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**ADVISORY COMMITTEE ON PROBLEM GAMBLING**  
**APPROVED MEETING MINUTES**  
**Tuesday, January 27, 2022**  
**10:00 a.m. to Adjournment**

**The meeting was held using remote technology in compliance with Nevada Revised Statutes 241.023.**

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

**Members:** Alan Feldman, Chair; William Theodore Hartwell; Constance Jones; Dr. Shane Krause; Carol O'Hare; Denise Quirk, Vice Chair.

**Members Absent:** Denise Quirk & Carolene Layugan

**Staff /Guests:** Donna Meyers & Teri Baltisberger Reno Problem Gambling Center; Andi Dassopoulos, UNLV; Ashlan Wickstom & Sarah Polito, KPS3; Dankia Navar & Jaclyn Winters, Gambling Treatment Diversion Court; Jeanyne Ward & Michelle N Berry, UNR CASAT, Jeff Marotta, Problem Gambling Solutions; Jennifer Gamroth, Florence Omollo & John Borrowman, DPBH;; Kimberly Garcia, BPH; Lea Case, NV Psychiatric Association; Peter Ott, TinaMarie Bisiaux & Lena Hatzidopavlakis, Bristlecone Problem Gambling Center;; Nann Meador, Nevada Council on Problem Gambling; ; Dr. Rory Reid, Mental Health Counseling and Consulting;;; Tray Abney & Lea Tauchen, Abney Tauchen Group Advocacy Project; Stephanie Goodman Robert Hunter Problem Gambling Center Las Vegas, Trey Delap, Group 6 Partners, , Lana Robards; New Frontier Treatment Center.

**2. Public comment– Alan Feldman, Chair**

Chair Feldman: reads a note from Denise Quirk, Reno Problem Gambling Center: I appreciate the Reno Problem Gambling Center, (RCPG), members, and the State of NV employees especially Kim Garcia and her crew for their support and advocacy for those affected by gambling disorder. Thank You for your tireless efforts. I am sad to announce that the RCPG is closing March 31<sup>st</sup>, 2022. Our boutique of gambling services has had a beautiful run for 16 years. Sadly, there is no one who could presently carry the torch. The board has decided it was time to close. I could not attend the meeting today as I'm teaching other gambling counselors. RCPG is discussing relocation. Our priority is to make sure our clients land safely at other agencies. We are working together with all grantees and people who are not yet grantees to take care of our clients. Thank You Denise Quirk.

Carol O'Hare: Acknowledges the contribution of Denise Quirk and RPGC what they have done over the years and bringing to where it is now. We deeply appreciate all they have done.

**3. Announcements – Alan Feldman, Chair**

Alan Feldman: The closing of the RCPG is not a good development for the people of Washoe County or the people of Reno. Plans are underway for the to accommodate needs of the patients of the RCPG. There is a need to move quickly to train up counselors for certification to expand services.

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Carol O'Hare: Conference is scheduled at Suncoast, for May 5<sup>th</sup> and 6<sup>th</sup>, 2022.  
Request for Presenters did go out, check your junk mail.

**4. For Possible Action**

Approval of Minutes November 22, 2021, meeting - *Alan Feldman, Chair*  
Mr. Hartwell makes a motion to approve meeting minutes for November 22, 2021.  
Dr. Krause seconds this motion.  
Motion passes unanimously.

**5. Informational**

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

**a. Discussion on Fiscal Report**

*John Borrowman/ DPBH/ Chief Financial Officer Behavioral Health*

Mr. Borrowman presented a Fiscal Year Report 2022. The finances from state perspective, have a budget of \$2,019,359.00. in CAT 19. We have other categories that are related that are not identified in this report. Spent \$5.74,557,83. Some are waiting for other transaction approvals.

\$1,381,207.62, projected to occur. Total expenditures \$1,956,962.50.

Accounted Impacts will be in future reports. Balance is \$62,396.50.

Accounting for timing in differences in reports of unobligated funds in CAT 19 as of December 31<sup>st</sup>. Mr. Borrowman also introduced Jennifer Gamroth representing DPBH Division financial in future.

Chairman Feldman asked are those expenses outside of Cat 19, they are administrative and paid by the state?

Mr. Borrowman indicated that is correct

**b. Discussion on Program Updates**

*Kim Garcia/ BHWP/Social Services Program Specialist III*

Ms. Garcia presents program updates. As of December 31<sup>st</sup>, 2022. Some are at 1% over budget. Some are under performing. That will be looked at for allocation of budget in future. Treatment funds allocated by number of new clients coming in. Because of RPGC center closure and New Frontier COVID outbreaks, this is reason for underspending. Special Programs are on task to spend budgets. SAPTA Integration Project is close to getting onboard.

Those dollars have not been rolled out yet, showing unspent. Jeff's contract is on target to be spent. The administrative section, FTE Costs that weren't in budget, are to be paid out of this area. Have some expenses but this is only halfway through. There are some expenditures with travel that happens in last 2 quarters. Allocation for staff report that was set aside. Received a refund from UNLV from 2018 for overbilling. That is an offset of an expenditure. This budget matches Fiscal Report.

Chairman asked why the he treatment providers billing dropped. Does that happen every year or is it something else?

Ms. Garcia: 2<sup>nd</sup> quarter is lower due to holidays. December is not busy for centers. The 4<sup>th</sup> quarter is always higher. Treatment agencies save add on

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codes till end of year that can be used for administrative to make sure they can treat all clients possible.

Ms. Goodman: Numbers would be higher if people realize this is a legitimate addiction.

Dr. Marotta: Another thing that impacts projections is COVID. Staff that are sidelined due to covid disrupts projection costs.

Dr. Reid: The closure of gambling venues (due to COVID) abated gambling behavior. People who have been laid off, collecting unemployment, stimulus checks made a perfect storm. Influx of money increased substance abuse and Emergency Room visits by 28%. I predict an influx of people seeking treatment. This will include the younger population who participates in online betting. It's an argument for not have funds cut in a pretense of a temporary lull, because there are explanations for this lull.

Mr. Hartwell: There has been significant outreach back to councils from half dozen organizations to come speak to clients self-reporting or screening for a gambling problem in last 6 months.

## 6. **Informational**

Discussion on Problem Gambling Integration Project

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

Dr. Marotta: this project is to aim is to expand reach the population that are seeking services for other addictions that may have a gambling problem or have a high risk of having a gambling problem. A pilot program working with limited treatment agencies to increase their problem gambling capabilities. A SAPTA improved endorsement would be able to address problem gambling. Problem gambling would be built into programs, policies, staff, screening, discussions in recovery group, while working with co-accruing addictions. It would result in referrals to specialized treatment. A number of individuals leaving addiction treatment that have problem gambling referrals in recovery plans, will increase. The Center for the Application of Substance Abuse Technology, (CASAT), has developed tool to access this program. Tools for agencies seeking endorsements. Launching a training program and working with UNLV to develop a way to evaluate this program. Next step; to meet with agencies that are good candidates that would be interested in this program. Develop agreements with those agencies to participate. Agencies could receive a \$5,000 award to help subsidize staff training, looking at policies and procedures to initiate the effort.

Ms. Berry: Conceivable could be any organization (profit or non-profit), that can provide the service. Certified funded organizations are 29. Levels of care that are being certified is over 100.

Chairman asked what is the timeline?

Dr. Marotta: Next 6 months or sooner.

Ms. Wardpoke with board on Monday very agreeable allowing international certification. But we came up with a better solution. Open her regs in next session

and ask the board to allow already licensed alcohol and drug counselors (300 in State), to provide problem gambling services and supervision with additional training. Working on White Paper to be submitted to her board. Must show need for additional workforce due to additional treatment.

Chairman Feldman suggests that doctors should be asking the question; Are you gambling? Should be in line with other questions regarding our health.

Dr Krause: When we think of treating addictions; things go together, medical issues substance abuse, depression, anxiety, anything that co-occurs with problem gambling. Anything that you can do to expand the provider level. Do we offer a national screening day for NV? The VA has this screening.

Ms. O'Hare: We have always wanted to have something like that. But who was going to do the screening?

Jeanyne Ward: we are looking at engaging social work board and MFTCTP and what their scope is of Licensees. Was a referral source for that screen through VA?

Dr. Krause: The VA is well established and set up for these things.

Chairman Feldman: As an offline discussion we could get this done? I Ask Carol, Stephanie, Jeff, Shane, and Ted, to put your heads together with this. The stumbling block is that medical professionals do not know who to refer them to. If it requires funding, lets talk about that at next meeting.

## 7. **Informational**

Advisory Committee on Problem Gambling Work Group Updates

### a. Discussion on Legislative Work Group Updates

*Stephanie Goodman, Legislative Work Group Chair*

Ms. Goodman: The CARES act, Corona Virus relief fund dollars that the state had, they have finalized over eight hundred and thirty-one million dollars of that. They would have only four million to allocate. Ours was the ARP funds. We are still waiting to hear on that amount. A grant available, Community Recovery Grant Application. Not sure how many went for that. Interim Finance Committee (IFC). The next meeting is February 9<sup>th</sup> at 9:30 a.m. and will be discussing those Community Grant Applications. Nevada American Recovery Plan Act due Jan 3<sup>rd</sup>. Hopeful we will know more on after February 9<sup>th</sup> IFC meeting regarding the APRA funds request submitted by the division (needs to be reviewed and better summarized)

## 8. **For Possible Action**

Discussion and Possible Approval of Department Reallocations Recommendations

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

### a. Discussion on Treatment Provider Group Updates

#### 1. *Reno Problem Gambling Center*

Ms. Meyers: Denise and I are giving our clients a clinical referral consultation when they come in and giving a list of different CPCG providers that they can go to if they don't want to continue with me. We are doing best we can.

2. *Bristlecone Family Resources*

Mr. Ott: We are trying to absorb employees and call on Denise for supervisory. Have had several conversations with Denise regarding employees, herself and clients. Our biggest concern is clients not dropping treatment. We have massive plans for expansion. Fund raising for our Capital campaign. A more boutique style building so clients won't have to come into this clinical atmosphere. We are going to open our Battle Mountain office. We were a recipient of Google technology grant for \$50,000. Which will allow us to revamp our zoom capabilities etc.

3. *New Frontier Treatment Center*

Ms. Robards: Covid has kicked us in the pants. Within the last two days, 11 clients have tested positive. We are going into complete shutdown to clear the virus. Isolating on admission. Some intakes from jails/detention centers are coming in positive, during admission isolation period they are affecting other individuals in their rooms. Hopefully next meeting I will be up and operational again.

4. *Mental Health Counseling and Consulting*

Dr. Reid: We are still seeing patients. Haven't had any COVID issues. Starting to see numbers pick up a bit. I should have all paperwork submitted by mid-April so that I will be a certified Gambling Counselor Supervisor. Mid to late April we will have an internet clinic with a Spanish Speaking Gambling intern that I will be able to supervise.

5. *Dr. Robert Hunter International Problem Gambling Center*

Ms. Goodman: Our real success is our Relapse Prevention Program. Its really helping people. Our number for January is down, but we are working to get more clients in. If we get that Public Awareness Campaign money when MGM or Cesar's run a spot, we run our project work spot. Looking forward to getting the message out.

b. Discussion on possible program enhancements

1. *Prevention – Carol O'Hare, Nevada Council on Problem Gambling This has been taken out of order.*

Ms. O'Hare: For enhancement for this fiscal year in June. Problem Gambling Information Session. Diagnosable people who need treatment. We don't have a simple way for the general public to drop into a problem gambling discussion. Some of the high bottom gamblers may just now be noticing that there is problem gambling messaging. Yet they are not ready to reach out to a helpline. Develop a simple, non-threatening way to have a conversation with people who know. Which will lead to referral to resources. \$8,00.00- \$10,00.00 range. Using people who have lived through the experience with training. Questions?

Ms. Ward: Have you thought about putting this online for those that are uncomfortable?

Ms. O'Hare: that is in consideration in the budget. Looking in to Zoom. Want it to be simple.

Chairman Feldman: Getting people to tell their story is powerful.  
*Carol O'Hare Committee member has left, Committee is still in quorum.*

2. UNLV International Gaming Institute - *Andrea Dassopoulos, PhD Candidate, Project Manager, UNLV IGI*

Ms. Dassopoulos PhD candidate: We would like to do panel study survey. Get together with the committee to see what their priorities are and put it together for launch.

3. *Gambling Treatment Diversion Court -Danika Navar/ Eighth Judicial District Court*

Ms. Winters: Looking to do some updates to some of our programming in offering of services Gambling Treatment Court. Want to incorporate some additional financial coaching. To plan their expenses. Looking to get more participants and try to get more awareness of what we offer. Danika is a new addition to the team.

Chairman Feldman: The Gambling Treatment Division is getting high praise all over the country.

4. *Project Worth – KSP|3 - Sarah Polito & Ashlan Wickstrom - KPS|3, Inc.*  
Sarah Polito: Ashley is going to share a presentation. Then talk to you about our March efforts.

Ashlan Wickstrom presentation: Problem Gambling. Project Worth December 2021 Report. December, we seen a real healthy amount of web site sessions. Testament to display adds running now. 95% of traffic came from digital adds that began in November. Seeing boasts in Quizzes. Had 110 quizzes completed, risk levels show 40.9% is high risk. 32.7% low risk, 18.2% moderate risk and 8.2% no risk. December Pitch was Holiday triggers for shift workers who struggle with problem gambling and triggers. Covid cases effected participation and was not picked up. This month repurposed the pitch. The Global Gaming Business magazine reached out for interviews last week. We will share that article when published. Social Media progress increasing in number of followers. Since July we have increased 44% in followers. Our Facebook ads to drive users to website to connect with resources. 100 quizzes submitted, 1600 sessions on web site. Display adds to drive impressions of awareness. Upcoming campaign will begin in March to May. Same channels Facebook and Display. Any questions

Dr. Kraus: When they go on the website, do they click on web, or do they go to the quiz, or go to web site then the quiz? How do you know that will lead to additional steps?

Ms. Polito: Beneath quiz is the treatment providers.

Ms. Wickstrom: We do track the number of clicks to a phone number or email. We can see how many people are looking into those resources.

Ms. Polito: We have goals to do additional press around Problem Gambling Awareness month. We will be upping our posting on social

media. We would like to work with local casinos. If we had additional budget, we would do more pitching and more releases. Looking into a guest writing on various blogs. We would like to have a 30 second spot through digital channels. We are looking into long form video to tell their stories and go through recovery to live life. Another thought is leadership to be on podcasts. There is a desire to add Instagram. We would love to do a Facebook live with host and panel of experts, with real people to tell their stories. A great email campaign letting officials know what we are doing with our progress.

Chairman Feldman: On a PR front we should probably reduce the general market pitching. I don't know if the general media pitching will be the way. I would like to see an article in NV Lawyer.

Ms. Goodman: We need to relay our story without getting them on TV. We need to find a way to highlight how incredibly impactful we have been without exposing them.

Ms. Polito: We had success with that, with Denise in Northern NV keeping their identities completely secure without going on camera.

5. *Workforce Development - Center for the Application of Substance*

Ms. Ward: Our enhancement idea for next few months, is to include a Problem Gambling Peer endorsement through the board that oversees Peer Recovery Support Prevention Specialists and Community Health workers. Before we can do that, we have to do the training. Our enhancement is to create the training. There is already training created ran through CASAT that is 30 hours. We would work with the Nevada Certification Board.

6. *Request for Application Proposal*

Ms. Garcia: Presents the budget again. Maybe leave a little money for contingency for treatment. After we move dollars around, we have \$139,000. moving from New Frontier. We have approximately \$155,473.17 to obligate.

Alan Feldman: When looking at reallocation adjustment numbers for treatment providers, does that account for yearend add on codes adjustments that need to be made?

Kim Garcia: I increased it by 15%. Some have not used their codes.

Jeff Marotta: When committee considers the different request, we must consider that those dollars are already in that \$139,000.

Jeff Marotta presents presentation: Problem Gambling Services Reallocation Discussion. One proposal is to increase from 10% to 15%. Expanding the level of care cap. When talking to the Las Vegas Problem Gambling Center, after someone has completed the program, the dollars have been expended. They are then enrolled in booster sessions. Because we haven't had this feature of resetting the benefit level, they have come up with additional ways to address the needs of

individuals to have continued support after IOP. I'm not sure if we should act on this now. Bristlecone submitted a plan that has been developed, they expressed the need for \$132,000. Projected claims suggest \$40,500. To reduce risk of under-funding, we could keep money in reserves for later re-allocation. Kim is going to be doing and additional allocation. We need to know how much money we have to reallocate before moving on. One proposal is to move forward as Kim outlined in spreadsheet. Then you will have to decide if you want to keep money into reserve fund. That may have to be a later discussion.

Alan Feldman: In discussions with Legislators, they want to know what treatment need is and then what everything else costs. They are focused on treatment vs other programs. I am concerned that the treatment budget has not been utilized this year. Effectively, it will set the treatment budget lower. We talked about potential of increase demand, but our numbers do not justify it.

Connie Jones: You are on target with Legislators.

Alan Feldman: Some of these requests are important and will have a positive impact on treatment demand. I think we need to be mindful on how we do this.

Ted Hartwell: I think we shouldn't be so fearful that the impacts of pandemic have made budget numbers not related to what's come before or in future. We need to keep in mind this mitigating factor.

Kim Garcia: Reminds everyone that this is a base year. If we do not spend the dollars, we will jeopardize reducing budget for future years.

Alan Feldman: We will spend every dollar.

Kim Garcia: it takes time to get the dollar out the door.

Stephanie Goodman: We are holding the line of what we find important.

Alan Feldman: We must be mindful of where money is spent

Dr. Shane Krause: Is there strong evidence that we must demonstrate the need for intensive outpatient programs or high level of care. Do we have a good idea of the severity across our treatment programs before we introduce high level of services?

Jeff Marotta: We do through an early evaluation system. The number of characteristics that individuals endorse is (5) severity. NV has highest of any state. People come in at highest level of severity and step down.

Dr. Shane Krause: I think NV has high severity. If we have unique needs and severity, if you could demonstrate that then you could advocate for more resources.

Andrea Dassopoulous PhD: 52% of outpatient gamblers are under severe category and 56% of our residential are severe.

Ms. Jones: How much latitude under the definition of what qualifies for treatment, is the relapse prevention program considered treatment?



Dr. Marotta: Yes, they do need to enroll in that. Because they are enrolling, they are considered in that programs care.

Chairman Feldman: I don't think we are in any position to vote today. We need to get these materials from Kim and Jeff Marotta. Any of the materials from program providers, their ideas and programming suggestions. Jeff, critical issue on the add ons you spoke of. What are those costs. Its significant to know what that means. Then I think on next meeting to have a much more informed of what priorities might be.

Mr. Hartwell: I agree it's a little quick. The timely manner in putting the funding in place we have a potential to have an extra meeting within next month.

Chairman Feldman: I don't think we need an extra meeting. Our next meeting is March 24<sup>th</sup>. Discussing this in March we should be able to address this.

Ms. Garcia: What if we moved it to the beginning of month. My concern is the proposal by ULV, to get survey panel completed and having in competed in June is unrealistic. Also, a lot of dollar amounts that we have projected are going to be different because there is only 3 months left in the grant. We will have a better idea of spending. I'm fine with leaving this at status quo.

Chairman Feldman: Moving it to the 3<sup>rd</sup> of March would be great.

Ms Garcia: Asks about first week in March availability. 10 am on the 3<sup>rd</sup>.

Chairman Feldman: Motions to table this item to have budget table that Kim presented and the presentation that Jeff submitted and from all the program providers with enhancements. If we could get that well in advance of next meeting with this on the agenda with updated numbers, we would be able to make a decision.

Dr. Krause: If we are thinking about increasing services, can we get a projection of the last three years?

Ms. Jones: Motions that the next meeting we will be budget allocations and costs changes. Kim will submit an updated budget a couple of weeks before to review. A summary of a proposal of program enhancements. The slides Jeff Presented. Projected costs for treatment enhancements and what that looks like if there are increases in demand.

Dr. Kraus: seconds the motion.

Connie Jones: Do we have a date when Legislators will be looking at our budgets.

Kim Garcia: we build our budgets February 1 and  
Motion carries unanimously.

## **9. Informational**

### Advisory Committee on Problem Gambling Governance

- a. Committee Membership– *Alan Feldman, Chair*  
Chairman Feldman: Nothing to report
- b. Discussion on Position Statement or Show of Support letter – *Alan Feldman Chair*  
Chairman Feldman: a reminder that no member of committee may take a position or send any sort of support letter as being official on behalf of the committee. Save for Denise who is officially designated as our representative. Though her center has closed it does not change her status on this committee.

**10. Informational**

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

Ms. Garcia: I would like to add our next years possible spending plan. That we can be prepared to prevent retro letters.

**11. Public comment – *Alan Feldman, Chair***

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

No comment

**12. Adjournment - *Alan Feldman, Chair***

meeting adjourned at.3:10 pm