
ADVISORY COMMITTEE ON PROBLEM GAMBLING
Approved Minutes
Thursday, March 31, 2021
9:00 a.m. to Adjournment

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

The meeting was called to order at 9:05 am. Quorum was met.

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

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

2. Public comment– *Alan Feldman, Chair*

There was no public comment made.

3. Announcements – *Alan Feldman, Chair*

Mr. Feldman stated that he had no announcements and asked if any Members had any announcements. There were no other announcements made.

4. **For Possible Action**

Approval of Minutes February 18, 2021 meeting - *Alan Feldman, Chair*

Mr. Feldman asked if a member would like to make a motion to Approve February 18, 2021 Minutes.

Several commented that the document was very lengthy and had not had enough time to review the Minutes.

Ms. O'Hare motioned to table the Draft Minutes for the next meeting.

Ms. Barlow 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

Kendra Johnson provided update information. She was not present at the last meeting but wants to give a heads up that the balance remaining in column H is not available to spend and that will not be showing in the future. We have

spent \$666,498.43 this year, with all obligations accounted for. We have \$505,088.57 remaining in the budget, which is obligated. Again, that does not include the \$9,372.00 interest in column H. In summary we are currently 56% spent at 75% of the way through the fiscal year. The Members were asked if they had any question and there were none.

Mrs. Garcia seg-waded into what the spending is for the year.

Mr. Feldman commented that for the non-financial people that 50% spent 75% through the year is better than the other way around.

Ms. Johnson agreed with that.

Mr. Feldman asked if again for any questions for Ms. Johnson. Hearing none, moved to the next Agenda item 5 b.

b. Informational -Discussion on Program Updates

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

Mrs. Garcia shared her screen with the program update. This report is shared every meeting and reflects the current spending of the program. The program is at about 58% of spent dollars. Reallocating some of the dollars will be discussed further in a later Agenda item. She is keeping a close very close eye on dollars in effort not to have to revert any dollars. A final look for the fourth quarter will be at the next meeting for the end of year. The program has about \$500,000 left for the last quarter of the year and those funds are going to be spent. Mr. Feldman reminded the committee that those dollars are going to be spent down to the last penny as he recalled leaving a small amount un-spent in previous terms that he felt was a mistake in doing so. Although this Agenda item is 'informational' and no action being taken at this time, the committee must plan how they want the money to be spent by the end of the year. Mrs. Garcia said that the information is in Agenda item #7 and action can be taken at then in today's meeting. Ms. Barlow asked what the money would be allocated toward? And how much time would they have to spend it? For example, if it's the last day of the Fiscal Year what types of things are you thinking of? Ms. Garcia asked to postpone the question until item #7 is discussed in more detail then. She asked if any other questions before moving on to item 'c'? There were no further questions and moved on to item "c", the Update on RFA Plans for Fiscal Year (FY) 22-23.

c. Informational - Updated Plans for SFY 2022-2023 Request for Applications (RFA) for Treatment and Prevention

Mrs. Garcia shared her screen of the Request for Application (RFA) Timeline. Mr. Feldman said that the first draft was done in March in which all the same people in today's meeting were there.

Chair Feldman mentioned that everyone who is on this call he believes was on the last call when Mrs. Garcia had the first draft in March. There were robust

discussions related to the March Timeline as to a way to avoid March due to so many other matters needing attention. Mrs. Garcia stated that the Timeline shared here has reflected what was asked at the last meeting to have it moved. Dr. Marotta, Mr. Feldman and she had conversed and concurred with possibly moving the ACPG meeting out later. Before doing so, they wanted to make sure that there were not any conflicts with Ms. O'Hare and conferences. This is the final Timeline. The RFA will be published on Friday for Treatment and for Prevention. This Timeline is the Timeline the RFA will go out via SAPTA LISTSERV and the website for funding opportunity. She also wants to make sure everybody uses the DPBH website and not the DHHS website. If additional information is needed, please reach out to her.

Additionally, Dr. Marotta stated that a couple of questions came up while developing the RFA. One was the process being used based on the past RFA's and eligible entities are required to utilize Certified Problem Gambling Counselors (CPGC) or Certified Problem Gambling Interns (CGPCI) and whether to continue that practice and felt it worth discussing. Within Nevada Revised Statute (NRS) Problem Gambling program list qualified providers as 'Mental Health Professionals' as defined includes several different professionals:

- Psychologist
- Professional Clinical Counselor is one
- Professional Clinical Counselor Intern
- Family Therapist
- and others, in addition to the Certified Problem Gambler Counselors.

The question that came up is, do we want to continue that practice? Or revisit that and open it up where that's no longer a requirement? Or instead, require them to meet the Statue qualifications and add-on some type of educational requirement such as the 30-hour course for certification eligibility or some other educational component.

Mr. Feldman called on Ms. O'Hare for comment.

Ms. O'Hare spoke to clarify historically how that requirement came about. The requirement to people receiving funds to CPGC is strictly a policy of this committee as it recommends to the Department. It became a policy in the Department that we would only allocate funds to people with the highest level of knowledge and experience in problem gambling. Which of course is why the CPGC under certain cases exist in the Statutes. This body and the Department do not prohibit anyone to practice under their legal scope of practice. When this journey began trying to get funding purposefully by getting the certification statute in place was to ensure people who received funds to treat were of the highest standard of education and experience. She opposed to the opening

this up to any kind of administrative way. The Board of Examiners clearly states that to treat problem gamblers, you must be certified.

That does not prevent a Marriage and Family Therapist to see clients in the regular course of their workload. If it becomes known that somebody may be struggling with gambling that an appropriate screen with counseling in the scope of their work to address that within the marriage counseling. But at some point, if that were to reach a level that required a gambling specific therapist, they would be expected, within their scope to refer them to someone that could treat that. I am going to go on record as 'absolutely opposed'. That would be disrespectful to the people who have gone through the Board certification and have the experience. There should be no changes at this time. Especially during legislative session.

Mr. Feldman thanked Ms. O'Hare and called for Ms. Quirks comment.

Ms. Quirk agreed with Ms. O'Hare and stated as the small number of qualified Certified Problem Gambling Counselors (CPGC), Certified Problem Gambling Counselors Interns (CGPCI) and Certified Problem Gambling Counselors Supervisors (CPGCS) in Nevada has come to the attention of the Board of Examiners of Alcohol, Drug and Gamblers and there is movement happening that you will hear more about today. COVID did expand in telehealth practice. Those who are certified to supervise or treat problem gamblers and their families in Nevada have a broader reach. That addresses some of the concern Dr. Marotta voiced earlier. Today, I do not want to change the standard what we have set. Thank you.

Mr. Feldman ask for any other comment. No other comments made.

Dr. Marotta stated that the next critical question that came up when developing the RFA's was in the prevention realm. It has always been a heavy lift to adequately offer a system of problem gambling in health. Last time, through this Committee it was decided not to create fractured funding but would be better to offer a single Prevention for funding. Does this committee want to do a single award or multiple awards with a Statewide approach?

Ms. Quirk stated that with the small amount of money and multiple things to accomplish thinks it would be best to limit to one Provider.

Mr. Feldman said that he thinks it would be more efficient to having single applications makes more sense but will differ to broader expertise to the Committee.

Ms. O'Hare commented that the RFA would not be limited. However, if there is not enough money to fund 15 projects that were proposed but when the money is divided, there is not enough money there to meet the goal. It is better to have a central conduit than many individual projects.

Mr. Feldman asked for any additional comments or questions and there was none and moved on to Agenda item #6.

Dr. Marotta thanked the Committee for the feedback.

6. For Possible Action

Discussion and Possible Approval on Problem Gambling Integration Project Recommendations on Updates to Current Division Criteria for Substance Use Disorder Certifications.

Mark Disselkoen, Center for the Application of Substance Abuse Technologies CASAT/ Jeffrey Marotta, PhD, Problem Gambling Solutions

Mr. Disselkoen began with his past work experience in public health and certifying treatment programs and performing oversight of prevention. Today the discussion is to talk about the criteria and raise the bar when it comes to substance abuse treatment programs. We were asked by SAPTA to come up with ideas related to improving the criteria. Based on a survey dated February 5, 2021 there is a need to improve the level of screening assessments based on treatment and/or referral and individual scope of practice. Nevada Revised Statute 458 allows to revise the criteria without revising specific regulation. Some examples are the development and endorsement of Co-occurring Disorders and Transitional Housing. We are working on those types of premises. SAPTA requested that we put together a draft of criteria, reviewed by this Committee, as well as having the SAPTA Advisory Board review it at their next meeting April 14th, 2021. Any approved drafted criteria also must be approved by State Administrator.

This criteria would voluntary. This would be to simply enhance their ability to do a better job with the treatment screening assessment of somebody with a gambling diagnosis. We looked several programmatic toolkits out and found the toolkit called 3.0 . It is specific to gambling. It looks at several programmatic things, such as structure, clinical process treatment, continuity of care, staffing requirements and training requirements. Dr. Rougle is the person that developed this tool. It fits well with what we currently do related to SAPTA and the programs that we service. Once the criteria are approved it can also be modified. A workgroup could be formed to modify it specific to Nevada.

The tool will be sent out for all to review extensively. A workgroup could address any questions, concerns, or missing needs. The tool is very long. It is scored. That leads to the program capabilities to screen and refer or screen and treat. The score can be used to have an enhanced version. We utilize that score see how we can improve for individual gambling diagnosis.

The tool is being sent out today. We would like to have feedback today. Let us know if you have any concerns.

Dr. Marotta stated that this is a really exciting project that will greatly enhance the alcohol, substance, and problem gambling treatments. He envisions this project over the next couple of years to allow practices to integrate problem gambling into their treatment of alcohol and substance abuse and do it more effectively. The result will be more people showing up and receiving better care and people recognizing what is problem gambling. The hope is that this be extended into more behavioral health treatment plans as well. It may take some time as we embark on this in Nevada.

Mr. Feldman made comment his philosophy about Wayne Gretsky who popularized the phrase of “a great hockey player- plays the puck-where it is going”. Nevada should be leading. This is where the puck is going, and we need to be part of that community. In large part, we need to capture the folks that currently may be going to others for other issues that primarily begins with alcohol or substance use that co-occur with problem gambling. Other States are beginning to ask the questions. We will begin to see what the big picture looks like in Nevada.

Ms. Barlow said she can see how COVID affected problem gambling and substance abuse due to people having been in seclusion. Even if the numbers are not there, we can see the data co-existing.

Ms. O’Hare stated she has always said there needs to be screening for alcohol, substance abuse and problem gambling. The goal is to no longer be ‘us and them’ anymore. She asked Mr. Disselkoen if SAPTA certifies an agency and not a provider, correct? He replied, “yes”. She further clarified the certification is at the agency level and not provider level and how that may affect problem gambling specialty clinics that currently are not being approved in any way by SAPTA? She questioned where is this going? Secondly, she wants to have more specific conversations on which entities are working together to develop this? The agencies need to include more discussions that includes certified providers or a level of education. Will there be someone from this group or other that will be included in that conversation? Or part of where the puck is going. Of course, we can collect data and share. We need to have someone willing to engage in the process. Is there a system and if the data is there with voluntary participants, the goal should be to start doing some screening and referrals? Not mandate and agency approval.

Mr. Disselkoen said he can answer some of Ms. O’Hare’s questions. Saying that primarily there needs to be a mechanism in place. The screening and the warm handoff by the experts are part of the first piece of the mechanism. Agency wide support is aware that this is an issue based on data and prevalence rates in Nevada. The tool also gives the program a path to increase that capacity over a period. The key is for the specialist to do the screening. We want the Advisory Committee to be a part of determining qualifications. And include the Committee on how that tool will be modified uniquely to Nevada.

Some memories were shared by Mr. Disselkoen and Ms. O’Hare from “back in the 90’s” and appreciates where they are currently going in the industry.

Ms. Quirk appreciated the information provided by Dr. Marotta and Mr. Disselkoen. She made a suggest that Ms. Dassopoulos and you attend the conferences and have the conversations in the framework of what Ms. O’Hare said. Her question to Mr. Disselkoen is about voluntary criteria. When Ms. O’Hare brought up the BETA and data, was very helpful to us. Is there any wording that we can use for being mandatory as part of it? Especially the data.

Mr. Disselkoen replied that the programs that are certified are already utilizing several tools for screening. If they are not using them, we are requiring them to do so. There is another piece we are working on is that even if the screen process was completed,

it did not always results in the appropriate referral. We are always looking at coordination of care, was a warm handoff completed, is there a qualified provider onsite to do treatment. Gambling screening is seen in most of the programs we certify, but there is still worked to be done. It's the conduit that really needs to be addressed. Diagnosis are scrutinized for criteria being met and appropriate referral and treatment plan.

Ms. O'Hare asked Mr. Disselkoen if he meant he has more screening to utilize for data or did he mean there are more screenings administered? If they are administering the screenings are, they collecting that data? And if so, how do we get out hands on the data?

He answered that it is great that we see completed screening, but it is critical that we see it in the clinical record. We look to see, was it noted as a 'risk' and was there a follow up? It's not in our scope to collect the data beyond the numbers. However, you could do a query on the agency of the number of diagnosis for that issue. We are working on obtaining data of all agencies, not just SAPTA certified but private and non-funded as well. Two-thirds of the programs we certify do not receive block grant dollars. Although, many insurances won't do business with providers if they are not SAPTA certified. Ms. O'Hare asked if they are collecting data on the screenings and referrals. He stated they collect data only on the diagnosis. We look for a variety of screenings, such as gambling and suicide and we track the clients care through to discharge. The cooky-cutter days are over, and this is just the beginning of a broader net to capture individual needs in communities. We want to approve adopting the tool and then modify to specific needs to Nevada. We are looking at an October 1 implementation. There is time between now and October to make sure it meets all the needs before beginning to start using it.

Mr. Feldman asked if any other questions.

7. For Possible Action

Discussion and Possible Approval of Department Reallocations Recommendations
Kim Garcia, Behavioral Health Wellness and Prevention/Social Services Program Specialist III

Mrs. Garcia shared her screen. You are all familiar with the allocation document. This allocation is a little different because the spending this year has been different with COVID. How she came up with these calculations was she spoke to treatment providers individually on their current spending, how much the plan on spending and looked at the projections for the next four months to drill down on realistic numbers with earlier goals to make sure we spend all of our dollars. This is the current snapshot. Colum B is the treatment providers and what they plan on spending. Colum C is what they were originally awarded as of July of 2020 and the projection of the remaining. We are monitory dollars very closely. Some are seeing a growth pattern and we want to make sure they have dollars that are needed.

A summary of individual providers programs was provided here. Dollars were rounded to the nearest thousand to allow a small cushion. Approximately \$64,000 dollars will be re-allocated out of treatment. Her recommendation is survey questions that we put

on hold because we didn't know our funding for the year due to COVID. She personally feels this is a very important item while coming out of COVID and getting those questions on those surveys to obtain the data needed moving forward. Dr. Marotta's contract dollars are currently exhausted, and we have not started the RFA process or competed on-sites. The remaining is for possible public awareness advertising with KPS3. She asked if any questions and for feedback.

Mr. Feldman revisited Ms. Barlow earlier questions about the spending items and timeframes. He pointed out that Dr. Marotta's workload had doubled this year in caseload and the integration we've been asking him for. He has simply taken it all on. The survey questions are a critical component. We have kept the spending very flexible up to the last minute. Project Worth has been very beneficial to us for use of spending all our dollars in digital media through KPS3. We are not throwing money away. It is going to good cause.

Ms. O'Hare asked for clarification regarding the reduction of mental health counseling and consulting and what the gambling treatment diversion court money is for. Mental health counseling and consulting has been treating many of the court clients and assume is being done under their treatment grant. Is the court grant paying for administration cost of the court, is that correct? Ms. Garcia replied that is based on case numbers and what that looks like. She had in-depth conversation with Dr. Reid, and he agreed to these modifications. Ms. O'Hare said he biggest concern when moving dollars around is to be sure that the new cases coming in through the end of the year can receive service.

Ms. Garcia asked Mr. Feldman if she may get approval of the members to have some discretion to shift dollars as needed accordingly now that meetings are occurring more frequent. May 27th is the next scheduled meeting for this committee to be able to make any last-minute adjustments.

Ms. O'Hare motioned to approve Ms. Garcia's current re-allocation as stated that may be needed until they meet in May. Ms. Quirk seconded. Motion passed without abstention or opposition.

8. **Informational**

Project Updates

a. Prevention on Problem Gambling Awareness Month– *Carol O'Hare, Nevada Council on Problem Gambling*

Ms. O'Hare that as they conclude Problem Gambling Awareness Month (PGAM) and not concluding the awareness, thanked everyone that helped make it possible not to have to write grant applications during the month. She put together a report with data that SAPTA has been helping her to collect and shared the highlights. It is not just about learning what problem gambling is about, but also to recognize those who are in long-term recovery and the families that it affects as well. PGAM has worked with many recovery organizational partners and utilized mostly social media platforms to get the message out through Facebook and YouTube videos semi-professionally produced by their own staff. As partners we share each

other's posts, as well as, the gaming industry and others in the mental health field. We did do some paid media advertising. She offered it up to KPS3 as a PSA if they want to use it. Would be very helpful. The top mention was of course the Governor who always gets attention. Governor's Proclamation was significant. Mr. Hartwell carried the weight of digital presentations and credit him for his incredibly focus on video gaming as well as his networking with University of Nevada Reno and learning more about what to look for. AARP was also contacted about doing a presentation about problem gambling and seniors. When they saw the information and messaging the local AARP Representative felt it worthy of National attention and that ended up registering 12 States in the cause.

This is by no means all the outreach being done. There are many other agencies. Even prosecuting attorneys are teaching in classes the laws surrounding problem gambling. For one student it opened a new option to practice in. We are proud of all the outreach and excited to see what happens.

Mr. Feldman stated that he was asked by Terry Johnson to take an hour of his time to talk on 'responsible gaming' in a course that may have future lawyers attending. It was remarkable rewarding to do. One student contacted him after that had not previously considered gaming law but was more interested in public interest law. She heard about problem gambling for almost the first time and it opened her mind up to a different area and what this is about. He mentioned the Gambling Treatment Diversion Court for her to investigate. It is very important to reach out to students and plant the seed. You never know what can come from it.

9. **Informational**

Advisory Committee on Problem Gambling Work Group Updates

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

Ms. Goodman's report regarding Legislature was that the infographic as well as the Talking Points' was sent out to all the Legislators. She reached out to get feedback and received some positive comments and responded accordingly.

Moving forward was the Budget Hearing with DPBH and was what we expected of an 8% cut. Ms. O'Hare and Ms. Goodman were both on the call and submitted Public Comment. Good news is that there are no surprises. We are exactly where we thought we'd be.

Secondarily, Ms. Quirk and CASAT made a lot of movement to get the supervisory position. Legislatively we can move forward within CASAT and the Board of Examiners with what they are doing to allow in what we are doing regarding a supervisor that does not have to be on-site.

Ms. Garcia commented that her understanding is that the budget is closing by the end of April. She will get an Agenda out to everyone as soon as she

has it available.

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

Ms. Quirk spoke briefly about the Board of Examiners on Alcohol, Drug and Gambling and attempts to act on some regulations. The Hearing that happened the other day, which Lana Robards was present as she was not able to attend. However, prior messages were shared of her personal wishes were heard representing people in treatment. She read from the Intent to Act on Temporary Regulation. Which will attempt to make it a permanent Regulation in July.

The change in the wording is:

“if the Certified Intern is electronically supervised by a licensed or certified counselor...”

That was the discussion topic we are excited about and hopes it continues along with other changes we hope to make.

Ms. Robards spoke of her attendance at the workshop for the change to clinical supervision and stood in support of the action that the Board of Examiners is taking on Problem Gambling. At the very end what became very clear was that the ‘Intent’ was that the Clinical Supervisor and the Intern must be employed by the same organization. Ester from Vitality had made comment asking for the to expand that to include contractors or along those lines. The attorney running the meeting stated that they were not prepared to do that at the time.

They will have a Public Hearing coming up and that may be the best opportunity to lobby for them to address the issue of contractors is several locations providing clinical supervision. At first it seemed that remote supervision meant remote supervision across the board but then learned it was in reverence to inter agency.

Ms. Quirk believed the same however, at the least they can still have remote supervision within inner-existing personnel. In addition, they stated that they cannot change the Regulation of on-site supervision because that would take a legislative action.

Ms. Goodman stated that is not what she got from the call and the purpose for the call and offered a conversation after this meeting to discuss it.

Robust conversation continued with many questions and comments that was agreed to be investigated further and followed-up offline.

Ms. Garcia stated that the next meeting is April 12 at 9:30 a.m. and encouraged everyone to attend.

The meeting moved on to next Agenda Item.

10. For Possible Action

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

Jeffrey Marotta, PhD, Problem Gambling Solutions

Dr. Marotta put together a slideshow of the Strategic Plan that Ms. Garcia shared her screen to discuss and make recommendations to the Committee.

The current plan ends as of this current year and we are looking at a new format.

What used to be Appendix A is now a separate Provider Manual. By doing so it separates it almost in half. He explained the benefits of modifying the format and being able to break down individual needs related to the services provided. Such as transportation or childcare or situations that prevent a person from getting treatment. A Provider can ask for funds to address certain barriers. Those must be pre-authorized.

Performance Standards can be addressed and changed as needed. The Strategic Plan is based largely on input received by the Committee and others engaged in the process of filling out surveys.

The Provider Manual will probably receive more revisions than the Strategic Plan. This version is version 0 as it is in draft. The plan is to roll it out in versions beginning July 1st as version 1. This needs to go out with the RFA's. This will help potential applicants understand what they are signing onto.

We are asking for any revisions or comments or concerns be provided by May 3rd, to have time to address prior to the rollout.

The proposed changes were explained by Dr. Marotta.

This is currently a two-year plan as funding is unstable however this can be expanded to a 4- or 5-year plan. This is more of a roadmap and not a workplan.

Many members provided encouraging support of the draft Strategic Plan being proposed and realized many of their accomplishments in just the past 2 years.

Mr. Feldman asked for comment or question and encouraged all to thoroughly read the material and provide Dr. Marotta with feedback that we can discuss in the next public meeting.

Ms. Garcia asked that any emails sent to Dr. Marotta to please CC her in them. One of the things from the last legislature was that they asked us to make all information public. We must adjust to what they ask. The only thing Ms. Garcia asks is to remember that words matter. Maybe instead of using the word research we use data analysis. People don't always know that data runs the research and it is important to adjust.

Robust conversation continued to include other terms such as "evidence based", "data integration" are possible words that can be "research."

Dr. Marotta moved into part 2 of his Strategic Plan presentation.

In anticipation of Budget 22/23 the challenges not being sure what budget is it was based on in Budget 20/21 and those concepts the experience of dramatic changes that resulted in reductions. For that we are not using those figures. This can be revisited later when we have a more realistic data to base from. For example, the number Providers may grow or if residential treatments or outpatient facilities. A larger pool may require larger allocation. Therefore, the recommendation is to start with 20/21 details. Percentages were broken down in detail by category for the Committee and the Committee was asked if they concurred with the percentages should other allocations be made by programs.

Mr. Feldman asked for comments or questions. The Committee agreed that it is not a discussion to have right now. Better to wait and see if more money comes in and go from there. It can be revisited at the next meeting and keeping in mind the notion of COVID money we talk about next if the State finds the budget increasing going into 2022. Keep in mind what we might be able to spend money on and in what order. There was some confusion as to whether a motion is needed or not and what that motion was by Ms. Quirk. In which Dr. Marotta asked again if his recommendation of using the FY20 breakdown of services and provide from this point forward. Ms. Quirk so moved. Ms. Garcia sharing documents again for Ms. O'Hare be clearer about the motion before seconding. After clarification was provided Ms. O'Hare seconded the motion. Motion passed without abstention or opposition.

11. For Possible Action

Discussion and Possible Approval of a Request to the Department to Access Federal Funding Opportunities

Alan Feldman, Chair

Mr. Feldman said there is nothing that will need approved. But shared with the something he and Dr. Woodard talked about the State portion of the Relief Act money is 2.4 billion dollars and a significant amount is going to DHHS related Mental Health services Nationally. The method of access is not clear. It is clear there is a political process to get the money and how the money trickles down through government.

What we have to avoid is tripping all over the Department but to ease into this. He suggested that as ideas come up that are appropriate for the ACPG to consider in going after that money, let's be sure to bring the Department into the discussion. Especially now that we have seen the incredible disconnect between substance abuse and gambling. There is an incredible amount of money out there for mental health nationally. Let's start correcting what we can now by collaborating. This is a good time to take on a new approach.

12. For Possible Action

Discussion and Possible Approval of Amended Meeting Schedule with Current Bylaws

Alan Feldman, Chair

Mr. Feldman proposed to formally approve a meeting schedule to take place every other month or as needed and approved by the Committee. We need more flexibility. Quarterly does not seem to be enough.

Bylaws currently state 4 quarterly and 2 special meetings or 6 per year as Ms. O'Hare recalls. She motioned to amend the Bylaws to 9 meeting with a minimal of once per quarter and no fewer than 9 per year.

Ms. Quirk seconded. Motion passed without abstention or opposition.

13. Informational

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

Ms. Quirk asked for a place holder for someone from SAPTA in this meeting and invite him or have as an agenda item.

Mr. Feldman stated it would be good to have further updated on the integration.

Ms. Garcia spoke on adding someone from Board of Examiners as a standing Agenda item. As well as the topic of Allocations and the Strategic Plan.

Ms. Quirk clarified the Mark from SAPTA. Ms. Garcia clarified it was the Mark at the beginning of Board of Examiners meeting with Agata.

14. Public comment – Alan Feldman, Chair

Mr. Feldman ask if there is any Public Comment.

Ms. Meyers thanks all of them for the conversation at the last meeting that resulted in her finally getting her licensing completed.

Ms. Garcia announced that the next ACPG meeting is on May 27th.

Ms. O'Hare announced that PGAM has decided to have a one-day networking event. Not sure if we will call it a conference yet. It will be live at the Suncoast. Not an overnight but hopefully 100-150 people social distancing to network. The State is re-focusing on re-opening and we brought in as many advisors possible to safety do this event. All will be getting notices. The date of the event will be Friday June 11th.

She also congratulates the two who are now Licensed and the people who helped make that possible.

15. Adjournment - Alan Feldman, Chair

Meeting adjourned at 12:45pm.