DRAFT

Nevada Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

ADVISORY COMMITTEE ON PROBLEM GAMBLING
DRAFT MEETING MINUTES
Thursday, March 3, 2022
10:00 a.m. to Adjournment

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

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

Krause; Carolene Layugan; Carol O'Hare; Denise Quirk, Vice Chair.

Hatzidopavlakis, Bristlecone Family Resources, Reno; Dr. Jeff Marotta, Problem Gambling Solutions; Stephanie Goodman, International Problem Gambling Center; Chris Murphey, New Frontier Treatment Center, Ashlan Wickstron and Sarah Polito, KPS3; Danika Navar, Gambling Treatment Diversion Court; Jeanyne Ward, UNR CASAT; Abigail Bailey, DHCFP; John Borrowman and Jennifer Gamroth, DPBH; Linda Anderson, DAG, Nann Meador, Nevada Council on Problem Gambling; Trey Abney, Abney Tauchen Group Advocacy Project; Trey Delap, Group 6 Partners.

2. Public comment– *Alan Feldman, Chair;* None

3. Announcements – *Alan Feldman, Chair*
Chair Feldman moves those announcements be held for later. Motion passes unanimously.

4. ***For Possible Action***
Approval of Minutes January 27, 2022, meeting - *Alan Feldman, Chair*
Approval of Minutes January 27, 2022 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.
Chair Feldman introduces Jennifer Gamroth, (DPBH). Ms. Gamroth is the Administrative Services Officer with DBPH. She is presenting the expenditure schedule for a budget count 3200 prevention and treatment of problem gambling. She states that in Category 19; the Problem Gambling Grants category year to date expenditures are $871,117.61. The outstanding obligations of $984.74 and they are re-occurring payment projections, which includes several awards and other expenditures that have been obligated, bringing the total spent slash obligated to $1,950,6962.50. Which would leave a balance of $62,396.50. Kim and I have reconciled that balance remaining and be both agree on that balance. Ms. Gamroth asks for questions.

Ms. Garcia shares information on screen; 3200 Prev/Treat of Problem Gambling Fiscal Year 2022.

b. Discussion on Program Updates
Kim Garcia/ BHWP/Social Services Program Specialist III
Ms. Garcia begins her presentation. Ms. Garcia states that these numbers have been reconciled with Jennifer. The reconciled dollar amount here what the balance of that is the unobligated funds that we had in treatment that were set aside for those contingency funds for treatment and we had about $15,000.00 that we hadn't obligated from the previous original obligations. You can see that we are overall about 45% is spend and that does not include what we have spent to date. This information also says that we are 14% behind spending. Ms. Garcia continues that therefore we are having these discussions and later about reallocating funds due to spending and what that looks like. Everybody is almost on target of spending. Where we are seeing the biggest hit of not being on target of spending is in treatment. There are multiple factors. The big factor we believe is Covid shutdowns with our residential centers and COVID outbreaks, not being able to bring people in. Overall people are not seeking services and not going to facilities. This gives a brief overview. Ms. Garcia asks for questions.
Chair A. Feldman states that there are no hands raised for questions.
Ms. Garcia has more to add about program updates. There is a RXQ out with purchasing for providers that we have suggested to the Treatment Team in meetings in which they could apply for this RXQ. Then this way, when we go look into the future of it might streamline our RFA process to be able to say these are our providers we've chosen and that they've already gone through the procurement process which helps on boarding. If we have lost a provider, how do we refill that provider in the future? Ms. Garcia suggests that providers to out and look at that information because it is going to be the new way of future funding.
Mr. Marotta states that they just wanted to introduce it to those potential pilot agencies prior broadly putting it out there. The document is available.
Chair Feldman thanks both. Chair ads that if there are providers who are either not familiar with the RFQ process, or are struggling with it, please reach out to Ms. Garcia or one another. Once you're in it makes the rest of the year much easier. Chair adds that reallocations potentially getting involved in new kinds of programming will make everyone's lives easier going forward and will make this less daunting. Chair suggests moving to item 6.

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

a. Discussion on Legislative Work Group Updates
Stephanie Goodman, Legislative Work Group Chair
Chair recognizes Ms. Goodman who states that there is a brief update on the next interim Finance Committee Meeting on April 7th at 9:00 AM. Ms. Goodman

continues that the last happened on February 9th in which they allocated for the non-profits out of the thirty million set aside for non-profits they only allocated 1.3 million. Ms. Goodman is not sure that the two million is part of the thirty million. They haven't even touched that request that we put through which is being monitored. Ms. Goodman will keep the group updated. Ms. Quirk states that the last meeting for the Reno Problem Gambling Center was a week ago, and it will be closing on March 31st. Ms. Quirk continues that she has had chats with marketing and public relations people about the attempt to do a St. Patty's Day that does not involve green beer or saying the work 'luck.' Chair

b. Discussion on Treatment Provider Group Updates
Denise Quirk, Treatment Provider Work Group Chair
Ms. Quirk continues that she has had chats with marketing and public relations people about the attempt to do a St. Patty's Day that does not involve green beer or saying the work 'luck. Ms. Quirk continues that the Reno Problem Gambling Center is hoping to have a gathering with the last giveaway of swat, thanks too the Nevada Council on Problem Gambling and to say goodbye to our alumni. Thank you to the treatment folks and Bristlecone who we've been able to send folds through to residential outpatient or aftercare.

7. ***For Possible Action***
Discussion and Possible Approval of Department SFY22 Reallocations Recommendations
Mr. Marotta Shares a presentation, Problem Gambling Reallocation Discussion. Mr. Marotta discusses the presentation. Some of the information was covered in last meeting. What was discussed with the treatment system is that there are several different kinds of enhancements which we were looking at. These enhancements were based on going out during our on-site reviews with the gambler treatment providers. We asked them how things are going and what can be done to assist them with their success, obstacles or desires they had regarding the way the program is structured because much of this is a reflection upon what has been brought forward by the gambling treatment community. Mr. Marotta continues that these are some of the areas that we're looking at is to increase the add on percentage and what this means is that currently providers get an allocation amount of that allocation. It is based on a formula that we talked about in the past primarily that formula is historical. A portion of that allocation is allowed for services that are not traditionally included in. Reimbursement systems sometimes they are but not traditionally. Many of these are wrap around type activities. Some of them involve workforce development and we call those codes. Currently those use of codes is limited to 10% of total allocation for the treatment providers and we're looking to increase that percentage. The current proposal is to increase it to 15% and that really doesn't have a fiscal impact. Mr. Marotta states that Its money that comes out of the amounts that are already allocated so any potential impact is diverting funds from more traditional services into services that might be

considered. Mr. Marotta refers to an issue with the Las Vegas Problem Gambling Center. The issue is when individuals change levels of care. Currently, (and for several years), is that we allowed them to have a renewed budget allocation or benefit amount when they switch between outpatient and residential. This system has worked well. It allows individuals to move between those 2 different levels of care without it interfering their ability to access those services. Benefit limits has presented somewhat of an issue as individuals moving from an intensive outpatient program to a less intensive level of care will use their entire kind of benefit amount because it's an IOP program. We would expect that to happen, but if doesn't really leave anything for step down care. We have addressed that in the past by having after care initiative or program. But that kind of moves people all the way from an IOP. They jump a step. That's why we put this booster program into effect to be a short-term response to some needs around COVID and people feeling a lot of stress plus having increased relapse risk. Mr. Marotta states that what the Las Vegas Problem Gambling Center is really used that program in a very successful way as a step down. In addition to using, it the way it was originally designed is for people coming back, who are at increased risk for relapse. We explored creating a new budget category for enabling people to have a reset when they changed level care to IOP into a level one outpatient, which is your typical outpatient care or increasing booster session. Looking at the actual fiscal impact by increasing the benefits to reset up between IOP and regular outpatient would have a very large fiscal impact, between three hundred to four hundred fifty thousand, depending on how many clients. Currently, for the last fiscal year there was about one hundred. The reason why you see that up to one hundred and fifty, is because if we put that policy into place, we'd get more use than just the booster session. Is a large fiscal impact. Just increasing the booster sessions to five hundred benefit level to one thousand has a relatively small fiscal impact, between twenty-six, and $36,000.00 On number 4 is expanding workforce development encounter codes. Some of that has to do with the request to providing more covered supervision costs. Number 5 is Bristlecone had a request to $132,000.00 for their activities for this fiscal year and much of that had to do with the closure of the Reno Problem Gambling Center and expanding the capacity of Bristlecone. To pick up that in the community as well as some other initiatives that they had in place to grow the program in different ways. We felt like that should put ourselves in jeopardy of over allocating with those amounts. So, what our projections were as about a fifty thousand increase would cover the need as they ramp up services. Looking at past billing history, past encounters and that's how future allocations are. Mr. Marotta explains to increase aftercare encounter reimbursement from 15 to 25 a week. This is a seldom used counter code. We would like this to be a service that as more frequently employed in the field. This is something that enables people to have increased support during their maintenance phase of recovery. This allows people to stay engaged in treatment and there is evidence out there that the longer people are engaged in active recover process the better their long-term outcomes. That has a

small fiscal impact. The last one is developing new RFA or draw from a pool of applicants that have been approved through the RFQ process so that there would be the potential for a new provider. The fiscal impact for 2023 we don't see as great, it would be replacing the capacity of the departure of the Reno Problem Gambling Center, which was hard to predict the fiscal impact. The next slide goes over our recommendations based on those enhancements along with the fiscal impacts, by implementing them by moving forward with them this fiscal year. The first one would be the recommendation to increase the add on cost to 15%. The second one is to increase booster sessions cap from five hundred to one thousand, and this would be in lieu of resetting the benefit level when individuals change level of care from a IOP level to a lower level of outpatient care. Next, is to expand limits for supervision from two hours per month to 4 hours per month. They would cover six interns at any kind of expanded level of support for supervision, it would be $12.000.00 fiscal impact. The Bristlecone expansion treatment fund is based on encounters which is a projection. That projection is difficult to make because this program is going through development of the level of kind of level service that they're going to be able to provide. This is our estimate. Mr. Marotta adds that as opposed to developing in each treatment RFA it's more along the lines of seeing if there's anyone out in the community that might be eligible to be a daily treatment provider and also encourage them to complete the RFQ, which would enable us to bring on another provider, if in fact there is another provider out there that is qualified and interested in becoming a new grantee. Mr. Marotta asks for questions regarding any of the recommendations or other options that weren't recommended. Chair Feldman suggests a pause to discuss everything members have heard and opens floor for questions. Ms. Garcia pulls the spreadsheet for viewing.

Ms. Goodman comments that this is a good space when it comes to workforce development. But the $100,000.00 is better spend on giving it to KPS3 to do an awareness campaign. Ms. Goodman continues to say that the issue is getting people to seek treatment. January and February were not great months, and we need to address the issue of awareness and the stigma surrounding this addition before we talk about more money for workforce development. Chair Feldman asks for any other responses to Ms. Goodman's concerns. Dr. Kraus inquiries about the $100,000.00 by stating that 72% of all Nevadans like in Clark County and that shifting some of the funds to the Bristlecone could be important. Dr. Kraus adds that public awareness is important but so is increasing providers which are limited, including Spanish speaking providers. Given the population that only 15% listed to Reno area and 72% is in Clark County, we have 6to think about the prevalence and severity rates with those groups. Dr. Kraus continues that obviously we want to maintain maximum support for Reno with the program that is closing, cut at the same time expand services for other populations to include Spanish speaking ethnic minority populations. Also, increasing service utilization and there is the issue that people aren't getting help. Chair recognizes Ms. Jones for comment. Ms. Jones agrees that there is a lack of awareness regarding

treatment availability. Ms. Jones points to the Super Bowl ads that raise awareness with the Manning's that Caesars did was great. However, there really isn't a lot of information out there about the services that are available. Awareness is definitely needed. Ms. Jones asks, what are indirect services as opposed to direct? Mr. Marotta responds that some of the indirect services are things covering supervision costs and some training fees in which an individual could get CEU's. At least eight agencies have flexibility on how they spend these dollars, and it could go toward things like enabling clients who are having difficulty accessing services, services like via paying for buss passes. Mr. Marotta continues that it could even include things as having a housing crisis to pay for short term housing. Ms. Garcia adds that also agencies can use it for advertising for their agency directly. They can be reimbursed for meetings when they're scheduling to go out into the community to explain services which is a billable service. Mr. Marotta agrees that client outreach activities and program development. Such as when agencies were transitioning to Telehealth technologies use those funds to ramp capabilities. Chair recognizes Ms. O'Hare for comment. Ms. O'Hare believes that going to heavy on one side may fail the other. Ms. O'Hare adds that there is not enough treatment providers and it is not effective if you pull all the money to treatment and then can't get the message out. Ms. O'Hare suggests balance it and monitor for return. Chair recognizes Ms. Layugan. Ms. Layugan agrees that the need to create more awareness campaigns, particularly getting the helpline number out into the community. We rely a lot on the gaming industry to do so via the marketing ads. Ms. Layugan continues that the Manning commercial was great but not sure that Caesars' will continuously broadcast the commercial year around. If we could allocate more funds to creating messages on billboards throughout the state that would be a great approach. Ms. Layugan shares that she had a PM call with the council on Pennsylvania and they did have some people in recovery talk about how we need to create more awareness. Chair Feldman agrees that the Manning ad is spectacular and maybe because there is such an absence of that kind of celebrity power with that kind of clarity. Chair believes that kind of distribution such as a national add is very powerful and would love to see more of it. Chari mentions that he was disappointed in hearing that it may be reduced. Ms. Goodman adds that we can add an extra session that they are not near capacity, and we're the largest center in the state, and we are ready. We have 2 interns that are moving up and 2 supervisors making space for more interns. Ms. Goodman feels that they could manage as it ramps up and will take awareness dollars. Chair Feldman compares treatment versus awareness. Chair states that this workforce development money is more about treatment infrastructure and to bring more people into treatment is a different discussion. Chair thinks that millions of dollars into awareness is where my heat lies. We have a lot of needs, and all are worthy, and we may have a slightly different conversation than we've had in the past. Me. Goodman responds that we need to grow the workforce, we need everything Dr. Krauss mentioned as to reaching different demographics and socioeconomic groups. However, we need to get clients in

there who have a problem and are willing to get help. Ms. Jones states that raising awareness on social media is everything these days and people who are using their devices to access that media, such as Tik Tok or Instagram. Chair Feldman states there has been conversations with KPS3 and on social media we need to spend money. I think that KPS3 has gone much further than thought. Whatever the future of social media in will require a greater level of engagement and investment. Ms. O'Hare states she has gotten excellent comments from people on the Manning PSA. Harrah's and Caesars' are very successful making ads because they use real people, we need to find a way to tap into something that will grab people's attention. Chair Feldman contends that the more that responsible gambling is defined in terms of problem gambling it will encourage local celebrities to get involved. MS. Goodman states that $100,000.00 is a robust amount to spend on a social campaign. Ms. Jones states that the Legislators and Assembly don't really understand the need for dollars for education and awareness, but they do understand need for treatment dollars. They will understand the need to spend money on social media because it is the new means of communication. Chair Feldman reminds members that the next Legislative session will begin with 41 new members. We may have a whole new group that's going look at us and ask why we aren't spending more on social media. Chair directs attention back to chart. Ms. Garcia explains that in column A we have taken the dollars that each of these agencies have spent to date. Column two is what we're projecting and what we are projecting them to have. Increasing the add on code so we did this as a projection. What they spent in the first quarter plus a little more. And this is what their current column C talks about, their dollars that they were allotted that we have already allocated to them. Column D is what, if added together, their dollars that would be determined to spend. This is the remaining balance. Looking at Bristlecone, they've increased their workforce adding Donna from Reno Problem Gambling Center and brought over some of their clients. Ms. Garcia continues that not all their clients moved to Bristlecone, and this is being conservative, but also being in the middle of where they might be and the dollars they might need to finish the year. This number doesn't equal that but with this should be a negative number. As with Las Vegas Problem Gambling center, it's the same thing we're looking at what they could be spending. These are those funds that we talked about for their booster program and those additional dollars. The same with MHCC with Rory's group. With New Frontier, they've had four COVD outbreaks and they've had to shut down four times, which they couldn't do intakes coming int and that hit their bottom line. They haven't been able to so as many people as they have anticipated so they are starting up the ramp again. I anticipate their numbers to be a little higher for the third and fourth quarter and will still be under spent by $100.000.00, so we would reduce them that amount. Working with Denise regarding the Reno Problem Gambling Center and tried to finalize this number as close as possible. She would be returning about $120,000.00 which leave a little cushion. Ms. Garcia continues that we will do one more of these reallocations probably in May. To make sure we're spending all of the dollars.

My recommendation is to go forward with this plan, and we would be moving approximately $164,000.00 out of treatment. Mr. Marotta comments that there are 2 things being intermingled. One is that these are recommended reallocations, and the other is really about policy changes. Whenever we have any kind of substantial policy changes, we like to run that past ACPG. There is going to be another reallocation done later in the year if needed, so these numbers will no be stagnant if the projections are off. There will be one additional opportunity to make readjustments basically shuffling that money around. Dr. Shane asks the about the booster session it looks like a International Problem Gambling and Mental Health Counseling, both have a 50 and then 4000, is that projected at the current lower trends or not the 10% lower? Is that considered for where they are not or is that a historical estimate? Ms. Garcia answers that it is an historical estimate but it's also a 10% increase in services. We used the 2019 numbers because of 2020 numbers being skewed. Ms. Garcia continues as to the Judicial Court on here we discussed with them las meeting that they had asked to do some increases which is in the next slide. They fall into treatment, so it was their request for enhancing their program. Chair Feldman suggest moving on to next slide and look at how money will be moved around be we take money out of treatment. Dr. Kraus asks if there is treatment evidence that there is a greater outcome for clients by increasing retention or long-term recovery? Mr. Marotta states that it is being used in the Las Vegas Problem Gambling Center is a step down, and research question gets more complicated, depending on how it's being used. Ms. Goodman states that the program has really blossomed, it is the aftercare numbers that have come down. It started as a 6-module program and now it's an 18-module program. People are wanting to come back they enjoy the camaraderie and support. Mr. Marotta talks about policy change. The add code limits to 15% moving the booster limitation, expanding the supervision that would carry in that change. The same with the booster change, it would carry into FY23. The Bristlecone expansion falls for in with the previous discussion with the reallocations. Increasing the reimbursement for the after care. Looking for additional providers that is a different area. As Ms. Garcia pointed out, there are dollars in the budget that we believe are not going to be spent and we are recommending it moved out of treatment because the encounters aren't there. Ms. Garcia soke with all the different grantees, that the workforce initiative they identified the need to subsidize some of the cost for certified counselor interns. That is the $6,000.00 figure. The allocation to the gambling treatment court would enable them to support financial coaching and world recognition therapy for some current clients. That's a program that would move forward to 2023. That program being carried forward would be a fiscal impact for 2023. Research enhancement there is $160,000.00 that needs to be reprogramed. This proposal suggests taking the $100,000.00 of that and put it into a gambling behavior problem survey. Spending the extra money from this year for the reasons talked about would enable us to get information that could inform the program moving forward. An enhancement for the prevention contract. What was requested was

about $8,000.00 dollars to support the expansion of the problem gambling information sessions. That would be envisioned to mover forward into 2023, there would be a fiscal impact for 2023. Workforce development enhancements. This if from CASAT and would increase their funding $10,000.00 to create modules for a peer training course. That will be a one-time expense. Public awareness campaign. They are currently budgeted $100,000.00 this would increase it by $56,000.00. this is a one-time initiative, and it would have a fiscal impact for 2023. It is using a portion of a large portion of those funds that are going to be remaining in the fiscal year 2022 budget if not reallocated. Ms. Garcia comments on the slides stating that the numbers plugged in are based off the department's recommendations.

8. ***For Possible Action***

Discussion and Possible Approval of Department SFY23 Allocations Recommendations
Kim Garcia, Behavioral Health Wellness and Prevention/Social Services Program Specialist III

Chair Feldman asks if the recommendations are within the budget and where are we over budget? Ms. Garcia concurs that are within the budget, and it lands at zero. Mr. Morotta points out that some of the budget categories are not very flexible, that the largest is the recommended allocation of $1000,000.00 for this this one-time research project of behavior study on gambling and attitudes. Mr. Morotta states it's unknown if this can be done for much less, and because they are just projects, you can't trim the costs. Ms. Garcia reminds members that the KPS 3 was the remaining balance so that's why it's a random number and we will be doing one more of these reallocation plans to tidy up. Dr. Kraus asks what are we using for the survey? Ms. Dassopoulos answers that using America Speak as an outside vendor to do the data collection and doing a random sample of 1000,000 respondents for a 15-minute survey, and then someone to analyze it to do the reporting. Dr. Kraus is wondering of the costs and whether there was a quote. Ms. Dassopolulos states that they have a really great system, and they guarantee a sample size and I have forgotten the exact number. They have a very intense way of creating their sample size depending on how much we could pay. Dr. Kraus points out that you would want to look at a proportion of those living in Reno or different counties and reframing the question as to how to use that data to inform clinical access treatment, would be helpful. Is that survey ready to go or is that something if approved today would be shared with the committee? Ms. Dassopoulos answers that if approved today it would go out in 2 weeks. There is a draft of the survey that has not been completed yet. Mr. Marotta asks if Dr. Kraus would be willing to join that committee. Dr. Kraus answers he would be happy to do it. Researchers have to very specific, and I want to make sure we get the data. For the webinar for peer support, the funds for that, is it going to be free and available for Nevadans or for those who are treating problem gambling. Or is going be a paywall on top of that? Ms. Garcia says she will reach out to Jeanne to get further answers. Ms. Navar asks what is the timeline for the fiscal year? Chair answers the end of June. Mrs. Navar is concerned about the

gambling court, that it could use additional funds. If we were allocated those funds it would take more than 2 months for accounting to load that to our accounts to spend. I don't know if we would be able to spend that by June 2022. Chair Feldman agrees the point makes sense, the process doesn't. Ms. Navar states if we were able to carry that forward then we could spend that but I don't know how reasonable it would be to expect that to be spent by June or July. Chair Recognizes Ms. O'Hare. Ms. O'Hare asks what would the courts use the money for in this short time frame? Ms. Navar states funds to do financial coaching and adding MRT as a possible treatment component. Ms. O'Hare states that the council is always willing to serve in some administrative pass thorough capacity to support services for problem gamblers whether they're in treatment or in the court system. We have difficulty when we are trying to provide funds to the court through the county. Chair Feldman asks
Danika if the funds that she is asking for within this fiscal year is the need there and can you spend that money prior to the end of June? Ms. Navar states that depending on the contracts, don't know if we could spend the total amount. Chair asks if you were able to find 2 services, are those things you could arrange through Carol and the council? Ms. Navar answers that she is always opened to talking more. Ms. Garcia believes it can work it's just going to take a few minutes to get it figured out on the logistics side. Ms. O'Hare states it would be more of a reimbursement of cost. Having contracts for these services, we don't have a list of providers for these services and am trusting that what they're looking at is they have folks they've worked with. Especially courts. They're hoping to apply that kind of resource to our gambling treatment folks. The financial community is one of those who that do not have much awareness of problem gambling. Mr. Marotta states its getting complicated because we only have 4 months left. Looking at that money can easily move into the kPS3 line item to increase public awareness, yet still preserve that initiative for the nest fiscal year. Giving Ms. Navar more time to get the program in place. Dr. Kraus states that we had a prior presentation on the clicks and the traffic. What is the strategy, the action plan? The prior data, there was some traffic, but I think there was a lot of additional room to grow those numbers and get some new people. I'm just curious if they have some new approaches or additional strategies for that additional set of funding? I think we need to do more outreach and public awareness. Ms. Wickstrom states that looking at the campaigns that we have put funding behind to do paid promotion, paid social display advertising, I think when you refer to the traffic coming to the website, we can track that is coming from those paid campaigns. We talked about Tic Toc and any of those social platforms where we pay to get in front of people. W will see a increase in traffic to the website and be able to see how people are moving through the website. That would impact that website piece and getting information out there on display side on search ads. More from an awareness standpoint and less driving traffic, its about getting in front of as many people as possible that we can't do in the same extent that we could with paid advertising. Chair Feldman states that the money that we have expanded in the last year or two has gone

to the creative and production costs. In the very early stages, we had some money. Budgets got tighter and we saw cutbacks. The paid advertising went away, we had to rely on simply being seen. Ms. Wickstrom states, we have been able to test the waters just from those brief period of advertising shows how far than can go and how many people we can reach with that additional funding. Mr. Hartwell states that the social media, the website and advertising aspects KPS3 has been very proactive in identifying other media opportunities. On four different occasions within the last month have included interviews with Global Gaming business, New York Times, which is not Nevada specific but, there's upcoming podcast later this month on KMPR that were facilitated.

Chair Feldman asks if there are any questions or comments and there are not. Chair states we are ready to entertain a motion to accept the departments reallocation recommendations which we may want to include an asterisk about the gambling court. It sounds like Ms. Garcia has a bit more homework to do, to figure out whether that a), ripe at this moment and b) if it is how it gets allocated. Ms. Garcia states that Jeff spoke to that is if they can't get it out through the process this year or is it marked for next year. Which it could be discussed later and move it to a KPS 3. Chair Feldman thinks what we can probably do is have the motion to accept these recommendations with the understanding or with the condition that if it's determined that amount is not spendable that it simple be moved over into the KPS3 column. Ms. Quirk moves the motion. Mrs. O'Hare seconds. Chair states that we've have a motion to approve the departments recommendation with the condition that the amount for the diversion court be moved if it is found not to be spendable, that it be moved to KPS3. No Opposed. Motion passes.

Ms. Garcia explains the slides. What we have done with our calculations based off expenditures or prior amounts that we've given in the past, I based as our starting point. In the summary sheet we did in 2019 which is important because 2019 it tells us where we were pre-COVID, and then what we were doing and what we weren't doing. Because in 2022 we were doing a lot of different items. What we have done here with treatment is taken what they've spent year to date, then what we did was what is projected to spend. Each of them has a performance rating that they receive based off the indicators thar are in our provider manual which must be meet. This is a percentage of the dollar amount. Ms. Garcia continues. Looking at the next column we're talking about special adjustments. Like Bristlecone, these are special adjustment, the $50,000.00 is going forward to be setting that base bar for them. Same with New Frontier because they were reduced this year with reallocations that we just approved. Half of that is because they were closed during COVID. The Reno Problem Gambling Center, I needed to figure what their dollar amount was going to be for the year and what needed to be taken out of the budget. Going forward that's where you'll see this $62,000.00. This is where we are talking about possible new providers going the RFQ and penciled in some adjustments here of the remaining balance that would have been, within these treatment providers. Then we've added in the $10,000.00 for the diversion

court and we've included the integration project which is a form of treatment. That would leave about $41,000.00 sitting in their contingency fund to do the reallocations for next year or mid-year. The total amount for treatment would be $1,9700,596.00. Ms. Garcia discusses projects. They are broken down into categories, so it makes it easier to know where they fall into the mainstream line of our tiers that we have within our strategic plan. Prevention and awareness, this column is their base budget. These additional items here are things that we've talked about in those previous slides. Talking about the council with their new program project that they want to mover forward with their new proposal would be two hundred and seven. This is based off of budgets. It was only things thar are in the adjustment items are the ones that we felt had a fiscal impact that we have reallocated for and have moved money around that we approved which would have a fiscal impact in 2023. It's not saying that there's no others asking for additional dollars. Ms. Garcia continues that the purpose we determined at the last meeting we weren't going to do the purpose in 2023 because we have don't it for 3 years. I did deduct that number out. The other digital item that is added here is the UNKLV International Conference. In the past we supported this conference for Nevadans to be that $25,000.00 went to scholarships for Nevadans to attend that conference. Because it would be coming up in this next year, I wanted to make sure it was budgeted in, if you so chose to add it to the budget. Chair Feldman asks if this would be a good time to add additional monies in based on what we would like to be spending? Isn't it about time we id another prevalent survey in Nevada Dr. Kraus agrees and continues that there are a lot of people struggling with problem gambling in Nevada but I don't believe that we have a good number. I think that there's a lot of women and underrepresented groups that have issues in gambling that have little visibility, so I think it is a priority. Also, we need to figure out where they're gambling, how they are gambling and with whom. We need to understand co-occurring issues, substance use, mental health because programs serving these Nevadans need to figure out resources to help them with these co-occurring issues. We need to spend money for that. Ms. Jones states that regarding a prevalence study it would be wonderful to have before the legalization of online sports betting. The demographics of the people calling into the help line has shifted to younger males. I think in a year we will see the online sports betting impact problem gamblers. Dr. Kraus states that there's lots of issues but I do think we need a prevalence problem severity kind of understanding. Chair Feldman add that awareness has been talked about as a priority. It would strike me as something that we ought to be putting in for additional money. Unless we just talk about research and that's the kind of study you're talking about, I have to imagine is not inexpensive. Ms. Jones answers that it's a quarter of a million dollars. Dr. Kraus agrees this is accurate. Ms.O'Hare refers to the spreadsheet Ms. Garcia presents, the agenda item was for CPG to talk about fiscal year 2023 allocations? Chair agrees this is correct. Ms. O'Hare asks if the members need to review these as actual dollars to obligate and make decisions? Are you suggesting we

make the point that we would like a quarter of a million dollars per province setting? That sounds like that may be going to a higher level of funding that we're trying to get the Legislature to do. I am not disagreeing of the importance of a prevalence study I just want to be sure what we're voting on and if its in the realm of what we need to approve. Chair Feldman asks if our budget is fixed on what was approved in the last legislature, we need to put the numbers where they need to go, and is there an opportunity to ask for more? Ms. Garcia believes the budget is fixed because it's the second year of the biennium. The prevalence study should be put in our budget for next biennium. It's important that I know what you guys are wanting and what you're needing because we're in budget build. It's hard to add dollars without the show of need.
Chair Feldman calls for motion to approve these recommendations for fiscal year 2023. Ms. O'Hare made the motion. Dr. Kraus seconded the motion. Motion pass unanimously.
Advisory Committee on Problem Gambling Governance.

a. Committee Membership– *Alan Feldman, Chair*
Ms. Garcia, Kamber is no longer with Governors Office. There is a new person who I did reach out to, and they are reviewing the information.

b. Discussion on Position Statement or Show of Support letter – Alan Feldman *Chair*
Chair states there is nothing new to report. Just a reminder that in the you do participate in any public discussion with Legislature that you remember to do so not as an official representative of ACPG. But as representing yourselves.
Mr. Hartwell asks for those of us whose terms are expiring this summer, are we in the window where we need to resubmit our interest? Ms. Garcia confirms yes. Chair asks Mr. Hartwell to let Ms. Garcia and himself know when he has filled it out.

9. ***Informational***
Discussion on Future Agenda Items – *Alan Feldman, Chair*
Ms. Garcia states for the next agenda is we sill probably have another reallocation just for realignment because it's general funds and we really want to make sure all those dollars get out the door. Do we want project updates? Chair Feldman states yes from the treatment providers because RCPG will be closed with Bristlecone taking on new patients. Others in the North taking on new patients so to understand how that transition is moving along. Ms. Garcia adds one more item which is the realignment or the updates to Strategic Plan and Provider Manual. Chair Feldman suggests hearing from CASSAT if updates they may have.

10. ***Announcements*** taken out of context.
Chair Feldman begins that this has been a tough couple of weeks for a couple of friends of ours. A dear friend of our community has had challenging times in her life, facing the sudden passing of her husband. I want to encourage each of us to respond to this in our own way. I know it is affecting some of us individually. Keep them in your thoughts. There are Problem Gambling Awareness month activities that are good. Anyone who

wants to share about what's going on in their world please do so. Ms. O;Hare sates we did receive the Governor's Proclamation which has been posted on our website. Our activities start in January and February as our staff spends a great deal of time loading information and updating things to get materials out to people. Mr. Hartwell as Ms. O'Hare mentioned we put together a special Problem gambling Awareness month related packets for those providers who are already our partners and se us regularly, about a dozen or so. This month there is an extra emphasis to provide opportunities for those clients or staff who would like to engage in extra activities to provide awareness on their ends engaged in podcasts. Which was last week and ended in February. We'll be doing another one this next week on this issue. Hopefully Alan or I, will have an opportunity with KNPR later this month focused on sports wagering. There will possible two National AARP webinars that I will give. The first one is on older adults and problem gambling and the other is older adults and problem gaming or video game awareness. For older adults that may or may not get scheduled this month it may go into April a bit. I/m waiting to hear back on that. Ms. O'Hare adds that the one thing we are going to do during March is to promote the conference. You'll start to se emails featuring speakers will be. Keith White will be our opening keynote to fill us in on all things sports betting in NFL etc. We are getting good response. The link will be open so please look for those emails. Ms. Ward informs that we are presenting a live CEU webinar event on Monday, March 7th that will be live streamed on Facebook for free. It is from 9:00 AM to 10:00 AM on screening for gambling problems that's is presented by Jeff and Mark. Ms. Goodman states that we kicked of the month with a really fun event. We had a lot of alumni come in and we did what we do when we go through our whole program is our clients will tell their life story. It can be emotional because people have experienced so much. We had our Clinical Director tell her life story. Her life story was so incredible. It was a beautiful and moving event. We had 2 local news interviews with local TV. I am running a d ad campaign using some of the people that I know and got super bonused. I spent what money I could with this. I can get reimbursed and then I asked for a lot of extra free advertising. We will be putting some ads out for Sweet 16 for March Madness. I asked that the ad runs with that same time periods so people can get help. We've updated our social media on problem gambling awareness month. We're doing our positive commentary from our clients. Apparently 97.8% of our clients recommended our program and we are putting those positive comments on our social media outlets. We are also adding the gambling screening questionnaires. The questionnaire has three questions on the website. Mr. Ott shares that with the rebranding and the opening of BPGC we've spent a lot of money on promotional materials. We're going to put boots on the ground. They're going to get out to a lot of our local casinos with a lot of this new promotional material setting up tables and just reaching out to people in the community that way. I also secured bristleconeproblemgamblingcenter.org. We're rapidly working on have a gambling specific website for BPGC so we can place higher in search. It will be able to focus specifically on gambling with our new promotional website. PGC is going to make a big impact. Mr. Hartwell states that this is not strictly Problem gambling Awareness Month related is a presentation that I'll be giving later on in the month, March 23rd. Native

American Cultural Competency for behavioral health providers in rural communities that will be offered through CASSAT. I will be co leading that with Dr. Deborah Harry who is at UNR and is with the Pyramid Lake Paiute. A trauma and behavioral health issues related to that within the tribal communities. Taking advantage of the fact that it is Problem Gambling Awareness Month to talk about my own experience doing the problem Gambling Surveys and outreach in tribal communities several years ago. To talk about some lessons learned from the point of view of being a very white scientist coming to study the Indians kind of stereotype and how that was received. We will take that opportunity to share with all of those rural providers about resources on problem gambling in the state.

11. Public comment – *Alan Feldman, Chair*
No public comment

12. Adjournment - *Alan Feldman, Chair*
Chair calls for Adjournment 12:58 PM

On the internet – agenda and supporting materials

- **Department of Health and Human Services Nevada Division of Public and Behavioral Health (DPBH) Website**
  https://dpbh.nv.gov/Programs/ProblemGambling/ACPG/2022/2022_Meetings/
- **Nevada Public Notices:** www.notice.nv.gov

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