sources. This is how funding was utilized. About 80% of treatment funds were used directly for treatment. 20% for ad-on. Last year we had a much higher percentage of budget allowed to be used for ad-on. Less than 1% is used for after-care or extended after-care. We would like to see that go up because of how important after-care is. Next is the demographics that don't change much from year to year. Residential gamblers have the lowest incomes of all our clients seen. Out-patients and others are evenly distributed across the income spectrum. Comparing the treatment population to the Nevada population on race and ethnicity. We are still over-serving whites and underserving Hispanics. That could have to do with not having services in Spanish language. That is an outreach issue. Then again that is population and not certain. Treatment population, instability in health most clients are severe gambling disorders. A lot of them with family history of gambling and other addictions. Experiencing a lot of personal losses. Our group is at a very high need and high on the scale in terms of severity of their problems.

Some follow-up outcomes, in total we got about 331 follow-up interviews. That's down from the year before. Typically, we get about 390 or 380. We process in three categories that are: access to services, treatment quality and helpfulness and treatment effectiveness. How well the service impacted their lives. Overall ratings. How it has directly related to their gambling behaviors or moderated their behaviors. Access to services- satisfaction with that is high. Distance in time travel is lower. Even at 88% that were satisfied, it is still a problem people in rural areas to travel to long distances to get to clinics. Some of that has been improved by COVID because now they are able to do tele-health options. Overall comments the clients provided is that they are satisfied with the services and it has helped them very much. They like the flexibility for those who don't like groups or like groups or both. People are highly satisfied with the quality of service. The effectiveness overall, they find improvement, their daily life functioning has more satisfaction with their relationships, their work, their housing and in dealing with their daily problems. These are issues directly related to the problems they have with gambling. Those issues are mediated by their treatment. Spending most their time thinking about gambling or improving finances may take a while. Sometimes they talk about finances getting worse after treatment but overall, eventually it gets better. They highly recommend the services. These are all very high marks and off the charts in my opinion. When it comes to actual gambling behaviors, we see at first, that is when abstinence from gambling is most likely around 65% after 30 days have not gambled at all then that number starts to drop off. After 12 months it is about 34% who haven't gambled at all. Then some have a slip or two and get back into the program. A few have a harm reduction approach and a few who never meet their goals and gambling continues. Which is why after care is so important. As for gambling behaviors, almost everyone has some kind of reduction. Engaging with community support groups or other groups is high. At 30 days is about 70%. I want to say antidotally that something is happening in Gambling Anonymous (GA) that is different now. There is less complaining about GA.

Ms. O'Hare commented that may have been discovered one positive from COVID, which is that all GA meeting shut down. Their live locations shut down and had to scramble to find a way to stay connected. We tried for a lot of years was to have more access to GA through media, digitally or telephone meetings. The hierarchy frowned on it. When COVID hit now people are flocking to virtual or digital resources. Zoom meeting State, Nationally and Internationally and locally in Las Vegas has a lot of opportunity to attend via ZOOM meetings. What that did was create access that was always difficult, and people got to meetings. Now the concern is people getting complacent and not going into an office. We do need to still have some encouragement to meet with a sponsor.

Mr. Hartwell mentioned antidotally that his experience from beginning of GA to now is that people would often share in their after-care. When people shared going

through State funded programs and how important that was to their recovery, they sometimes

Would be rebuked for sharing the experience of a program not related to GA. Even if that was an important part of how they found their way to GA. The core of GA now is a friendlier atmosphere to the sharing of those experiences.

Ms. Dassopoulos continued updates with follow up with “concerned others”. Most are very pleased with the program and having the support. They are generally very satisfied and deal better with the stress in their lives. In conclusion: Treatment is working, and clients report improvements in all aspects of their life. The reduction of their gambling behaviors, the problems related to gambling and they attribute those changes directly to the program and the support they have received.

Chair Feldman commented that this report is always one of the strongest tools that we can use at the Legislature, with media and the public to articulate the significance for this to impact what it means, how it works and why it needs to be focused on. I am interested to know...on page 13 on your chart “Access to Treatment and Services”, the numbers are astonishing. If those same questions were asked about general public health, the delta between positive responses in problem gambling treatment and the responses in general public health differences are enormous. Is there research about this kind of information?

Ms. Dassopoulos’ responded that there is because there is research on everything. I don’t personally know of it. I can definitely look into that. It seems that a lot of people would be tracking. I will get back to you on that.

Chair Feldman commented on the first, second and fourth of those are the ones impactful. I am not trying to take distance and traveling out of that because we’re in a unique state with unique circumstance. Frankly, 88% alone is surprising. It would be interesting to see how those compare to ear, nose and throat or an eye doctor or whatever.

Ms. Dassopoulos stated that distance and travel, although is a lot, some people think it is worth it. They’re still satisfied with having it available. Most people can be seen within 1-2 days. Sometimes same day.

Ms. Layugan stated that report would be helpful for her as a representative in the industry to share that with her company. They are always asking the question, “how far the dollars that support this are helping our employees and the community as well?” If you could share that presentation, that would be great. Chairman Feldman commented that the information is in the material for this meeting but send it to her separately would be fine. As an added comment to Ms. Goodman, asked that she provide a similar presentation for the Nevada Resort Association.

Not the entire report but 3 or 4 charts that are in the material that tell the story very clearly. And very impactfully. That is something we should be talking about before the next Legislature.

Agenda items 11 and 12 are going to be reversed.

**11. Discussion and Make Recommendations for updates to the For Possible Action
DHHS Problem Gambling Services Strategic Plan**

Dr. Jeffrey Marotta, PhD, Problem Gambling Solutions

There is really two pieces to the Strategic Plan discussion.

- The updates to the current plan we are working on.
- Is looking forward we need a new plan that coincides with the next two years in the Grant period. The timing needs to coincide with timing of Request for Application (RFA's) that are going out.

First update- I am calling it the Strategic Plan 3.0. Most updates are housekeeping and discussed before in this group or the Treatment group. Revisions that took place are in your packet and may be posted the Department site.

- Revise the historical language contained in the plan. Which include the 2020 Legislative action, budgets and subsequent changes to program components as well as budgets
- Add new language about tele-health services, virtual check-ins. We inserted some language of 2. In order to make it tele-health relevant. We had to define checking-in and lengths of time and so-forth. Basically, following the same as Medicaid system. We added new language around co-pays and the ability to charge clients up to 50% if they do not meet a medical necessity. We revised some due dates. We revised the ad-on code limitations. We cleaned up some definition around the procedures. There were no dramatic changes just basic housekeeping.

Second update– In looking ahead and what needs to be accomplished within the next few months to be prepared for next Fiscal Year 22/23. We looked at when do we need to get the RFA's out in order to get the Grants secured so that everything is in order. We need to have a Strategic Plan attached to the RFA's to show people what they are signing up for if they are to propose to be a provider, these are the conditions on which they would need to operate under. Do we really call it a Strategic Plan because it is much greater than that. It provides some historic perspective based on ACPG suggestions. Some elements we saw were problematic in terms of funding the program. It provides some direction for possible Legislation or policy changes that are outside of the Departments control. It provides the plan itself as well as a lot of details about the program. It really should be renamed a Program Guide and not Strategic Guide if the Board approves. Kim will describe more in detail, but February 26th is the release date. This is the sequence of events starting with today. To define the project and the scope in a two-year plan. The proposal is to send out a survey to Stakeholders as well as other contemplated groups to disseminate this too. Asking withing the survey if individuals would be willing to

engage in a more involved interview. We would ask people to Opt-In. We would go over the feedback received and focus on areas we want to make some revisions over the next couple of years. Hopefully we could put the Plan together, send it out, get feedback and have something ready for our next meeting. Then publish that plan with the release of the RFA's.

12. Advisory Committee on Problem Gambling Work Group Updates **Informational**

a. Legislative Work Group – *Stephanie Goodman, Group Chair*

Ms. Goodman stated that she created a brief overview:

The Legislature Subcommittee has not met due to the need for proposed direction for Problem Gambling Lobbying from ACPG, as well as the election results. Ms. Goodman provide as some Items for discussion on priorities moving forward. These are priorities listed to discuss when we all get together. I wrote to Ms. Garcia that this will be a challenging year for all funding but with the lobbying and advocacy efforts of the Problem Gambling community, we have increased DHHS awareness and the Legislative body as a whole is very aware of treatment and education surrounding gambling addiction. As difficult as this summer was it has turned out to be benefit because we are definitely on the Legislature radar. I look forward to meeting with the Sub-committee in December. Meeting date to be determined. A lot of research specific to the Bill has been done moving forward and possibly securing a Lobbyist if that is wanted. There has been conversation with some sponsors and want to be prepared as we can moving forward.

Chairman Feldman stated that further direction from the Governor will be helpful to know what it is we are pining for. We have cemented relations with some Legislators and know there was a lot of emotional energy spent in the Special Session over the Summer. Moving forward now, we have a sense of what is possible not so much as doubling our budget but being considered along side many other programs of great importance and appropriately. We will need to start conversations with the Department as well as Legislators about a possible restructuring. I am relatively confident the answer with be, “no”. We can still have discussions.

b. Treatment Provider Group – *Denise Quirk, Group Chair*

I would say that when our treatment providers get together, we often talk about pivots needed to adjust to COVID. I am grateful to be the voice of the people in March – June with the purpose to share what is working and what is not. What our questions and concerns are? One Medicaid provider who is new in our arena is Dr. Rory Reid operating as an individual in his group. He has been doing what he can to get ready to receive Medicaid people. What has impacted us the most, as we are taking more in-takes, the consistency for our clients who can come be with us due to being exposed to COVID themselves or different

providers having had it, or being in quarantine or isolation, we have concluded this is going to be a condition indefinitely as we don't know how long it will take. We are all so grateful to be up and running using ZOOM and telephone has been the best tool in reaching out to people, encouraging them and bringing them back in.

**13. Discussion and Approve Recommendations for Request For Possible Action
for Applications (RFA) Timeline for SFY 2022/2023**

Ms. Garcia provided information of a draft discussion and timeline for the upcoming RFA for the next funding cycle which is a two-year cycle for 22/23 biennium. RFA's we are talking about that would be published here would be Treatment and Prevention. Because the technology and data information that we don't have to do an RFA for any that we are currently using Master Service Agreements like with CASAT, University Las Vegas and KPS3. But that We will make determination when we do possible allocations for the next year. The RFA's will be strictly for Treatment and Prevention. They will be published February 26, 2021. There will be an orientation on the 3rd of March 2021. The deadlines for questions would be the 12th of March 2021. Our responses back to those questions will be posted on the website by the 19th and the final submission will be March 31st, 2021. It will go through the review process. We hope to have all in order for the next ACPG meeting on May 20th, 2021 to bring our recommendations to the committee. It then goes to the Bureau Chief Brook Adie to make final decisions. That gives us the month of June to get all the negotiations and contracts to our Contracts Unit and go effective July 1st, 2021. An error is on the orientation- there is no date set at this time. Are there any questions on the timetable? I realize it is a lot during Legislature to get this turnaround.

Ms. O'Hare stated for the record, I say these every two years, it is so frustrating that our time and attention has to be put into grant writing during the most important month of the year for the work that we do. Hopefully with March being Problem Gambling Awareness month and Legislative session there will be some way for this to be less painful as it has been in the past. I am confused on how we can even do this, as far as the money? It is frustrating because we don't even know if it will happen. It's like buying a Lottery ticket. We write these Grants and don't know if they will happen. This is my every two-year observation that we are going to be pulled into a lot of directions with very little resources. Legislative work, Grant writing and Problem Gambling.

Chairman Feldman asked, "is there any kind of means of streamlining the grant response process?" Such that respondents don't have to develop as complex a response or maybe you can enlighten me why it is so complex.

Ms. O'Hare's states her concern is that this process, even though she has done this when you have the review process and every two years I have to fully write

a Grant that introduces my organization and what we do to stranger. We don't know who is reviewing it. You can't shortcut anything. The Treatment process was that once we were in the system we were updating and doing the next round. I wish there was some way to have them see what was before and ask to add an addendum.

Ms. Garcia responded that every time there is an application, it must be based on a budget new cycle. We can go back and look at prior cycles. Because it is not always the same reviewers that may not know who is applying. I have reviewed for large agencies before and when it comes to point when we don't know what budget is at this moment, I think if we have a reviewer from the outside it might sway somebody to score it differently. It is imperative to understand that it is a new grant cycle and that you must put in your information, we are trying to make it easier with a templet possibly used from a prior year. It is important to realize that things change in 2 years, especially now with COVID and what new Initiative are going to be. Those do change. The State says we must do a competitive bid. That's why we must have it this way. Does Brook have anything to add?

Ms. Adie stated how well Ms. Garcia explained the process and why we have to go through that process that is required by the State and most of our funding streams as well to make sure we are putting out a competitive bid.

Ms. O'Hare stated a distinction between the Grantee's that don't have to apply because they are some Master list of something, if there is ever a way for us to possibly be on that list. Because the process is very difficult while running my organization in this 2-year cycling. Especially now. We already know there will be money issues again. I want to find a better way to go forward. We all work so hard to be approved by a field that we have already been a part of for a long time.

Ms. Garcia stated that on the Master Service Agreements, they have to apply every 2-4 years through Purchasing, so they have to do the Competitive Bid when those awards go out and respond. They can do it for a bigger group, not just DPBH.

Chair Feldman added, then they get multiple assignments throughout a 2-year period. Ms. Garcia stated, "that is correct".

Ms. O'Hare stated what makes this so difficult is that the reviewer are outsiders and don't know what we have been through or going through currently. We don't have any contacts to who we are proposing to or why we are proposing.

Ms. Garcia stated that the reviewer usually is someone who have been involved or have knowledge of the Problem Gambling field.

Chair Feldman stated that we need to take a vote to the Process Recommendation that Dr. Marotta made on creating the Strategic Plan and the timeline given on the RFA's.

We need to have two because they are separate items.
First is item 11, the recommendation Dr. Marotta made on the update of Strategic Plan.

Ms. O'Hare motioned to approve. Ms. Quirk second the motion
Vote passed unanimously.

Chair Feldman -Second is item 13, to approve the recommendation for the RFA timeline.

Ms. Quirk motioned to approve item 13 as stated. Ms. Jones second the motion
Vote passed unanimously

- 14. Discussion on Future Agenda Items – Alan Feldman, Chair** **Informational**
Chairman Feldman stated the OpenBeds item that was tabled to add back to the Agenda for next meeting and to include Program updates as well as CASAT. We will need to have the Strategic Plan presentation. We will need to review the Legislative Plan (for lack of title).

Are there any other agenda items anyone wants to add?

No additional Agenda items were added. If other items arise to contact Ms. Garcia or Chairman Feldman.

Ms. Garcia added RFA Proposal on that Agenda and will also have 6-month Re-allocation plans.

- 15. Public comment – Alan Feldman, Chair**
Chairman Feldman asked for any public comments.
There was no Public Comment.

- 16. Adjournment - Alan Feldman, Chair**
Meeting was adjourned at 1:55 pm.

On the internet – agenda and supporting materials

- **Department of Health and Human Services Nevada Division of Public and Behavioral Health (DPBH) Website**
http://dpbh.nv.gov/Programs/ProblemGambling/ACPG/ACPG_Mtgs2020/
- **Nevada Public Notices:** www.notice.nv.gov



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If you need supporting documents for this meeting, please notify Tammy Saling, Bureau of Behavioral Health Wellness and Prevention, at 775-684-5981 or by email at tsaling@health.nv.gov.