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**ADVISORY COMMITTEE ON PROBLEM GAMBLING**  
**Approved Minutes**  
**Thursday, February 18, 2021**  
**9:00 a.m. to Adjournment**

CALL-IN NUMBER: 1 775-321-6111 ACCESS CODE: 234946069

To join the Teams Meeting via a computer:  
Microsoft Teams Meeting Link provided on Agenda

**1. Call to order/roll call – Alan Feldman, Chair 9:05**

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

**Members Absent:**

**Guest-** Andrea Dissopolous, University Nevada, Las Vegas; Kim Garcia, Tammy Saling, Bureau of Behavioral Health Wellness and Prevention (BHWP); Chris Murphy, New Frontier; Jeanyne Ward, Center for the Application of Substance Abuse Technology; Dr. Jeff Marotta; Lana Robards, New Frontier; Lena Bristlecone; Michell Countryman, Department Public and Behavioral Health; Sara Polito, KPS3; Stephanie Goodman, Problem Gambling Las Vegas; Terry Kerns, Donna Meyers, Reno Problem Gambling Center

**2. Public comment– Alan Feldman, Chair**  
There was no public comment

**3. Announcements – Alan Feldman, Chair**  
Chairman Feldman announced Tammi Barlow as new member and gave a welcoming brief introduction. Ms. Barlow gave more detail to her background and stated she feels very honored to be a part of this group and excited to be on board.

**4. For Possible Action**

Approval of Minutes November 19, 2020 meeting - Alan Feldman, Chair

Chairman Feldman asked if any questions or concerns regarding the Minutes from November 19, 2020 meeting. There was no comments or concerns.

Mr. Hartwell motioned to approve the Minutes of November 19, 2020 meeting. Ms. Jones seconded. Motion passed without abstention or opposition.

**5. Department of Public and Behavioral Health (DPBH) and Bureau of Behavioral Health Wellness and Preventions Updates (BHWP)**

**a. Informational - Discussion on Fiscal Reports**

*Michelle Countryman/ Behavioral Health/ Administrative Services Officer*

The report was shared on screen (see handout)

The CFR that's funded is just the amount that we have are actual processed payments at this point. Our remaining payments and projection are what we still have obligated or expected to pay. The projection in category 60 a little high due to Ms. Garcia not able to travel this year. There may be some funds that may not be spent. There is a remaining balance \$9,300.00. What the actually is that in prior years, before the budget was funded by General Funds, we received Tax Dollars. Those Tax Dollars were eligible to earn interest. That \$9,300.00 is just authority we have received the treasure's interest. However, due to change in our funding source we will not be receiving that. That is not truly dollars that we have or can obligate. It is just empty authority. That will go away next year. It has been removed from the Budget Bill because it's a funding source we no longer are entitled to. Unfortunately, when this budget was built, it was built in and later learned was not part of our authority. The General Funds dollars that we have received will be the only money that we will receive, and we have it fully obligated. Chairman Feldman asked about category 60 funds that includes travel which has not been extended and if there is a rough estimate of how much that might be? Ms. Countryman stated that she did not. Category 60 is budgeted solely for reimbursement of Ms. Garcia's' position and all her FTE associated operating cost, travel, any expenditures that she may have. That category is going away next year because we will be changing the way the budgeting works. The exact dollar amount budgeted for travel is unknown as we don't know if travel will start up again or not and what may or may not be spent. She estimates it might be about \$5,000.00 but don't know that yet. That concluded Ms. Countryman's update as here was no further comments or questions

**b. Informational** -Discussion on Program Updates

*Kim Garcia/ Behavioral Health Wellness and Prevention/Social Services Program Specialist III*

Ms. Garcia stated that per Chairman Feldman's request, Dr. Woodard is here today. Dr. Woodard said that a matter was brought to her attention after a legislative meeting regarding ACPG that there were some concerns expressed about some language in letter to providers through Medicaid. Specifically, around the opportunity for individuals to be eligible for a gift card for completing a survey. Afterward she met with Chairman Feldman and Ms. Garcia . Since then we were able to change language in the letter and the new language has gone out once or maybe twice already. We took that feedback and acted as quickly as we could heard and recognized the language was problematic and we republished the letter. We continued to push it out to reach as many people as possible. Chairman Feldman commented that was conversation we had was incredibly collegial is the term. It was a serious concern and there was immediate recognition and there was an immediate change happened. There was not a lot of time spent in getting a solution.

Ms. O'Hare stated appreciation for the process to get in sync to address

problem gambling in what is really a substance abuse world. For the record the that concerns I heard and the concerns that I expressed was not about the language used. It was about the fact that a drawing used as an incentive. She did see the new language. In all honesty and transparency, it was a fix, but it was a fix in the wrong direction. It was wordsmithing to make an activity that in the world of explaining what it means to be engaging in a gambling activity, the new words restated it in different words. It stated, "Up to 10 people will be selected to receive" is still like saying "a bottle of wine is a bubbly fruity beverage without the alcohol. Further stated that while she appreciated the effort, I'd like a further conversation about the issue of using drawings and prizes to incentivize to fill out a survey and the issue the appropriateness in this realm. While it is not illegal and is a common practice, we have learned a lot of what not to do. The effort to resolve is much appreciated but her perspective and others conveyed that it didn't clear it up, it muddied it up. The bottom line is, if we aren't selecting who, and is a random selection, it still is like offering a lottery. She requested to be part of the conversation, when it happens, and not in a public meeting. Not to be critical, but to get us to a place where we can look at these things and thought of before they happen.

Ms. Quirk asked if Dr. Woodard would like to go forward before her.

Dr. Woodard stated that they did contemplate pulling all of that out and removing the incentive, but there had already been a number that responded. We had to find a middle road. At that point if felt like it would have been a much more complicated issue while this survey was still out there.

Ms. Quirk stated appreciation for Dr. Woodard's position. I have tried to gladly prepare you for the legislative process with Problem Gambling that you must go through and be prepared with some knowledge and expertise. We want to be here for you. The ACPG's greatest mission is to be here as a source of knowledge and support at all levels for people in Nevada. Last thing we want is for you and comrades to have egg on your face. Moving forward, with some type of editing, please allow us as a Committee to help. Secondly, to support people in recovery. As people in recovery, we carefully chose our words and words matter. This is a good representation of people in recovery coming to the table and it didn't seem like we were at the table. Hopefully we will be at the table next time.

Mr. Hartwell commented that as a person in long-term recovery, I appreciate this conversation and as a researcher. I recognize the importance of collecting data and offering incentives for participation. One possible future work around I use and include in problem gambling world by incentivizing to everyone is common practice. It takes the chance element out that is such a critical component of the definition of what is gambling and what is not. I recognize getting people to take time to provide information and maybe giving *everyone* a \$5 gift card which may cost more than giving 10 people \$10 gift cards it recognizes that individual for taking the time to contribute the information. It may require additional budgeting but that does remove that issue.

Ms. Layugan stated she was not sure exactly what letter said. Would it wise for us to create Standard Operating Procedures (SOP). Whereas if any type of letter is sent the Committee and can provide input language and how the survey is being administered and what type of incentive is being provided. It would be a great opportunity as a group and community to be involved. We don't want the gaming industry to come in wondering if the State is giving away gift cards for a drawing that's being administered and wonder "what is going on here?"

Dr. Woodard commented Ms. Layugan has an excellent point. We did go one step further and reached out Dr. Marrotta to better understand the policy in general. He provided some guidance and some language that we are reviewing from our policy perspective. We've done a lot to support recovery. This instance has brought some additional considerations that we want to be particularly clearly sensitive to moving forward. It is a commonly used process used in practice. It gave us insight into some potential un-intended consequences that we can now consider if there is a way to address in overall policy. As Mr. Hartwell mentioned, there are some better, more informed ways that we can go forward to ensure individuals adequately supported for their time and effort, participating and sharing their wisdom in a way that is sensitive and not potentially creating a greater issue. I agree with Ms. Layugan. This punctuates the need to be more conscient moving forward. Even so much as to evaluate some policies.

Ms. O'Hare stated that one issue is when we say "the State" it is a big animal. To address Ms. Layugan not seeing at letter. It was an email not from this group or Problem Gambling. It was distributed through the SAPTA LISTSERV and later to all the Medicaid providers. It's really a substance abuse disorder survey. That is why we were not in the loop. I received it by other forwarding it to me. For clarification for me, the issue her is not how we talk. It is "what is gaming?" Mr. Hartwell raised the appropriate point. The legal definition of gambling/gambling activity is that it must include prizes in moderation. Prize being- "what you win". Consideration being- "what you wager" and "consideration being- "what you chance". Chance being the randomness of it. The easy way to not get caught in it is to remove- "the chance". You can argue if that is consideration. But for recovery- "it's the bet". So, to say there is "no wager", well they put up 20 minutes of their time to complete a survey. In the recovery world we don't get to enter a free sweepstakes. It is a brain disorder and that will be triggered. We should start addressing policies and be careful, especially in Nevada, that we don't forget the mental health issues and how we support the mental health issues. I welcome any part of conversation. Reach out. It doesn't have to be a public meeting and a quorum.

Chairman Feldman asked for any further comments or questions. There we no more questions or comments and moved forward to Mrs. Garcia's update.

Ms. Garcia provided program updates from the last meeting. First was a

conversation regarding the Integration Project on substance use disorders with Providers on Co-Occurring. Currently, CASAT is preparing Division toolbox with tools for that program and will get information back to us. Next meeting Mark from CASAT will go over what that criteria is. The information provided in the last meeting has also been provided to the Substance Abuse Board and they thought it was great information.

Dr. Woodard commented that our certification is coming up and we are working on a plan to integrate it into the certification process if this Committee has any questions, concerns or would like to participate at future meetings they are welcome to address any them.

Ms. Quirk asked Dr. Woodard if there is anyone from ACPG involved.

Dr. Woodard stated that is for this group to decide. Chairman Feldman has been in on some of the calls. We are initiating the conversation to see where this may go. It is not a closed group. The more participation will lead it to greater chance of success.

Dr. Marotta provided program information about our ability to reach ACPG members and others in the community to help support this integration project. Part of the survey that was administered in early January had 3 questions: 1) what's the level of need 2) do you have any concerns, and 3) what kind of recommendations do you have? That was put into a report and provided to the Integration Team. There was opportunity to gather thoughts in this project. We always want to provide information used in the industry of key personnel.

Ms. O'Hare asked if they are talking about a team to integrate with substance abuse, and we're filling out surveys, and our information is being written up in a report, and we're talking about integration. This kind of goes like the last conversation we just had. I appreciate Chair Feldman is working overtime in all the ways as Chair. This is about integrating clinical studies. I will put it out there that I will volunteer to be a part of the team. My concern is that we're talking about integration and communication and we are learning what is being done again in a passthrough from one incident to another. It's like we have a firewall and have to keep jumping back and forth. If that team is just an operational team in this government body then I would like to see the same in the Problem Gambling community, so we can have this discussion with them. Instead of passing back and forth then catching up later. I will volunteer to be on the team. I would also volunteer Ms. Quirk if she is available. And I would volunteer Mr. Hartwell as he has a very extensive background in research and broad experience in the community. But maybe there is some rules against it. Chair Feldman ask Dr. Woodard, "as far as participation goes, for those participating in these calls, is there a cut-off? 2 of us or 3 of us. What is the order of magnitude that would make sense to not muck things up but to facilitate continued development?"

Dr. Woodard's replied that any opportunity for ACPG to make an accidental quorum, then that would probably be the limit. Unless they want to be subject to the Open Meeting Laws which would delay the process and with other

workgroups up and running pulls on resources. We are here to support ACPG. This is your process. We will follow through. We support you in moving this initiative forward and what works best for you.

Chair Feldman asked Ms. Garcia if his recollection that 2 is the limit is correct? Ms. Garcia answered, “yes, more than 2 qualifies as quorum.

Kim – yes. More than 2 requires a quorum.

Chair Feldman stated that as a huge proponent of OML. We need to get some workgroups together to get some issues ironed out that are almost technical or procedural and will be discussed in Open Meetings. There is no hiding of anything. What I am concerned about is resource issues. With colleagues at the State. We’ve made really good progress. More than I thought we would. I think we should decide on 2 of us. I call on Ms. O’Hare before I make any suggestion.

Ms. O’Hare commented that she tries to manage the OML in her head. First, we have a 9-member committee with only 8 serving. I’m not sure why the State says, “2 or more is a quorum.” I thought our quorum was a majority of the members who are serving. Maybe someone should go back and research. I know we have been told that we can’t “reply all” in an email as it is called “circular communication”. There is a point when the process defeats the progress. When I say that I want to be a part of the conversation as it is happening, that is Carol O’Hare, Executive Director of Nevada Counsel on Problem Gambling. Not as an ACPG member. But a person in long-term recovery. If I can never be in a room of only 2 people, then I have to quit my job, because we all share efforts and responsibility in what we do. What I don’t understand is what is the definition of this team that is being referred to that is working on? I have always had the impression that there can be administrative meetings that the State can do that can be developed, that does not have to go through OML, so that people can contribute. It’s just a group of people working together to get things done. If we are stuck in the OML thing and only talk to 2 people gather is most conflicting and destructive part. We need to collaborate. If you block us out then you eliminated the greatest resources. We should measure twice and cut once. We don’t want to have to go back and fix things. We are talking about integration. I want to see people on this screen. Help us figure out how to do it.

Chair Feldman asked Ms. Garcia to research this is information and get more clarity on what our capabilities are and how many can participate. I will tell the Committee originally my intent was never to become a permanent part of the Committee but to get conversations started. That discussion has now been initiated. I don’t mean to suggest that my work is done here. But I have done what I set out to do. At this point we are getting into the nitty gritty. We will need to add this to our next meeting to get more details. With Ms. Barlow now on the team, she has been on the service delivery side, and has been in the industry, and has advocated for legislation. We have a lot of folks with interesting perspectives.

Ms. Garcia said she will reach out to get clarity from our Deputy Attorney General to make sure based off the conversation when we were trying to set up meet and greets. That was the information we were provided; we couldn't have them in the same group.

Another option possible is like how we set up Treatment Provider meetings. It deferred back to the department to facilitate a meeting and then that helps with our setting up a meeting and who we invite to the meeting.

Next conversation is to go over expenditures to show where we are and our spending for the year.

Dr. Woodard had to leave but stated that she appreciated the feedback and that her door is always open to talk about issues, questions or concerns.

Ms. Garcia on the shared screen, what you see here is through December. We are currently working on January. This was sent out to all.

The treatment providers are little below the percentage spending. Believes that is due to COVID and not spending. Based on conversations with providers the number are increasing. The first half of year numbers are low but later start to increase. Everyone is close to their spending for the year. Budget 1<sup>st</sup> quarter is less than 10% and are set for where projections should be. I appreciate everybody doing their due diligence trying to get the money spent. We are open to discussions of transferring money. As you saw with Ms. Countryman and having Budget authority to match. Here is our actual budget we discussed is \$1.167 million was allocated to be distributed. The number below is what the authority is. That is where the difference of \$9,000 is. As of December, we have about \$692,000. that has not been spent. I know there were some substantial payments for the month of January. That number has now increased. Does anyone have question?

Chair Feldman pointed out that they are halfway through the year and halfway through the money and this fiscal year is likely to have great spending. Ms. Garcia agreed. The \$692k is obligated to be spent.

Ms. Barlow asked, "from the prevention- can we talk about what those line items are and what exactly goes into those areas? I know that is an area were Budget cuts occurred. I want to know what the campaigns and things is?"

Ms. Garcia asked to defer the questions for when those updates are given. Ms. Barlow agreed. If your questions are not answered, we well be sure to come back to that.

Ms. Garcia gave a brief overview of what the counsel provides Prevention and those services, as well as a piece of the workforce for the conference. The Workforce Development that is held in June. KPS3 is our project Website.

Chair Feldman requested that the person doing the notes to please include this information into the Minutes. For a State like Nevada this, anyone can see what an appallingly small amount this is. For a state the generate over a billion of General Fund coming directly from gambling this is a small part. To then turn around and spend only \$40,000. On Prevention and awareness is

embarrassing.

Ms. Barlow commented that was why she was asking. Because that is so low. Chair Feldman stated that when you see the work that KPS3 does and the work Ms. O'Hare does with what very little money has really been terrific. If it were really funded appropriately what we might be able to accomplish. That is the part of the legislative discussion we will have to have later. Glad that number was highlighted because it is shockingly small.

Ms. Garcia agreed. She feels they are doing a good job at getting the money out the door. She asked if any further questions. There were none.

c. **Informational** - Update on SFY 2022-2023 Request for Applications (RFA) for Treatment and Prevention

*Kim Garcia/ Behavioral Health Wellness and Prevention/Social Services Program Specialist III*

Ms. Garcia shared her screen (see handouts) and deferred to Ms. Dassopoulos, University Nevada, Las Vegas.

Ms. Dassopoulos stated this Quarterly Fiscal Report is to see how spending is going and what percentage of goals that have been met. Item #2 is the number of clients which is a little below what was expected. Problem Gambling Las Vegas is close to meeting their goal. The number of concerned other is lower than previous years. Total percentage of treatment goals, no one is at the 50% mark yet. After care is not at the treatment goal. Charges are on track with what is expected. Total number of payments, here is where line 15 is the payment so far. Should be at 50 % and were not quite there. Everyone else is below what is expected by now. (inaudible)

Ms. Garcia asked if any questions.

Ms. Barlow asked if these are the numbers legislators looks at to determine future funding and say, well you know you didn't meet a certain percentage, so they cut the budget by this much." If it that way, we need to figure out an impactful way to let them know those dollars are needed and it is just situational.

Ms. Goodman stated that she understands where Ms. Barlow is coming from. It is an important to talk about the issue to get more awareness and we will go over the 'Talking Points' in #9. It is so important to be talking about the need for more awareness and more education out there.

Ms. Barlow's agreed that legislators may look at the numbers and see that only "X" number of people are seeking treatment concerns me because we know there is a lot missed on initial intake because people are not really trained what to be looking for, then those are dollars that are not captured. That's the other issue.

Ms. Goodman stated that when they go through the Talking Points Ms. Barlow will see that they don't just look at numbers and consider that's what tells the story. That's why the 'Talking Points' so they know more the story.

Chair Feldman stated that in the Public Health domain it is all about demand.



How many people are in treatment? What's going on? But for Nevada it is a completely different argument. It's one that we also need to get the industry more engaged on, and that is, what is the moral imperative in Nevada on this topic? And how does that relate to an industry that is supporting the State of Nevada? Legislators love to talk about Nevada as the "Gold Standard" but not on this topic. In fact, embarrassingly not on this topic. For the folks that are in the industry, who want to be able to say, "we are legitimate". We are a brand-new community. Those communities are ready to put serious numbers against these issues. And what is Nevada doing? Our answer is, "we spent \$40,000 a year on awareness and prevention. It's a joke.

There are 2 ways of approaching this discussion. You must be prepared to give either one, depending upon who you are speaking to. Because it is going to have a different meaning to different communities for both legislators and public health. We have a tough story to tell. We are not promoting it in a big way, but we get response. Substance abuse counselors generally don't ask if a person is gambling. They have no idea. The only numbers we see are specifically the people who walk in the door and say, "I have a problem with gambling."

Ms. O'Hare thanked Ms. Barlow for raising the kinds of questions that she is concerned about. To look at the report and be able to say, "what exactly is happening?" That is not a question that has been asked of legislature. Some here may not truly understand what that is. It is embarrassing the amount of money assigned to prevention. The Nevada Counsel does things outside this grant's money. That's a two-edged sword. The amount of awareness work and prevention work is much greater than what that number represents but we do that because we existed long before the State funded anything, and we will continue to exist long after our mission to do this. The money we get from the grant is just a small piece of what we do. Thank God for William Hill and other industry folks who support us with charitable dollars. That is a lot of how we get thing done. There is another issue to be said, and that is about numbers.

I agree with Chair Feldman, we don't know how many gamblers are in the State. When talking to the State and legislators, they tend to look at numbers and tend to narrow their focus. Don't say that we are not reaching a lot of people. We do reach a lot that are directed into support groups and individuals the guide them and find legal services they need. That's not captured on State numbers that is only bases on State grant money. There is a lot that it not reported in numbers. I can't report on legal cases where attorneys or judges, or clients themselves has reached out to us and we have been able to connect them to the right resources because of confidentiality issues. Plus no one is funding me enough to have a researcher on staff to collect data and report it. We do this administratively out of our program staff and our Office Manager. We need to learn how to better communicate that. I also don't want to get down to the point where, like Ms. Garcia mentioned in her report that is an internal report, when we get to legislature, they will just see category and numbers. But you put up a number for prevention which includes and external media campaign

and the agency doing all the ‘boots on the ground – grass roots – public awareness’ efforts, they don’t know. We have a difficult conversation to have when you only get 3-5 minutes in front of a legislative committee. A lot of work has to be done outside of that committee and let people know what we really do. I welcome anyone who is willing to have these conversations. Because when we say we need ‘prevention’ what the legislature hears is, “what new programs will you do if we give you more money?” May not get any *new* programs but may better support the programs we already have. They need to give us more opportunity to do what we do well and get more people doing it.

Ms. Jones commented that Ms. Barlow brings a new set of eyes to the committee and from a legislator’s perspective. First thing they see is that there is still money left, so why do they need more money? We have struggled with this a very long time. Ms. Garcia can explain why that funding looks the way it does. Instead of, “we spend more than we have, we need more money”. Committees now have so much on their plate that they will say that this group has money so we can cut the group. Ms. Barlow’s perception is right on.

Ms. Barlow commented that \$42,000 for prevention for a State is baffling. That is not taking care of the people from a State where most revenue comes from gambling. Everyone is fighting for same dollars and there is never enough. There is a social responsibility, even if it is not what the numbers say, but out of good citizenship.

Ms. Jones stated that in the past how we were funded was based on a \$2 per machine and every time it went to legislature it went the other way. Our proposal was a percent of all gaming revenue. Which would be much more equitable distribution within the industry of Problem Gambling funding. One particular committee member didn’t want to earmark funds and each year we had to go back to legislature and that was frustrating.

Ms. Barlow asked how to stop that? Was it just one person? Maybe I am too close to it, but it is just as important as any public health issues. Ive seen how the money has shifted and dangers of being put in a General Fund. It can be swiped any moment even though the money is there. I am happy to be able to help with this because it does seem right.

Chair Feldman commented not to correct Ms. Jones but I do want for the record that we capture exactly what she said. The proposal was for a percentage of the taxes collected. Not a percentage of gaming revenue. Next item.

Ms. Garcia shared her screen handout of Timetable Request for Application (RFA) was moved to March 12. No longer February 28 due to working to get Strategic Plan in place and seeing how we can accommodate previous conversations. The due back deadline is April 14, 2021. We’ve modified the schedule, so we have the ability to make our recommendations to this group at the next ACPG meeting in May. Does anybody have questions or concerns about the updated timeline?

Ms. Quirk commented that it is difficult to do grant writing at the same time during Problem Gambling Month.

Chair Feldman asked if it is going to be so hard to predict in terms of grant writing at the end of the year to predict in terms of next year writing grant? Or am I not seeing it correctly?

Ms. Garcia replied that there are a couple of things to consider. We have projected our budget to-date and what we have asked for the budget to be. But we won't know until the legislative session happens. What we have going out will be based on projected dollars. We don't know what our budget is going to be and won't have an answer until April or May. If we do it earlier in the year it depends on, I must have enough time at the end to process the available and executable by July 1<sup>st</sup>. At the least to have them available and know what our funding is at that point. It's a double edge sword.

Dr. Marrotta stated that it is always a struggle with having a lot to accomplish in a timeframe. Especially with Problem Gambling Awareness month in March. There is a very involved process. Especially in our system because we put so much care into collecting feedback to direct services. Within this process, not only do we have a traditional RFA step that need to be carried out to get to the point to grant dollars out. But there is lead time to collect information properly from the providers, to develop the Strategic Plan and have discussions around it, there is all these extra steps. One issue that used to come up was that we gaged this process to early. So, we try now to push it further and further back because the further along we are into the year, the more information we have, and we try to make this process informed by data. To Chair Feldman's point, "yes", the closer we are to implement a new grant the better information we have to carry forward. The past two years has been super difficult by having curve balls thrown at us and lots of challenges to this whole system of planning and getting it out the door. Ms. Garcia has done a good job in getting dollars out the door. She has done a good job having it carried out as late as possible yet at the same time preserving time for RFA's in the field, so they don't feel rushed. We really try to balance and consider the needs of people and understand that this is not an easy process. And meet the demands to implement our programs.

Ms. O'Hare agreed with Ms. Quirk that March has always awful for grant writing. To my knowledge none of us have a Grant Writer. I am glad it is being pushed out for all the reasons stated. Putting an earlier timeline has always been more challenging. Especially when you are trying to predict 2.5 years out is difficult. This also happens every two years when legislative session happens. There never are enough hours in March or January through March. I do think it is better to be closer to the end of the cycle to get to releasing in April and having the process concluded in June until finalized. Everything got more complicated by General Fund verses Secured Funding. If we had maintained funding in the formula (inaudible), if we move it to late, it is difficult to apply for more money projected, promised or hoped for and while we are writing the grant on those dollars we are trying to monitor legislative subcommittees that may be taking the money away.

Chair Feldman asked Dr. Marotta and Ms. Garcia about a 2-week window of May 7<sup>th</sup> – 20<sup>th</sup>, between the time the staff provides results and recommendations, but before the meeting Department of Health and Human Services takes recommendations and discussions take place. Is that full 2 weeks needed, or can that be reduced to a week? I am asking because if that can be reduced to 1 week, then the entire timetable could be moved back a week. Instead of March 12<sup>th</sup> becomes March 19<sup>th</sup>. Which is a little bit closer to what Ms. O'Hare is talking about.

Ms. Garcia stated that usually that timeframe has to do with Open Meeting Law but that also allows us (myself and Dr. Marotta) to prepare and determine who is getting dollars. Once we have our review from the evaluation it comes back to me, then we look at the dollars and need to make sure things are funded correctly, because there are calculations in there. I can try to crunch more time, but I have reduced as much as possible.

Chair Feldman asked if any further thoughts to share. There were none.

#### **6. For Possible Action**

Discussion and Possible Approval of Department Mid-year reallocations Recommendations by *Kim Garcia, Behavioral Health Wellness and Prevention/Social Services Program Specialist III*

Ms. Garcia shared her screen handout of Draft SFY20. Started with Projected Allocation in first column of what has been spent to date for everybody. Draws that has happened. Payments of made through December. What the protectory is going to be as we go through January through June. It is hard to determine this due to current COVID situation and current events that happened. We have seen a reduction in services and clients being seen. Not to any fault of providers. This is just a projection as if we were at current spending. We are trying to figure out how to help treatment providers in spending dollars. In the past we had add-on codes. During the budget cuts we reduced the cap to 5% that would be 10% and possibly increasing it up to an additional 10%, then 5% increase to treatment participation. Those are the 2 reductions I would recommend at this point.

Column 'E' states what was awarded, and projected balance will be. We have had conversations with almost all the treatment providers. To discuss where they see their spending going? Do they have increased numbers? Or not spending their dollars. Based off some trends, we have made some determinations and suggestions off current data. We have made some allowances and considerations based on if the State opens and what that looks like. I recommend reducing but am hesitant because there could be an influx of clients if the State opens and want to be cautious of that. However, keep in mind that we do not have reserve funds in the case things go in the opposite direction. We have built in a bit of a cushion. Looks like we will be reducing treatment dollars to about \$60,000. On the reverse side. Because it is a budget year and we are General Fund, we don't want to return any money. These are the things we have looked at. We need look at the Behavioral Risk Factor **Survey (BRFSS)** questions we paid for last year that was

put on hold. The Department thinks are important we have those questions for this year. Especially the COVID questions to get some outcomes of. It will help in the Prevalence Study. It is more equitable to pay for these questions and have two year of these questions moving forward. They are expensive questions as they are not part of their Module. They were added in specifically. That takes a large chunk of the \$60,000 that we would be moving from treatment to go into these questions. The other recommendation was to increase Dr. Marrotta's contract. It is usually budgeted about \$90,000 and reduce him down to \$45,000. The problem is that we are working on the Strategic Plan and with all the legislative items, and having to do onsite reviews, we don't want to take the chance of not having Dr. Marrotta's services at the end of the year when we might need him the most. The remaining would be put toward some paid advertisement for KPS3. The social media campaign "Project Worth". This is just beginning discussions and a working document. I'd like to hear what your thoughts are and what you think.

Ms. O'Hare asked to receive an emailed copy.

Ms. Garcia agreed to send it to her and stated that it is a working document and didn't want to distribute it out.

Ms. O'Hare said she thought the \$60,000 at the top was to re-allocate.

Further questions and answers were to clarify the document and what had been stated during Ms. Garcia's presentation and recommendations.

Ms. O'Hare stated that she agreed to the BRFSS questions because we are not going to have a Federal Study for a long time coming. Also requested not to do anything that would let Dr. Marrotta go. A Go-Fund me account will be created by her if it is in order to keep him for his services. We are not going to have data from all screening for a while. If we are trying not to leave money on the table, we can always add more money to KPS3 to get more dollars from out there. It looks reasonable to me. The caveat is what would happen if these treatment providers suddenly get a surge. Gaming is expanding and a surge is possible. I gage the health of the community often by Facebook private groups the problem gamblers reach out to for help. We are already seeing the effects of on-line gambling as more people are staying home and gamble at home. The clinics have not yet begun to see those people yet.

Chair Feldman comment to keep in mind the we are trying to re-open.

Ms. Barlow stated that if she looked at what comes through a hot line. There is a shared responsibility with operators and what the committee is to do with the dollars and for operators to be able to speak in support of what they are doing. One example is when people were calling in and threatening to harm themselves. An entire training was developed on how to handle those calls. I feel that the industry should be doing more to offset these gaps.

Ms. Quirk state that if budget items can be moved around to get us through June that would be wonderful.

Ms. O'Hare stated to Ms. Barlow to be careful what you ask for as she is formulating a way to have her chair for a go-fund me campaign.

Ms. Barlow commented that the State makes so much money here and why more

is not being done.

Ms. O'Hare (inaudible with too much background noise.) we appreciate Ms. Barlow's viewpoint and passion which is not all shared in this industry. This is a big animal here with minimal effort to go out and knock on the door of 2700 gaming licenses and entities saying that there needs to be more money is challenging.

Ms. Goodman commented that she has had conversations with industry leaders that do take the time to educate within their own companies to bring awareness, for example when a company states the 'problem gambling is part of our culture to keep talking to them to stick with it. It is incumbent upon us to get those conversations going. I do think the industry is ready to do more. Additionally, Nevada Resort Association I've been told is probably take a role in making sure they are watching what is happening with problem gambling in Legislature. There are some very remote locations that we really need to start talking to as well. I feel like something has switched within the industry and I am encouraged.

Ms. Barlow asked what role the Gaming Control Board in conjunction to what we are doing?

Chair Feldman asked to defer that question for later and get back on track with the re-allocation.

Ms. Garcia added comment from previous re-allocation information provided they should have one more look to see if we need to move money again.

Chair Feldman stated that rather than an approval now, they take another round and see where this goes and take a vote at next meeting.

Ms. Garcia stated that the ones just proposed could be voted on however, if they have to wait to the next meeting it will be too late to roll it out.

Chair Feldman commented that another meeting would cause a stumble into the Bylaws. We clearly need to have another meeting. We can't operate this way based on all that is going on in the community and in the State. Not sure where to put this at the moment unless there is further discussion. Let us table it for now and when we get to Bylaw section, we take another look at the number of meetings. I think we have a responsibility to have a meeting. Probably early April or late March. Ms. O'Hare states that it is technical around making re-allocations. Question to Ms. Garcia about the BRFSS about any timeline of clock ticking if we don't get money to something it won't fall off. Can Dr. Marrotta promise to keep working even if we have to delay re-allocating. Looking in the chat here Lena of Bristlecone has already seen an increase. We need to take it from somewhere but not take all the money and move it all then get caught in a bind. Where are we with the BRFSS?

Ms. Garcia said there is a Work Order but will reach out to see if they can hold off on the transfer.

Ms. O'Hare asked if that won't delay the questions?

Ms. Garcia stated that the questions are already being asked and went effective January 1<sup>st</sup>. That is a technical question I can reach out and get. It just must be processed by end of June.

Chair Feldman agreed to table and move on to Project Update.

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Ms. Goodman had to leave for a court appointment previously scheduled.

## 7. **Informational**

### Project Updates

- a. Research Grant Project Updates: UNLV, International Gaming Institute *Andrea Dassopoulos, PhD Candidate, Project Manager, UNLV IGI* – **no current updates**
- b. Gambling Treatment Diversion Court -*Stefanie Hui/ Eighth Judicial District Court* – **no current updates**
- c. Project Worth - *Sarah Polito KPS3, Inc.*

Ms. Garcia pulled up the screen share for the group.

Ms. Polito started by giving a shout out to Ms. O'Hare and Mr. Hartwell for talking with us. We were able to meet with them in December to really hear directly from them about the problems people are facing and then incorporate that into our messaging and thanked them for their time. Also, to thank Dr. Marrotta, Mr. Feldman and Ms. Garcia for their time and feedback to make sure we hit those right topics.

We came on last March to bring awareness to problem gambling in the State. And then COVID happened and everything turned upside down. We were still able to do a lot of great outreach with new outlets as well as social medias. As we started to go into the new fiscal year, obviously working with the reduced budget but still finding ways to facilitate a great impact. We did a lot of social media posts and really tried hard to hit the most relevant and timely topics that are prevalent. Last quarter was all about the holidays and the loneliness people feel and despair dealing with the COVID impact and then the economic impact so many people in our state are now facing.

Moving into the New Year that message started to change. We also still promoted various resources. From a public relations perspective we did release a Press Release about Problem Gambling during the holidays. We also did one in October reminding people about all the various gambling resources available for little or no cost. We received 3 pickups in that release.

When we look to the future, we have the Problem Gambling Awareness month that we will be distributing in the coming week. Really want to make sure we are out there with support for all your various messaging about that. We have one other Press Release that we have the ability to release. The topic is still to be determined. We want to stay agile and nimble during these times as things are changing so rapidly. With that the date may change too. We'll continue to be in touch to hear about different things and of course we will continue to monitor on our end and finding different angels we can use to help get that story out there.

We looked at 2020 and what we accomplished last year and our impact. We had the best impact in June when we had that paid advertising and really get in front of people with ads that popped up in their feeds or in articles they

read on line and get them to take that time to go visit the website and find your resources. This show how putting those paid advertising dollars is the best effort getting in front of people verses getting people to find us. Nearly 13,000 visited the landing page and spent almost 2 minutes. A lot clicked out to your various sites. There was a quiz for people to assess their risk. Not scientifically. People love the opportunity to engage like that and review their risk levels. According to the graph 93.8% of outbound clicks people found information then clicked to get more. Out of the 325 people that completed the quiz 38% fell in the high-risk level. It helps us to understand how to make future resources. The upside of that is that 33.4% had no risk. Of course, what makes up that other essentially is medium to low.

Next is our organic social media under the Project Worth Project. Lots of peaks and valleys when posting. We hit it strong during Problem Gambling month. We were able to get a lot of medica coverage. Also tried reminding people as things shifted with COVID that there was still hope through Telehealth and lots of opportunities there.

Flat line was due to working on the Work Order things were quite at that time but still that picked up to show trends.

Our goal is to increase followers to be able to have a greater reach and not to have to pay for it. That is a continued focus for us. One thing I will ask the Committee is to share this information. It helps a lot to share with people that you engage with for greater leverage and public relations.

We had a great re-tweet or shout out post by our Senator. Which gave us leverage and continued to spread the word.

As for our public relations, we receive over 20 articles with various news outlets throughout the State.

When we look at this 31 million that is “unique visitors per month” through various markets and various news articles.

If we were to have had to pay for this, it would have come to \$33,602.

Various other statistics were shared and reflecting several outlets reached via Press Releases that we got reporters to talk about or various stories picked up and used. Lots of reporters cut and paste stories however our stories still reached over 140 people. Then again in subsequent pages we were able to list all the 114 articles we received last year. Even though we had reporters pick up our stories, we still had our story picked up 144 times throughout various outlets. All of this is in the report for everyone to look at. Very proud of where we landed last year, even with COVID and still be relevant. Especially considering all the obstacles we had to be in that conversation.

As for our next steps continuing throughout the year, we’re going to be working on Problem Gambling Press Release and will be sharing that out soon. Then of course working with the State to get some good press coverage and their approval. Drafting social media post and website hosting



maintenance for that landing page to be secure and up to date and still usable for all our audience as well.

I want to point out that if you want to look further, I do have listed here our goals, our tactics and our deliverables with any Appendix should anyone want to look at that. I want to ask if anyone has any questions.

Ms. O'Hare asked for that report to be emailed to the group. It is a lot to digest and a lot of good information. Counsel got linked to it??? Where are they linking to it? It looks like a good spread of all the resources on here. That's good they did link to it. Couple other things...

1) PGAM Press Release. Mr. Harwell and I did talk with you in December, but I did not see the final Press Release December. Either I am not on your distribution list for you Press Releases or went to Spam. I would like to talk with you. We are coordinating PGAM Statewide and preparing to do a ZOOM launch to give people join us in an informal conversation and a chance to learn what PGAM is. Please reach out to Mr. Hartwell and I and with the Counsel to link up and get in sync with what coverage in Press Release you are sending. We have also applied for a Proclamation from the Governor. When we get that – my question to you – because this is how we do it in our world. What are you willing to do for us? Your sending out Press Releases. Im a Non-Profit and I can't get a Press Release in my neighbor's hand. Let alone to actual media willing to cover it. Can you (without any more money to give you) can you collaborate this by sending out a Press Release from any of us? From the Counsel we launched Problem Gambling Awareness Month. If treatment providers are doing... that's what we do. We get other people to engage in activity. I know Ms. Quirk sends out Press Releases. Is that an "assist" that you can give us within the scope of what you are doing in awareness?

Ms. Polito replied that she wished they could, but it would be a lot more cost if it was done for members. We are only able to do one Press Release we have allocated. It is not just us sending it out. There is a lot of pitching involved and conversation with reporters. Sometimes we send it over the wire which is a lot of hard cost. Due to budget constraints this year we are not able to facilitate that. But we would keep that conversation open in future years when more funding is available. Would Ms. O'Hare requested to put this on future discussions. Because we are talking about prevention and what we do at the Council as far as public awareness, community based effort and what you are doing in terms of the media promotion would be a great collaboration to have that built into somebodies Grant. To be able to be able to use you.

Ms. Polito stated that she will be reaching out to them in the future.

Ms. Barlow comment what a great job they are doing. What it comes down to is followers. The challenge is how to make it interesting. Hope

we can give you some ideas for June to put something out there. Why was June selected?

Ms. Polito answered that they try to do it by quarters but can do it different. One is coming in March or if something big happens we can be flexible.

Ms. Barlow to Ms. O'Hare stated that maybe there is something that is talked about that the Council has or can raise awareness what different organizations are doing. Maybe the Committee's focus can be on what different organizations are doing.

Ms. O'Hare stated that they are still cautiously optimistic that we will have State Conference. I will raise the question, "is there any value to a Press Release focused on all we talked about. Or the need for State support or Problem Gambling that explains what and who all and who flag their partners collaboratively.

Ms. Polito commented to caution against that unless there is a greater strategy that I am not aware of, but I don't see that being of interest. We want data that is helpful and excites them and not telling what you are doing verses how or sharing stories. Talking about funding, that's going to be a really crowded space in Legislature. I don't ever see that being picked up really.

Ms. Goodman asked Ms. Polito if they have Instagram?

Ms. Polito replied, "No, just Facebook and Twitter. We really wanted to focus our FB page on really good quality for the content on those for now and with budget restrictions we felt it would add more cost."

Ms. Goodman asked if they could have their social media connect with Ms. Polito with all the providers? Can we do that call thing. Talk about stuff we haven't thought about till now? And is there any money to do a release for Problem Gambling Awareness Month? When we talk angles, I would think that possibly talking about COVID and the effects of... for instance we with our program and we are going to be starting a Relaps Prevention Program withing PGCP Las Vegas, because there are so many of our alumni who haven't relaps but they are worried that they might. The pandemic has had a detrimental effect on alumni and people that are in recovery right now. I think that is an interesting angle, especially during Problem Gambling Awareness Month. If you have the budge for that and that makes sense to me. It is specific and current. It also plays to the Problem Gambling Awareness Month. I think the stars are aligning.

Ms. Polito stated their plans are to do a Press Release in March for Problem Gambling Awareness Month. We will be doing one additional Press Release for our Reporters. If that is something you would like to do, we are flexible, if you'd rather do 2 in March and not one at the end of the year, we can do that. We are completely open. I would want to continue to do a little bit more research with different Committee Members and ideas. Then working with our very skilled team Public Relation Specialist

to determine what those ad stories that is going to be most effective. I like that idea about the relaps.

Ms. Goodman asked, “Does it have to be 2 releases? Can we just say...this is Problem Gambling Awareness Month, and therefore it is important? Is there a way to get the point across that people are relapsing? Or spin that?”

Ms. Polito commented that with Press Releasing we generally try to keep them concentrated on one topic. Not throwing too much in for the reporters to digest. Really keeping it focused works best. I do really like the idea.

Ms. Goodman stated that sadly enough I don’t think people are going to really care about Problem Gambling Awareness Month. I think that if there is a story to it and we can attach a testimonial to it, that will give it more human factor.

Ms. Polito stated that they look at it in an inverted pyramid way. The most important thing is the top. Anything we can do to raise awareness in the State and tie a person to that Press Release there is a way better chance we have at being successful in getting coverage on that story. If you have anyone at your place, please let us know. We would love to engage with them and talk to them and find a way to incorporate them into the Press Release.

Ms. Goodman agreed and touch base with her off-line.

Ms. O’Hare stated that one thing the Councils been doing and will continue to do more of PGAM, we are doing a lot of videos, Podcasting and in going that direction we’re finding, even with NOT PAID advertising on FB and social media, we are getting a big response on those videos. Humanizing it is good. I will figure out how to communicate better to others. If you are not following us on FB- please do and you will see all of what is going on. I am not a social media genius, but I do read FB. I think telling someone’s story in a Press Release- yes and no- there can be problems with that. But if you can get it seen as a human issue with somebodies’ real story, but it has got to more than a person’s story in a Press Release. That is how we are trying to build more diversity. I am probably come out of hiding and do a Podcast during PGAM. Personal stories are important and to be clear, we’re not just saying, “It’s Problem Gambling Awareness Month”. We have to use this time to draw attention and educate. Because most don’t know what problem gambling is. There are many audiences we can reach. Not just the treatment angle. But if you are a citizen of Nevada, it might be important to you and the place you work and live.

Ms. Polito clarified that the message is not just “Problem Gambling Awareness Month” we can use something from individuals which would be more like a blog post. We will use that person as a pitch to the media as a hook because the media doesn’t want to us but any time, they can talk to an expert is always all the better.

Ms. O'Hare reiterated that she wanted to be sure to see the Press Releases to be very clearly using all the same language and on the same page. Depending where you get your information from PGAM, Council Las Vegas or just Googling doesn't always mean it's from Nevada. We are focusing on messaging in Nevada and how we recognize problem gambling.

Ms. Barlow asked that when people click on the links of different providers, how do you interact with them afterwards, and maybe that information is confidential, but can Ms. O'Hare or Ms. Goodwin follow-up with people?

Ms. Polita stated that there is not an Intake Form where we gather that information as to who is coming to the site. So, we don't have that information to be able to pass that information along. If we had a large enough audience, the way Google does work, is we can do a remarketing campaign and send ads to people that Google knows, and we could re-target them specifically with some ads. There has to be a good amount of people to do that and we are getting pretty close to that amount.

Ms. Barlow comment how she can see how more engagement and keeping them in the conversation and moving forward would be great.

Ms. O'Hare ads to Ms. Barlow's comment and unfortunately, we are not set up on our website to get very good analytics. That is something we will be working on with our IT. All that cost money too. Analytics has always been a struggle for us.

Ms. Barlow next question is if they know of a family that may have went through treatment successfully together that are doing awesome that could be that human factor. Because it does affect the whole family. We talk so much about the individual that maybe a family would be a possible hook.

Ms. Goodman replied that they do have families. The issue is that they're camera shy. That's our biggest challenge is getting alumni family members to talk about it. Many of our clients are happy to talk about it and give testimonial. We could probably find someone to do it. We may not be able to have a camera maybe more written comment. Im sure we could find someone.

Chair Feldman commented that in the family circumstances (he's aware of) unfortunately the collateral damage doesn't always resolve. There is some resolution through treatment that has to continue for the rest of their lives, but the family experiences have been a mixed bag. He appreciates Ms. Barlow's idea and if there is a way to get that broader message out there would be nice. But hard to get a group of people.

Ms. Quirk loved the concept of analytics. Would be great if the people went to Project Worth, clicked the link-PGC Reno, they got a call back, they walked in the door, became a client. If they do become a client, we have a spot on our form that asked how they heard about us. If they say,

“Project Worth” I would type it in the other category of our existing intake that goes to Ms. Dassopoulos. She crunches the numbers and keeps track of all the other. Not just website or Google. I would happily put big stars around that so that she could say, “we got one”. We are doing that to the best of our ability. Sometimes our clients may not be able to say, “Project Worth”. I thank you because that spurs me on to be asking that question about, “How exactly did they find them?”

Ms. Polita stated that is great if that is something that can be incorporated in an Intake Form would be wonderful. And if you can spur that “Project Worth” website dot org also would be good.

Ms. Quirk ask Ms. Dassopoulos what she thinks about another drop down in the Intake?”

Ms. Dassopoulos replied, “that’s no problem”.

Ms. Quirk, “done”.

Chair Feldman said that is taking a side bar for a moment and looking at State programs. I don’t know if this is good or bad but there is an effort begin made in a handful of states. I will say this, and asked Ms. Polito to pass it along to her team, our effort with what very little I know has been with very meek resources and our State stands up against any of the others. In its creativity, in its empathy. It doesn’t mean that it is totally unique. That’s the point. I find its approach is really humane and personal. Some of the other states, and Im not trying to denigrate any of them for their work, everyone’s work is important. Some can come off a little mechanical or clinical. I just want others to know it’s been fascinating to see ours compared to others. To end this on a positive note. Let me ask others to look at Minnesota. I think you will see, without even knowing it, you are on the same page. Although the approach is slightly different, theirs is clearly for Minnesota. Very interesting parallels between them.

Ms. Polita said that she will look at that.

Ms. Barlow asked a question in the chat asking if the ACPG send calls to the 800 number? I toss that question over to Ms. O’Hare.

Ms. O’Hare stated that they receive a monthly report on the help line calls that comes from Nevada. Helpline calls right now, and all helplines in particularly Problem Gambling is very low. They are low because people go through the Internet. Hence my quandary that since I don’t have good analytics, it is hard for me to know. To represent what we know of the helpline would be terrible underestimated. I don’t provide a monthly report to the Providers because again, we must protect the data. The helpline is based on the helpline counselors’ interactions with the caller. It can be somewhat impersonal. The staff are recording the nature of the call. I have all kinds of detail, if you want to know, who and why are the calling about, I have all that for 25 years. If the idea is to let healthcare provider was given the caller’s name and information... again, it is the same problem. If you ask them where they got the number? Half the time they

say, “aaa-I called Gamblers Anonymous”. No, they didn’t. They called our office. They don’t know. They’re in crisis. As far as being able to connect the dots, until we have the resources for me to work with our helpline providers the State provides, until we have the resource to put together a warn transfer system through our helpline, that is the only way you are ever going to know the helpline and caller actually... we don’t tell them which provider to go to either. They tell them they can get more information on our website. They give them at least one provider appropriate in their neighborhood. Or maybe two. It’s up to the caller to make that call. So, we have no identifying way to say a caller was recommended.

Ms. Barlow stated the reason she is asking is because when she worked with the Illinois Lottery, the State would send a monthly report of the people that called and they ranked it by this many calls by casino, this many calls about lottery.

Ms. O’Hare offered to email her report to Ms. Barlow and said that most calls she pays a monthly contract are related to casino calls and nothing to do with problem gambling. Out of 300 calls- there may be 3. Others are asking for lottery numbers, or a hang up

Chair Feldman asked that they put together an ‘analytics package’. What does that look like? If we were to add analytics when the budget gets more healthy and the State gets more healthy down the road, I am hearing this as a significant deficit, I’m curious what the number is if we could maybe do something with that down the road.

Ms. Polita stated that she want to continue to have that conversation because with the analytics we provide here obviously seeing how many people are visiting, how long they stay on the site, how many people are submitting quizzes, how far down there scrolling. All of those things are definitely analytics we report on currently, but if we’re looking for more reporting on individuals, like if I click on a site and then go to another site, I just want to understand the privacy, if those are issues we have to work through. I want to understand the goal and the intent and then figure out from there what that would look like.

Chair Feldman commented that is exactly what we want to discuss, but for the purpose today let’s put a stop there. That is where we’re headed. Any further questions for Ms. Polito? Hearing none.

Ms. Polita thanked the group.

- d. Workforce Development - *Jeanyne Ward*, Center for the Application of Substance Abuse Technologies CASAT system went down and missed Chair Feldman asked for Ms. Ward to provide her update.

Ms. Ward stated that this year they are working on objectives and we released the 30-hour Problem Gambling Intern Readiness Training on January 21<sup>st</sup>. At the time that I had given the report to Ms. Garcia in the last week we had two people that registered. However, since the Nevada Council sent out their e-blast yesterday and SAPTA sent out an e-blast as well, we have 46 people now registered for the course. I was shocked as well. The course is free and just looking at the content and/or whatnot, I am hoping that those 46 people actually turn in to completed course work. As we on, I will report to Ms. Garcia as people complete the course. We continue to provide administrative support for that, workbooks and helping people through the customer service questions some might have.

Our second goal is to continue to as Liaison for service we provide for individuals that might have questions about how to access how to become a Certified Problem Gambling Counselor intern and that sort of thing. We haven't had a lot of those inquiries come in yet, but we are fielding them as they come in. Our hope is to get ahold of those folks and not wait to the end of the course to provide them a flow chart and steps. Maybe refer or re-work that a little bit so folks know exactly what upfront how to apply for an internship. As you know is a pre-requisite.

We are communicating with the Board of Alcohol, Drug and Gambling Counselors. I hoped to have had a meeting with Agada before this meeting today and try to figure out how to get more supervisors because if we are going to have more interns, more public Certified Problem Gambling Counselors we need more (inaudible).

Just through the grapevine today, a little earlier there might be a Bill from that board that might include Problem Gambling. That's all I know at this point. We're trying to find it and track it but that is all I know at this point. Once I get information on it, I will certainly give it to Ms. Garcia .

Chair Feldman mentioned he heard of two Bills with Problem Gambling in them. I don't know if they are doing what you are doing but I'm trying to find them. I will look through my information and send to you and you send information you have with Ms. Garcia and find a way to circulate that.

The 30-hours to become an intern, is that consistent among other areas in drug and alcohol or a number of other behaviors?

Ms. Ward replied she did not know that Statute. It is across the board. How they came up with it I have no idea.

Ms. O'Hare stated that it was originally set up when we wrote the certification statute for Nevada and it mirrored the National Certification Standard. As far as other things, it is a little bit of apples and oranges because it not done the same everywhere. The 30-hours was modeled after the highest standard that we had in the country at the time. By Council standard it was actually increased the standards here by being the first State to add the requirement for an oral exam in addition to the various newly acquired exam. I do know that this is a standalone certification and not an add-on to a

provider whose already got a level training. It was written perfectly for it to allow anyone to come into the field. Obviously, they still have to have a bachelor's degree, they have to get the first 30-hours to get the intern license, they have to go through all the supervision hoops. But it was intentionally written to be an open door. I think that Brenda (not sure on this call) but she is a shining example because she did not have any of those things and she literally enrolled in college and came through our certification 30-hour classroom training and she is still here. She succeeded all the way through to certification. It's not just the 30-hours but it is what you must have to be an intern. Then you are in the field, under supervision and will be gaining an additional 30-hours before you can test and do all those things. Ms. Quirk asked Ms. Ward if she feels she has a conduit with the Board of Examiners? For me the concern is that the concept as a liaison and you guys at CASAT in general be a liaison would imply that there is kind of a regular connection. Call me if you can if you can assure me that there is a regular connection. For a lot of people in the field that don't have a regular way to access them, including knowing when meetings are.

Ms. Ward replied that yes, she does have a regular connect with the Board of Examiners and we speak frequently on the project we work on for SAPTA. The answer is yes to answer your question.

Ms. Quirk commented that when she said, "quote-unquote: "had discussions about Legislation that could include Problem Gambling Certification" and part of that mission your on in Workforce Development pre-screening supervisors" WOW! We want to be involved in that. The Legislature is open, and I am just wondering about Bill drafts and nobody knows.

Ms. Ward stated she does not know about that either. She and I specifically talked about the supervision and had really mentioned that it is too late to put something in this time around to address the supervision concerns that we had. Specifically, providers having to have it onsite as a component to it. I don't know what this Bill is. I don't know how it effects problem gambling yet.

Ms. Quirk stated she did not want to shoot the messenger and asked if Ms. Goodman is still on the line.

Ms. Goodman was still on the call.

Ms. Quirk stated that maybe Ms. Goodman may understand a bit of her frustration about why I've been beating this drum for quite a long time the last couple of year and now here we are on public record hearing that we've "missed the window" to adjust what is fundamentally able to increase our workforce and increase our supervision ability to detail behavioral health. I am super frustrated right now.

Ms. Goodman comment that she understands and feels the same way.

Ms. Ward stated that she doesn't want to start and uprising but if the information that I got is completely wrong and I don't want to assume that it



is one thing or another. So maybe we just put a pin in this again until I find out.

Ms. Goodman stated she also hear the same thing.

Ms. Quirk also stated she did not want to start an uprising or shoot anyone. This is a public forum. Here we are.

Ms. O'Hare added that to calm the frustrated that I thought we were going to get a line of communication to know what was going on, but then don't believe (inaudible) to do that. But to be clear. If it is a Bill Draft Request from the Board or otherwise, I did hear something from someone about a couple of Bills and when I looked in them you have to remember that problem gambling is in that factor of Statute. Even if they are doing a technical language change because of some... whatever, it affects everyone that they have under that Board. Even if it is a change that the Board is going to meet on Tuesday that for some reason that requires a Bill, it sort of gets that trickle-down effect where they might have to implement the changes. I think I am hopeful that maybe if your searching problem gambling and it is coming up as a Bill it may simply be that whole Statute. I do know there is something to do with Telehealth that the Board has a Bill that has to do with making that permanent in Statute. But it goes to the emergency allowances that they had to engage during COVID. I think Ms. Quirk is probably familiar with that or Ms. Robards may know. We need to be told more about what the Boards are doing because to be told after the fact is too late. We have been screaming about this too long. Representative that have been on these calls knowing this problem and yet they don't hold a meeting for us to go in and comment to say, "are you working on a Bill? Is there a way to bring that to attention because this is what we were not aware of that they were making the change. Now we are not able to find a way to make the change.

Chair Feldman said that Senate Bill 69 involves some provisions related to behavioral health. We should take a look at it. I will continue to look at it and let you know. Ive actually had some colleges in the industry asking if I know anything about that, so let's find out.

Ms. O'Hare added that Tray is on the call and may know the other Bill. He can email us or something. So, we know what those Bills are.

Chair Feldman said he has it somewhere but can't get to it right now.

Ms. Ward asked if he is looking for the Telehealth Bill?

Chair Feldman said that may be what it is, yes.

Ms. Ward said that she thinks it is SB56.

Chair Feldman said, "ok". Are there any other questions for Ms. Ward?

Ms. Ward also mentioned they are putting together a Blog that they write and is a Vlog Post about Problem Gambling Awareness Month, that advertising the course and the flow chart and things of that nature. Also developing a Podcast so there is more to come on that.

Chair Feldman announced there is a question from one of the guests who is wondering if you've hear any feedback from Oral Board set up by the of

Examiners? She says she has been waiting a long time to get her certification and now it is down to the last minute before the Provisionals expire. What suggestions might you have for her or anyone else in such circumstance for the timeline that is starting crash?

Ms. Ward asked if guest was saying they have not been scheduled for their oral board yet, and you running out of time?

Guest replied, “no she hasn’t.”

Ms. Ward asked, “what does the Board say?”

Guest stated that there has been no response from the Board. The only reason I am bringing this up is with wanting to get new counselors in the field and a problem presents itself of being a big problem for those that want to become counselors. If you go through all the steps and taking the test and wait for your orals and your so excited and then you get put off and put off and put off. Kind of makes you not want to pursue it.

Ms. Ward, “sure, understood, I don’t know anything about that”. I can inquire when they plan on having oral boards.

Ms. O’Hare commented that she can tell you that she was contacted by one of the programs in Nevada about getting an oral board set up. It was very disturbing to me that they had to reach out to ‘ME’ because they also weren’t getting a response from the Board. This is a very very bad situation if the Board is not even scheduling. The person reaching out to her asked if she knew anybody who serve on the Oral Board Reno or LV. I guess the Board was telling them that they didn’t have anybody to do the Oral Board. Because the Oral Board requires something like her or others who are qualified supervisors and they have to have 3, I think. No one seems to be able to answer the questions posed by the guest. And we can’t get an answer from the Board as to when they are going to meet or what they’re going do and yet somehow they find the time to write Bill Draft Requests. But none of us are supposed to know that. I am curious about the whole Open Meeting Law situation. This is really in disarray’.

Ms. Ward asked Donna (guest asking the questions) who you are emailing and what is the email address you have. I know they some turn over there and maybe there is another email address that maybe I could provide.

Donna said that she has been trying to get in touch with Agada. She said that right after they got a provisional, she will set up the orals. Since then I have been in contact with what is called a Licensing Specialist. I have no idea who it is. It just says Licensing Specialist. They keep telling me that it’s the Boards job to setup the Orals and will be notified when they are set up. I hear Dian Springboard is still a supervisor. They haven’t contacted her. I’m frustrated because I am not the only one. My co-workers are in the same boat. Both of our Provisionals expire in March.

Ms. Ward asked if there has been any offer to extend the Provisional?

Guest Donna is not sure they are going to be able to do that. Do we ask the Board now to extend it or do we wait until the end of March?

Chair Feldman stepped in for a moment. This is a very important issue and I am certainly not trying to minimize or put it aside. He asked Ms. Garcia to seek some input from Dr. Woodard or maybe even Lisa Sherych about this. I see that Agada was on the call earlier but has since left. So, we can't ask directly. Whatever we can do to find out about this. It is very very important. Let's try to do it early next week. See if we can get to the bottom of this.

Chair Feldman ask if there is any further regarding the Workforce Development. Thank you, Donna, for raising this concern. Again, this is a critically important issue.

Next up is Ms. O'Hare.

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

I don't have a written report to read but I have notes of what I feel is relevant. First, I thank you Jeanine for acknowledging our promotion of the Workforce Development opportunities. Im skipping around here but under goal #3 that's why it states to provide support and ongoing opportunities for continuing professional education. Given the nature of COVID, everybody shutting down, we are not doing live things, which is a big part of what our staff does. We re-send any training opportunities in Nevada, outside Nevada, the staff does quarterly if not more does email blasts of all the training opportunities. I am thrilled with the 30-hours being offered free through the end of the year. So, does that mean we are going to see some of those people, how many ever you said, are all going to become counselors? Not necessarily. What is so amazing that when you offer something for free. People will sign on to find out what it is. That's been our biggest barrier. One of her own staff signed up just because she feels it will provide more knowledge and she can be more useful to our program.

The social media is the other area we are working very hard. Some success is getting us down the road to where we want to get to. We're doing videos and Podcasts on YouTube channel, but our struggle is how to get more subscribers. We found out that if you can get 100 subscribers you can add URL to videos. We've had 2 projects. Mr. Hartwell has been instrumental in both, but he is the engineer that connects all these things for us. We also have been working with Scott Morrow of UNLV to do education in his Gamming classes. He offers something free if students watched and subscribed. He asked is students to watch our video and subscribe to our YouTube channel. That and another young man we reached out the same is working on similar project and all the sudden we now have 160 subscribers. We had 1400 views and total of 8,880 minutes watched on our channel. Again, we have no analytics. Can't tell you who they are but I can tell you that YouTube is getting the most play. We also can tell what of our FB post run the best and we are starting to learn simple FB posts that look

more like a picture and story get more attention and people more willing to click on it. We vary subject matters. My staff plots out subjects to post on. We cover everything from gambling recovery. News stories will write about the industry. Sports books etc. We do not take a position on anything. Yes, we always consider impact. Looking at FB post we reached 1800.

Covid. Surprisingly the simple slides we did - encouraging people to be conscience of stress and gambling due to stress and COVID. Those things got a lot of attention and people read those.

We try to make it interesting. When we do post we key on any factor to a connecting point message. We cycle things around.

Everybody is asking about the PGAM. This is “the ask” that I have to all of you. One of the functions of PGAM, one of our roles is supporting and coordinating PGAM is that we want to know what you are doing. If you are making a plan to do something, tell us now. We can help promote or shout out to PGC, who has made commitment to support us. We’ve always tried to get feedback. It’s difficult. If we don’t know we can tell the story. Send us an email. I expect a lot of emails. When we get ZOOM, calling figured out we will share even more.

Any questions? There were no questions.

## 8. **Informational**

### Advisory Committee on Problem Gambling Work Group Updates

#### a. Discussion on Legislative Work Group Updates – *Stephanie Goodman, Work Group Chair*

Ms. Goodman with provide update to Talking Points in #9 when they there. Specific updates: This is why we wanted to start in December so we could start having these conversations with Legislators but hopefully this piece gets approved today so we can move forward and have these conversations even though we’re several weeks in.

Specific to Lobbyist which we are not able to hire but as ACPG but something that I have been trying to gain access to different individuals. We have not received the kinds of updates we’d like.

I sent the piece over that we finally finish up to Nevada Resort Association and I’m waiting to chat with them to make sure that their Lobbyist is looking out for us. Ms. Quirk I have not heard anything about that BDR. I check with a friend there what the status is now so please don’t stress. We’re going to make sure – your one of my main points. This is an issue for us too just as Providers. We need to make it a lot easier. Just know that is happening too.

With regard to the communication that we are going to be doing. I have to be point and goal on item #9 but It is important for us to continue on the same path that we did last time in talking to those Legislatures that we know, speaking with individuals so they know what exactly Problem Gambling is. It does not get any kind of excessive hit that is different than anybody else.

I think that is super important for us as well. I just encourage from this standpoint during Special Session I thought that was very effective for us to keep reaching out to those people we know. I know we will come to an item where we talk about who our official spokesperson is for the ACPG and we'll wait for that item to come.

Otherwise, I need to get this piece approved so that I can move forward and really start these conversations, not only with Nevada Resort Association but with also with Lobbyist I'm hoping we can work with. I'm even looking at is as PGC Las Vegas... to even...if we cant get any traction with anyone, maybe we as PCG can pay someone hourly to let us know what is going to pop-up, so that we are at least aware. Because people get paid thousands of dollars to just watch this stuff and I'm trying to find somebody who might do me a favor and do it maybe Pro Bono or a small fee. This is clearly our biggest hurdle. The fact that we can't hire somebody to do that for us is yet another interesting (inaudible). So, I just want you to know that I am working on that as well. I'm not leaving any stone unturned. I've also asked for Agada's contact information. I am going to contact her directly so that she can perhaps be in on what we discussed about the supervisory situation. I will maintain contact with her because I don't like getting surprised.

That's where we are. With regards to Legislature. If this piece is not approved today, then we cannot move forward.

Ms. O'Hare asked if they have the piece they are approving? I didn't see that in the attachments.

Ms. Goodman replied that Ms. Garcia provided a draft, then she is going to post when we talk about item #9. I don't know if you got my email Ms. O'Hare but was able to implement your changes specific to language and word changes. Dr. Reid gave a lot of wonderful feedback as well. I did what we could with the budget that we had. So that is where we are, and I will talk more about that in the next item.

Chair Feldman asked if any questions? There were no questions.

**b. Discussion on Treatment Provider Group Updates– *Denise Ms. Ms. Quirk, Work Group Chair***

Ms. Quirk thanked Ms. Goodman and asked to keep her number on speed-dial in her pocket.

The Gambling Grant Treatment Providers continue to have a once a month call and this last quarter all Treatment Grantees participated in sharing their experience and keeping discussions going about the impact of the pandemic in Nevada. New Frontier Treatment Center (NFTC) gets a shout out to Lana and everybody that is working over there. Kept their doors open and improved their status by having positive feedback for the State of Nevada Health Division of Infectious Disease Inspection. Which they passed. Lana reports the installation of the temperature station at their entrance has greatly helped, in that all may approach and get temperatures

checked by NFTC personnel. They are wearing mask, requiring hand washing and sanitizing. The staff has been offered vaccination and so far, 24 of the 60 who were offered, have been vaccinated. NFTC is experiencing increased calls and currently has 2 residential clients. Reno Problem Gambling Center (RPGC) also noticed and increase in calls and an increase of intensity of urgency, especially with homelessness and marital problems. One of the 4 RPGC staff members has been vaccinated to-date and has inquired to her doctor to inquire about antigen tested. She tested positive for COVID in August and is weighing her options about vaccination. I will tell you that is a topic in every group. Clients were pleased to hear the February 8, 2021 announcement that RPGC was again open to the public having been partially closed since November 2020. We are now able to offer Independent Outpatient (IOP) visits in person and in a hybrid setting with both ZOOMPro (which is the paid encrypted two-way version of ZOOM) in-person to gather in the group room. We reduced seating, continue to use masks, hand wash and other sanitizing practices. RPGC has seen a general decrease in referrals from Gamblers Anonymous (GA), since the onsite GA meeting had to close in 2020 due to the pandemic. We are really hoping to increase outreach with GA folks.

Any indication that Donna Myers and Tom Mossberger will have their CPGC oral exam scheduled. They are both provisionally certified after passing their written exam in September 2020. The issue of any treatment providers receiving notice about upcoming Board of Examiners for alcohol, Drug and Gambling counseling meetings by email was raised. I personally sent the email to Agada. The Executive Director did not allow it as an Agenda item but suggested we mention the request in Public Comment.

RCPG staff is requesting that all treatment providers check the State Board of Examiners website and whoever hears about the next Board meeting first, please share it with the remaining treatment providers. As there is no other expeditious way to discover when the virtual meetings are being held. And they were not regularly held in 2020.

Bristlecone Family Resources has 2 Bill for Reviews (BFR) has 2 gambling clients in residential treatment and has seen some increase in gambling activities.

Shout out to a returning CPGC intern, onboard as a CPGC intern there. COVID has affected their staffing. Whenever an exposure or positive COVID test occurred, staff are out of the office for over a week. This impacts Admissions and calls being returned. BFR is well aware of this and we've had some good conversations about it. Shared that the voicemail message includes the cell number for one of the Administrators. Lana, thank you very much. The group is sharing that number to expedite referral and things are improving.

Mental Health Counseling and Consulting (MHCP) which is Dr. Rory Reid and Rick report their inquiries and intakes have been decreasing since the

pandemic and attribute much to the closing of GA meetings in the Las Vegas area, which was also losing their principle referral source.

Dr. Rory Reid is now fully Medicaid certified. He has not had very many inquiries for individual treatment and is working with Mrs. Kim Garcia and others to access more referrals.

The Dr. Rob Henner Problem Gambling Center (HPGC) reports they've had continuous reports in-person for IOP and has only noticed a slight drop in inquiries or client Intakes through the pandemic. Their numbers have recently begun to increase sadly due to the pandemic. Many individuals have lost their jobs and are turning to gambling as an escape. The isolation has been detrimental as well. Even if stimulus checks are provided can be an additional trigger to our clients. Assessment of clients indicates that many individuals are experiencing significant urges than even those that have been in such recovery are needing relaps services. In response to this, PGC Vegas is working to implement a relaps prevention class once a week for those who may need extra support during this time. Thank you, Stephanie Goodman.

Any questions or comments from anyone? There were none.

Chair Feldman moved to #9.

## 9. **For Possible Action**

Discussion and Possible Approval of the ACPG Legislative Work Groups Recommendation of Legislative Taking Points

*Stephanie Goodman, Work Group Chair*

Ms. Garcia put draft Talking Points on the screen to share.

Chair Feldman stated that he would like everyone to be very careful about, in the sense that, we could easily spend 6 hours talking about this next item. It is so easy to go down a rabbit whole when talking about these things. We just need highlight...a couple of items coming up on the Agenda items related to "*how we grant authority*" to approve all these and changes down the road and approve of someone to represent ACPG group formally. All of this fits together. I guarantee you that as we get on with the session, we cannot have hour long, 2-hour, 3-hour long conversations about a sentence or a word or a picture/design. It's never going to work. I may have offended someone. I really don't mean to. That's not my point. Now over to Ms. Goodman.

Ms. Goodman agrees with Chair Feldman and stated to just know that on the back burner I have made attempt to get input. For the most part, except for some design changes, it is represented well here from language perspective.

Ms. Goodman walked the group through the most current changes to the draft, there are a few other changes that we are waiting for in case need to put a change order in and I left leeway for a few new nuances we need to make in this meeting.

It starts out with: Problem Gambling is a legitimate brain disorder. Neurochemical brain studies show similar association with problem gambling in brain regions also linked to drug and alcohol problems.

Mrs. Goodman continued reading through the draft. A robust conversation transpired on item related to:

- Having an ACPG logo or State logo
- Budget
- Using the Great State of Nevada Seal or DHHS (was there and taken off). Does there need to be researched what can be used? Ms. Garcia was asked to run down any issue with that. She will get an answer to using DHHS or DPBH
- Having the helpline number included
- Spelling out ACPG instead of using acronyms.
- Fill in space so it does not look like a flier.
- Include a date or a number on it.
- Using numbers verses percentage
- Clarifying problem gambling services funding and distinguish State funding
- Distinguish program mechanism of behavioral health
- Keep Project Worth with the link to it
- Remove word “appointed” at Governor’s Advisory ...

Chair Feldman entertained a motion for approval of these documents

Ms. O’Hare was honored to make the motion to approve with all the changes.

Ms. Layugan seconded the motion. Motion passed without abstention or opposition

### **10. For Possible Action**

Discussion and Make Recommendations for updates to the DHHS Problem Gambling Services Strategic Plan

*Jeffrey Marotta, PhD, Problem Gambling Solutions*

Ms. Garcia shared the survey results on the screen.

Dr. Marotta stated that as part of planning process we collect various information from various stakeholders. We do that in 2 different ways.

One was through a survey referenced earlier. The survey went out on SAPTA LISTSERV, all the Problem Gambling Stakeholders within the group Ms. Garcia has. The ACPG Members, the Grantees and maybe a few others.

Additionally, we collected information by semi structured interviews to get additional information on - what are some issues, particularly swat analysis.

This is an 18-page report that is best to get the full report from the website. Here are some highlights of the Survey Report are:

- There were fewer participants than hoped for, but good representative from those participants and key Stakeholders. Those who did respond spent long



time filling it out. We have good information. Many good things are pointed out. We recognized what is going well and where some gaps are. Some of the strengths with the Advisory Committee and our Department were acknowledged and how to better integrate by how big is the need? Including those in the alcohol and drug treatment field. If they don't see a need, they won't see reason to fund it. People rated it at 84% as critically needed.

There is a perceived need to get this going.

Chair Feldman asked to pause to ask about first on the range of 2-5 and point out another good Talking Point on the 84% perceived it a critical need. Ms. Goodman made note to it on page 8. Ms. O'Hare asked the total number of responses. Dr. Marrotta stated that everyone responded. The ones who did respond represented their group well.

It revealed some concerns that was important information. Mainly related to the nuts and bolts of people doing the detail work in the field. What are some of the barriers and what recommendations do we have from the field?

How has COVID-19 impacted services provided? What we found was an increase in Telemedicine. Demand for services are down. Majority said that program revenues were down.

What changes need to be made to State rules, regulations and policies? This question also had comments of some of the same that were voiced here today. They talked about the needs to make changes temporary vs permanent rules made during COVID.

The same question was made to Grantees, "what modifications can be made by DHHS to better support their needs?" There were a lot of great comments and good feedback.

One thing that came out of this process, especially talking with treatment providers, we certainly recognized the programs experiencing a lot of challenges with decreased revenue and decrease demand. At the same time, we are hearing there is an increase need for something. An increased need for client to engage in supportive activities. These might be individuals who have left the program, graduated, might have been out for a couple years, but this is a very stressful environment and it is really challenging their recovery resources. Part of what they have gained through their recovery is the ability to recognize when they are more vulnerable to a relapse. Some coming back in higher numbers than typical to their providers. Some haven't gambled but feeling really shaky and need some help. Providers are doing that however that are not being reimbursed for their services because no system has been set up to do that.

We didn't go into this thinking what do we do now, but what do we need to do moving ahead? Turns out that we need to do something NOW. We have these relevant issues and challenges that treatment providers are finding among individuals they serve and challenges to their programs. We wanted to act now. We developed these; well we are calling them "COVID Relief Problem Gambling Initiatives". These are things being proposed for changes for the

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current Strategic Plan. Again, we were initially planning for the next Strategic Plan, but we recognize that actually we need to do something now. What we presenting to you now are recommendations for changes and would like to hear your input and if you agree with these changes, your endorsement of.

- One of the things we are hearing now is the add on codes that used to be set higher are now reduced to 5%, then moved back up to 15% of the total. It gives treatment providers a lot more flexibility and how they can expand grant dollars. They have a need to get creative and a need to develop more programs in dealing with some of the stressors with COVID-19 with casinos opening up. So that's one recommendation of moving from 5% to 15% with a client benefit exchange developed using grant dollars.
- Another one is client benefit factors. This is an interesting one. We've had these limitations. We have these client benefit ratios of \$3,000 for outpatient and \$4,000 for inpatient treatment benefits. A large portion of clients are needing to extend stay in service because of feeling isolated. Having some economic challenges. Dealing with loss of family, and many things. Experiencing greater environmental challenges on top of the ones they already have given the current environment. And dealing with their gambling disorder and all that goes along with that. We thought that given the current environment we could loosen up this and allow us 10%. Basically, more clients would be able to extend their stay in service beyond their benefit.
- Brief clinical interactions are having more frequent exchanges. Largely because they are moving to telehealth with some of the providers as primary for treatment. With Telehealth there is more interactions. They are often shorter in duration but there is more of them. Basically, they set up like a 5 minute with provider the client initiated. If it was a relevant exchange that had a result that could be claimed as a unit of service.
- The last one is something Ms. Goodman brought up. That is that it would be great if we were able to offer a program for people who may need a booster session for relapse and to enable a data system to do this (by March 1) is to enable providers to enroll a former client who doesn't meet eligibility but hasn't meet all the eligibility requirements standards which is having an active gambling problem or might have had to sustained recovery stability, but allows the client to receive another \$500 in benefits as a wraparound to assist.

If ACPG is comfortable with the new Strategic Plan 3.5 recommendation changes, and if approved, we can get it out and post it almost immediately. And have these as soon as March 1<sup>st</sup>.

Ms. O'Hare motioned to approve.

Chair Feldman stated to hold that thought. I just want to say for Ms. Goodman and Ms. Barlow and Ms. Quirk and any of us involved in Legislative side of this, this last slide is a huge amount of COVID related funding. With great significant changes the State is getting this huge, and deservedly so, a huge amount of COVID related funding

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if we can attach a dollar amount to what this might represent. That without impacting anything at all in the General Fund we may be able to fund entirely out of COVID funding coming from the Federal Government. We have to do our homework. We have to investigate that. I am not making it sound easy. It probably won't be. I just want to acknowledge that is out there. This is something we are going to want to think about. Any other questions for Dr. Marrotto? Very well done. Thank you Dr. Marrotta.

I really do recommend you all go through the detailed report of the Survey results in as much detail as you able to give.

Ms. O'Hare will preface with a comment that I think being able to have this as a COVID Relief Initiative is extremely valuable. Because otherwise people could say that providers are just asking to spend more money. This really goes to a higher level of client's the benefit. For that I thank Dr. Marrotto and everybody for the work on this and I move to approve all 4 of the Initiatives be adopted or by provider reimbursement. Ms. Quirk seconded. Motion passed without abstention or opposition.

## **11. Informational**

Advisory Committee on Problem Gambling Governance

*a. Discussion on reviewing current Bylaws - Alan Feldman, Chair*

Chair Feldman turned meeting over to Ms. Quirk and he has a hard stop at 1:45pm. Chair Feldman asked to do 11c first and then the rest of item 11. And on from there. Please scroll down to 11c now.

Ms. Quirk advised that in the matter of 11a Chair Feldman has that as a placeholder. I will open it up to the committee to see what concerns we have about the current Bylaws. That's a broad subject.

Ms. Garcia commented that at the last ACPG Legislative meeting there was conversations about reverting back to the main body to move forward from a working group, was one comment. Another was the number of meetings and so forth. That is to give some direction.

Ms. O'Hare commented that she raised the question about the number of meetings. It is spelled out in the Bylaws and ACPG is responsible for these Bylaws. Number of meetings is not spelled out in Statutes. Currently under the Bylaws, under Article 6 section A (inaudible) to the Chair or a majority of its Members as necessary under budgetary constraints to the Advisory Committee not to exceed 6 meeting per year. Traditionally we have held 4 meetings per year, reserving 2 of those meetings for situations like this, when we have a lot of things going on. In the early days we had 6 and was not that big a deal. We didn't have all this legislative duty and multiple workgroups. It was a completely different world under the Director's Office. A much different arena. I am suggesting that we consider... first, Ms. Garcia – did you determine if there is any policy anywhere that would preclude any organization from extending the meetings? I know it states withing the budgetary constraints. I think we should extend that to 9 meeting per year. And continuing with some kind of operation or strategy that we will uphold. That could free us up to be more nibble

especially during legislative session happening every 2 years now. It doesn't mean we have to meet 9 times; it just gives us- we need that window. There could be an emergency meeting on the fly or there could be meeting outside of the quarterly. Maybe just for some limited attention that allows more time with simple items.

Ms. Quirk stated that the number 12 was in her head. Is there any other number anyone wants to propose?

Ms. O'Hare asked Ms. Garcia if the number 12 give you indigestion?

Ms. Garcia replied that the only thing is that it makes if very complicated. From a Department standpoint. If we did 12 on top of having support groups I don't know if we have the staff capacity to have that option. My thought is 8-ish. And do every-other-month and then have 2 scheduled on the side is my thought, I do feel that 12 is a little excessive. I know this important, but I think some of it we might be able to move like we did with the workgroup or the Treatment Team where it gives the burden to the Department to hold the meetings and discussions. Maybe meetings won't be as long if we have more often.

Ms. Quirk commented that having more frequent meeting may mean less agenda items. If we can just move the marker to give room of the possibility of shorter meeting as there may be less Agenda items.

We've got the number #8, 9 and 12 up for discussion.

Mr. Hartwell stated the 9 sounds like a nice compromise between 8 and 12.

Ms. Garcia stated that even if arranged differently, like every other month, it gives us room for the other 3 meetings to be special.

Ms. Quirk agreed and clarified that changing the structure of 6 meetings a year (every 2 months) with 3 extra as needed for special circumstance. I think that is a different topic and I'd like to think about it. Does it feel to this Committee that we need to go to every-other-month?

Mr. Hartwell asked if we have the option to go to every other month then there is not much to do not having if we must reschedule that spot? Is that o.k. to do?

Ms. O'Hare asked that if they don't meet then it does not count, right?

Ms. Garcia stated that they can schedule a meeting and if canceled, we can reschedule it.

Ms. O'Hare stated to go into a motion, since we are now at hour 5, but on our next Agenda we have an Information item to discuss to schedule the meetings for the coming year and whether there is a preference to every-other-month, quarterly? Because there is something to be said for not waiting quarterly for an Agenda so long that it takes 5 hours. We don't have everybody here now and this is a good discussion to follow up on in the Bylaws.

Multiple people talking to make a motion.

Ms. O'Hare motioned to change Bylaws to 9 meetings.

Ms. Jones seconded.

Ms. Garcia asked to repeat the motion for the record.

Ms. O'Hare motion is to amend the Bylaws, Article 6a, to change the number cap on the number of meetings from "not to exceed 6 meetings per year" to "not to exceed 9 meeting per year."

Ms. Quirk asked if Ms. Garcia heard to make it an Agenda item separate.

Ms. O'Hare stated she has a technical question. The Bylaws do not specify what "a year" is. Is there a standard that the State uses fiscal year for tracking everything or can we use a calendar year?

Ms. Garcia stated it is on calendar year. We can add it into the Bylaws as a clarification so that it is very clear. That question comes up all the time.

Ms. O'Hare commented that words matter.

Ms. Quirk asked for the vote. Motion passed without abstention or opposition.

*b. Discussion on Advisory Committee Roles and Responsibilities – Alan Feldman, Chair*

Ms. Quirk asked if anyone has a clear recollection on how this one should go.

Ms. O'Hare asked what part of the Agenda are they at and that this topic is not related to the Bylaws, correct?

Ms. Quirk stated that she is correct?

Ms. Garcia mentioned that this Agenda item was a request by Chair Feldman.

Ms. Quirk table agenda item as Chair Alan was not present.

*c. Discussion on Position Statement or Show of Support letter – Alan Feldman, Chair*

Chair received a letter from Chief Deputy Attorney Wilson from the State. It was to every in the State public body. This was not ACPG by itself. They wanted to make it absolutely clear that Board and Commission members may not appear on behalf of their Board or Commission, in front of the Legislature, unless specifically authorized to do so during a public meeting. Must not prohibit anyone on this call, anyone on ACPG, from testifying in front of a Legislative Committee. However, you must very clearly state your affiliation. And it cannot be ACPG, unless or until...we will discuss in #12. He asked Ms. Garcia if the letter has been distributed to everyone? You all have a copy of it. I am not going to read the whole things. Let's go to the very last graph:

*Board and Commission members may always appear in front of Legislature, on their own behalf and you may identify your own relationship to a Board or Commission. But you must specify... ("really important-specify") that you are not speaking for the Board or Commission. Unless of course (as we're about to get into at #12) you are appointed to do so. It also says, "we are only allowed to appoint a single person."*

That is what is going to drive our discussion here in #12. I know that it is here somewhere, but not going to take the time to search the letter. We've got a pretty complex legislative session coming and the complexity we don't know what all is going to throne at us. It could be a whole lot of good news. The

Federal Grant (COVID Grant) that was put in that came down Wednesday or Tuesday.

Ms. O'Hare asked Chair Feldman to repeat as she missed what he said.

Chair Feldman stated that the Federal Government approved a chunk of money in the hundreds of billions of dollars for State relief. Nevada's portion of that is 3.9 billion. That is going to go very quickly in a State like Nevada. No one was expecting that much. It's not like everything will get funded all of the sudden. Obviously, nexus to COVID is critical. However, there is a nexus to COVID here and we can show that. We just have to be flexible enough to do it. That's what is critical now for us. We need to establish who is our official legislative representative for our group. Again, this does not mean that any of us, can not and should not legislative committee. We all should when we are able. We do need to have someone who is the threshold and having thought about this quite a bit. I would like to recommend, for your consideration, that you appoint Ms. Quirk to this position. I feel that way: a) she is in Northern Nevada and has very quick access to the Legislature. There will be those days when something happens, and a call come at 8:00 am to have someone there at 11:00 am and those of us who live in Las Vegas are certainly not able to do it. Even if we were able to do it by phone, that is not necessarily the best way. We don't know whether we are even going to be let in the building. There may also be times of chance meetings. I think the geography makes a difference. Secondly, certainly institutional knowledge makes a difference. I think that between Ms. O'Hare and Ms. Quirk, who are our gold standard of independence on institutional knowledge. Lastly, is the fact that Ms. Quirk lives on the front lines. As much as I would like to be an advocate, all I can do is address it as an outsider. That is my recommendation to you. It's the situation we face. We can make a change in that if we need to, but we would have to have a committee meeting to do it. And you all know what all goes into that. That is my recommendations and is open for questions or comments.

Ms. O'Hare agrees and grateful for how many times she has driven to Carson City. Again, I agree but we need someone who can pivot from clinical to everything and she is good in front of a Legislative Committee. She has a wonderful reputation. For being open and get information. I encourage that when we elect you to do this, that you do it in everyway to the end. We support you.

Chair Feldman reemphasize that last point. This does not absolve any of us from our duties here. Certainly Ms. Goodman is going to be incredible involved, I will be incredible involved, all of us will be incredibly involved. We are excited to now have Ms. Barlow on board. Because we are going to throw you into the middle of this. We all can play a strategic role, very publicly and to a certain extent more privately as we all have relationships. And they really matter. They matter directly with Legislators. Sometimes they matter with others on the Committee. We've really got to create a network of support.

Any other comments or questions.

I do agree to appoint Ms. Quirk to be that one person on behalf of ACPG. I'd like to hear from Ms. Quirk on how she feels.

Ms. Quirk thank the group for so many kind words and stated "yes, she'd be happy to. But she can not do it without you. I am simply the messenger. I'll do my very best. I really look forward to seeing all the things we can pull together. I am honored, thank you."

Ms. O'Hare so moves to approve Ms. Quirk to be the designated by the book of rules as the spoke's person for ACPG and we will all support her efforts.

Mr. Hartwell seconded. Motion passed without abstention or opposition.

Chair Feldman pointed out that including himself there is several terms that end in June. Please go over that list and anyone on that cycle, if you do NOT plan to continue would you let Ms. Garcia or myself know that we'd appreciate it. If you do plan to continue that is fantastic. As a reminder that if you do plan to continue, you will need to re-apply. Keep in mind that there is some paperwork to be done. There may have been some labeling issues. With names and certain categories. Don't fret we will clear that up.

The meeting was turned over to Ms. Quirk to continue in Chair Feldman's absents.

Ms. Garcia informed Ms. Quirk that they still have quorum. We just competed 11c and 12 and need to go back to 11 a and b.

## **12. For Possible Action**

Recommendation and Approval of Authority to Represent the ACPG to the Legislature  
– Alan Feldman, Chair

This Agenda topic was completed with 11c discussion and action. Please see above 11c.

## **13. Informational**

Discussion on Future Agenda Items – *Alan Feldman, Chair*

Ms. Quirk stated that Chair Feldman did not leave a list of Agenda items for future meeting. Asked if Ms. Garcia has any.

Ms. Garcia stated that the Bylaws be reviewed again and Agenda Item 11b also for the next meeting Agenda.

Ms. O'Hare asked if that is about the members to be discussed at the next meeting.

Ms. Quirk stated that her recollection before Chair Feldman had to leave, he mentioned that if any member wishing to continue this committee will have to re-apply. She requests that Mrs. Garcia send them the best link for quickest access to re-apply to the Governor's Office to better facilitate it.

O'Hare only ask that the issue Chair Feldman mentioned sounds simple, as her name got put in the wrong box. It may not be as simple if we all start applying, if not fixed when reapplying. How do we sync our records with the Governor's records? Our record is more accurate. Need to be clear prior to re-applying because they have it posted on the Governor's site what those vacancies are. If I

apply to a seat that someone else is sitting in when it's not vacant that get weird. Let's try to get that cleared up so that nothing weird happens. And we know what a nightmare to navigate up the chain in the Governor's Office.

Ms. Garcia stated that she has already reached out to the Board of Governor's Office and sent her that email to get that resolved.

Ms. O'Hare stated that she has not seen any emails yet.

Ms. Garcia stated that she has been working diligently on the website to clean up the links.

Ms. O'Hare stated that the updates on the ACPG still has her sitting in the wrong seat.

Ms. Garcia stated that when the Governor's Office fixes their site then she can fix the ACPG site.

Ms. O'Hare was glad to hear that.

#### **14. Public comment – *Alan Feldman, Chair***

Ms. Quirk asked for any open public comment.

Ms. Goodman commented she thinks it is great we have Ms. Garcia , Dr. Marrotto and Dr. Woodard. I think it is wonderful that instead of working with Bureaucrats we are working with advocates. I appreciate their time and their effort and their willingness to figure out exactly what problem gambling is and learn more. Ms. Garcia and Dr. Marotta knows so much also Dr. Woodard. I want to put this in Public Comment that I appreciate DHHS taking an interest in what we are doing. I know it's a long time coming. Ms. O'Hare, Ms. Quirk you have been fighting this for a long time. I really feel that they care. I thank you.

Ms. Quirk thanked Ms. Goodman and acknowledged her comment.

Any other folks who wants to make Public Comment?

Ms. Garcia was asked when the next meeting is.

Ms. Garcia stated that they need to still schedule it. There should be one before May. She will send out a Doodle Poll and asked for suggestions from the group.

Ms. Quirk stated that end of March or beginning of April may be good. March is jam packed so leaning toward end of March. If everyone is content, it seems we got good participation on Thursday mornings start time. I say we pick a Thursday morning with a morning start time. Thinks April 1<sup>st</sup> would be good if it works on Doodle Poll.

Ms. O'Hare asked that they consider when the RFA is due.

Robust discussion to schedule occurred.

Ms. Garcia will sent a doodle poll for between the 1<sup>st</sup> and the 9<sup>th</sup>.

#### **15. Adjournment - *Alan Feldman, Chair***

Ms. O'Hare motion to adjourn. Ms. Layugan seconded. Meeting was Adjourned @ 2:00pm.