

Joe Lombardo  
Governor



Richard Whitley,  
MS  
Director



Cody Phinney,  
MPH  
Administrator

Ihsan Azzam,  
Ph.D., M.D.  
Chief Medical  
Officer

# Draft Advisory Committee on Problem Gambling Meeting Minutes

February 19, 2025  
1:00 pm

## Agenda:

1. Call to order/roll call

Chair Feldman called the meeting to order. Ms. Garcia called roll call and attendance meets quorum

Attendees:	Absent
<input checked="" type="checkbox"/> Alan Feldman	<input checked="" type="checkbox"/> Richard Taylor
<input checked="" type="checkbox"/> Shane Galster	
<input checked="" type="checkbox"/> Ted Hartwell	
<input checked="" type="checkbox"/> Connie Jones	
<input checked="" type="checkbox"/> Dr. Shane Kraus	
<input checked="" type="checkbox"/> Lesley Pittman	
<input checked="" type="checkbox"/> Denise Quirk	
<input checked="" type="checkbox"/> Stephanie Goodman	

2. Public Comment

No public comment was given.

3. For Possible action- Approval of Meeting Minutes for November 11, 2024, Alan Feldman, Chair

Chair Feldman asked for approval of the minutes, Denise Quirk moved to approve the minutes, Connie Jones seconded the motion. The motion to approve the meeting minutes for November 11, 2024, was passed unanimously.

4. Informational Advisory Committee on Problem Gambling and Work Group Updates

Discussion on Legislative Subcommittee Updates- Stephaie Goodman, Legislative Subcommittee Chair

Ms. Goodman stated the legislative subcommittee will be meeting with various legislators during the Problem Gambling Awareness Day which is on March 4, 2025. The committee will be speaking at the Finance Committee meeting for Senate at 8:00 A.M to bring awareness to the legislators on Problem Gambling and spread the knowledge of Nevada having resources for gambling addictions. Less than 1% of the population is receiving assistance when the projected prevalence is 6%.

Discussion on SB341 Appropriation Workgroup Updates- Alan Feldman, Chair

Chair Feldman stated three seminars have been given across the state, in Elko, in Reno, and in Las Vegas. A summary report is currently being generated, formatting and design is being completed by KPS 3. Chair Feldman stated an executive summary is being created to develop talking points for legislative visitors. The information for the executive summary was gathered via surveys. The surveys were sent out statewide. The questions had an 80% overlap, 20% of the questions differed per survey. The survey was not sent out by the Problem Gambling Committee, rather it was sent out by an individual pollster. The results of the survey mirror the committees' findings, the statistical variance was all within the error margin. Survey results also showed the largest percentage of people who knew someone with a gambling addiction were Hispanic. This could be a critical issue for Nevada since the last prevalence rates have now changed. The population of Spanish speaking individuals is vast, and the resources are limited for Spanish speaking counselors. To better engage with the community, materials such as videos and brochures need to be offered in Spanish, as well as English. Chair Feldman wants to bring focus on the production and distribution of the report that is currently being created. The remaining funding should be directed towards the advertising of the existence of the report.

Ms. Jones asked if the report is going to be shared with the audience at the Nevada Conference on Problem Gambling or the International Conference on Problem Gambling.

Chair Feldman stated he was unsure of the answer.

Ms. Jones stated she is on the committee for the International Conference on Problem Gambling. The report would be a great addition to the conference, given everyone is amendable.

Mr. Hartwell stated he agreed with Ms. Jones that the statement could be added to the state conference as well.

Ms. Pittman asked if Chair Feldman would be the spokesperson, as chairman of the ACPG, to reach out to the Capitol Press Corporations regarding the events on Problem Gambling Day on March 4, 2025.

Chair Feldman stated he agreed to be the spokesperson per Ms. Pittman's suggestion.

5. Informational Division of Public and Behavioral Health (DPBH) and Bureau of Behavioral Health Wellness and Prevention Updates (BWPH)

Discussion on Fiscal Reports- Paul Ripple, DPBH, Contracted Administrative Service Officer I

Mr. Ripple stated there are two categories, category 19 and 20, in the Problem Gambling budget account. Both are on track for the fiscal year. Category 19 is projecting a surplus, just over \$80,000. Category 20 is projecting to be fully spent. Kim Garcia is working with the board to utilize the full \$80,000 available in category 19.

Chair Feldman asked if the \$80,000 can be put forward to next year's budget entirely. Mr. Rippley responded stating the \$80,000 cannot be put forward into the next year's budget account.

Ms. Garcia stated that it is the end of a biennium, therefore the funds cannot be moved forward.

Discussion on Program Updates- Kim Garcia, BHWP, Social Services Program Specialist III

Ms. Garcia states that the agency is currently about 25% spent. The first quarter was slow, but spending is now increasing. SB341 has a balance of \$290,000 showing as available, these funds have been assigned to costs, just not officially spent at this time. Money spent from the \$290,000 is not currently reflecting the decreased available balance from the trip in Las Vegas or Problem Gambling Day. Billing will reflect accurate numbers once entered.

Ms. Garcia stated there has been collaboration with the SOR program to enhance the integration project.

Dr. Shane Kraus asked, Is the new organization she is working with a part of the Advisory Committee on Problem Gambling or is this a part of the state in a different capacity?

Ms. Garcia responded stating it is the State in a different capacity to help enhance the integration project into the opioid treatment centers.

6. For Possible Action- Discussion and Possible Approval of Department Reallocation and Recommendations for SFY24, Kim Garcia, BHWP, Social Services Program Specialist III, Problem Gambling

Ms. Garcia presented detailed updates on the budget and spending based on the SFY25 mid-year Problem Gambling Reallocation Plan chart, informing the committee that the table is posted on the website. In addition, Ms. Garcia suggested the unobligated amount is \$64,753. A suggestion is to keep a portion set aside for the Las Vegas Problem Gambling Center to be set aside in case unexpected costs arise, specifically with the Reno satellite location opening. Reallocation of these dollars can be discussed during the April meeting. Funding could possibly be reallocated to KPS3 for public awareness buys as well, stated Ms. Garcia.

Dr. Marotta stated a potential opportunity for spending unallocated funds would be expanding services including a possible expansion in Reno through the International Problem Gambling Center and the Nevada Council for Problem Gambling is being discussed. He also mentioned another potential opportunity for spending is to create a peer services program which would be funded between PG and State Opioid Response Grant as a joint effort collaboration. Dr. Marotta stated in the collaboration with SOR is a statewide license for EVIVE which is a harm reduction app, would allow for opportunities to incorporate PG into the app. Nevada Council for PG would spread the word to Nevada residents. EVIVE has the potential to be a conduit to other statewide services such as a peer services. The app allows for appointments to be set up, reminders to be sent out, strong community to be formed and moderated. The funding requested is \$25,000.

Chair Feldman asked if there is a separate list of recommendations of how to spend these funds?

Dr. Marotta responded informing that the SFY25 Mid-Year PG Reallocation Plan details the proposed spending plan. He also stated a different proposed plan for allocating the funds is to encourage providers to review the PG treatment manual to include the manual codes for wrap around services. The funds can be used in multiple ways, to include expenses such as clients getting bus passes for transportation to treatment centers. Currently the cap of services is 5%, this can be increased to 10% which would increase the cap to an estimated amount \$26,000. Dr. Marotta also stated another possibility for allocating the funds CASAT for their current internship

program hours not indicating an exact amount requested. One last idea brought forward by Dr. Marotta was that the committee could allocate funds to direct marketing.

Chair Feldman asked Ms. Garcia to reference a workforce to develop a waitlist regarding the reallocation discussion.

Ms. Garcia informed Chair Feldman stating the workforce development waitlist can be put under suggestions.

Ms. Ward stated clarification for the workforce development waitlist verses the scholarship program. Funding for CASAT's internship is under the academic program while the waitlist for the scholarship program is under the nonacademic program through CASAT learning. There are 7 scholarships available per calendar year. Ms. Ward has a list for individuals who are interested in the scholarship program, depending on eligibility.

Dr. Renwick stated there are currently 5 interns at various stages of completing their internships. The interns are currently placed within the behavioral health collaborative at different sites. Currently one of the newest sites, Nevada Athletics, is requesting universal screening on 460 athletes. It is anticipated interns will be busy with the workload. Interns are currently contracted from 4-8 hours per week. The request is to give interns more hours to work with each of the athletes and other populations through the behavioral health collaborative.

Chair Feldman asked Dr. Renwick for a scope and scale of the requested financial amount.

Dr. Renwick responded stating interns are currently paid \$25 per hour and \$34 an hour. \$34 per hour pay goes to interns that are post graduate interns who are also MFT and CPC interns. Interns are also paid fringe, \$2,500 per student for a 4-hour time period per semester.

Chair Feldman asked what the terms of spending would be before the end of this fiscal year, if the budget would be spent in time.

Dr. Renwick responded to Chair Feldman stating the students go year-round with only winter break. Meaning the budget for the interns would be spent.

Mr. Hartwell stated there is a student athlete problem gambling awareness program, SAGA The program is one hour long. Mr. Hartwell proposed including the program into the pathway to educate student athletes about the risk factors and available resources within the state of Nevada, specifically highlighting the risks and outcomes of gambling on sports, beyond what they know already.

Chair Feldman asked the committee for thoughts and questions on the reallocation proposals given.

Ms. Goodman stated that if the Reno satellite allocation does not require the entirety of the allocated funds, the funds can be used to convert a part time counselor to a full-time counselor with one peer specialist. There are concerns about the lack of service in Reno. Advertising is crucial to inform the community resources are available in Reno. If there are extra funds available to increase the wrap around service coverage from 5% to 10%, it would help decrease the amount individuals seeking treatment having difficulties getting to treatment locations. Ms. Goodman acknowledged the fact that she cannot vote on the decision to allocate the funds due to conflict of interest.

Ms. Quirk asked for clarification on the allocation discussion for preventative work that the Nevada Counsel may be increasing.

Mr. Hartwell responded stating the proposed \$30,000 is the reasonable amount for establishing the satellite location. These funds would be spent by the end of the year. There is the possibility of spending more if the funds are available, more details on the budget for needed funds will be available come April 2025. Funding could go beyond the initial startup process and be used for community engagement events and re-establishing relationships with tribal communities. The goal of the potential new satellite location would be to establish more educational programs within schools, tribal communities, and rural communities. The training curriculum current available is provided in both English and Spanish with coordinating subtitles, as well as other products such as the Student Gambling Awareness Program. The current educational resources for problem gambling given is outdated, the goal is to update the materials at hand. Mr. Hartwell has proposed using Del Sol High School's Cinema Arts Program to remake a more updated educational video to ensure relevance with the student and youth communities. Mr. Hartwell has been communicating with a legal guide, Judge Gall, Dayvid Figler, and Michelle Malkin for legal aspects of updating materials. A draft for the production and printing costs for an updated educational video and new pamphlets will be available in a couple of months.

Dr. Kraus stated the internship program should be considered for a funding increase.

Dr. Kraus stated early intervention in schools and discussion around adolescents would be a priority, specifically sports betting and other given trends amongst students.

Dr. Kraus stated there should be a conversation with CASAT regarding trainings specific to primary care doctors or physicians. The trainings should be free and available for all physicians as a CEU is not available. Trainings for primary care doctors and physicians can help to spread resources to untouched communities such as church communities and faith communities. Prioritizing this relationship could be critical in spreading awareness of available programs relating to problem gambling.

Ms. Jones stated that there are challenges with public awareness. Dedicating more dollars towards social media advertising and other advertising media could greatly benefit programs.

Ms. Dassopoulos stated more research needs to be done in uncovered areas such as casino workers, Spanish speaking individuals, and those identified as higher risk. Targeted and focused research should be done on more population varieties. Language barriers are not the only problem, as cultural differences can pose as a barrier as well. Casino workers are at higher risk for problem gambling, surveys and interviews should be conducted with these individuals.

Ms. Goodman stated the research on hand around college betting with college students and sports betting and college students is important information that needs to be utilized.

Ms. Quirk stated in preparation to make a motion, that a decision be tabled. Without KPS3 available during the meeting, there are still questions that could be asked regarding funding.

Ms. Garcia responded to Ms. Quirk stating it may be difficult to get contracting and buys in April completed and moving forward prior to June 30<sup>th</sup>, 2025.

Ms. Quirk stated it would be beneficial for KPS3 to review the meeting minutes to read the proposed spending options.

Chair Feldman asked that the motion be accepted with the recommended reallocations, leaving \$64,753 remaining to spend. Chair Feldman proposed separate conversations on how to allocate the funds. The proposed ideas total near \$250,000 of funds.

Dr. Kraus asked if the funding for statewide development peer services is related to the grant.

Ms. Goodman responded stating the app has peer support specialists to be a first point of contact. Individuals are able to access a person with a lived experience through the app. Fiscal years 2023 VS 2024 treatment numbers increased by 30% from first touch with a person who has a lived experience.

Dr. Kraus stated the understanding of the importance of peer support, referencing the VA's developed model of peer specialists that are not licensed clinicians. Dr. Kraus asked if the app, Evive, is a part of the program. Is the proposed idea that individuals at the center would be able to download the app for free and connect with peer services, is the person of contact a peer specialist, do they have a part in the center, do they have certifications?

Ms. Goodman responded stating there are currently two peer specialists who would be the point of contact through the app. A search for more peer specialists is underway. The app would provide statewide access to peer specialists through the app, as well as other centers' peer support specialists.

Mr. Hartwell asked if the cost of the problem gambling rioter could be covered as part of the process.

Dr. Kraus asked how much of the \$25,000 goes directly to the app and is the app subscription based.

Chair Feldman proposed the motion of accepting the department's recommended reallocations, leaving an unspent balance of \$64,753. Denise Quirk moved to approve. Dr. Shane Kraus seconded the motion. Stephanie Goodman and Ted Hartwell abstained. The motion passed unanimously.

Ms. Goodman responded stating the app was recently licensed for the state.

Chair Feldman stated that proposed currently is \$25,000 for peer services, \$12,500 to increase peer services for CSAT, and \$20,000 for research services in the Hispanic community.

Chair Feldman asked if there is a cost estimate for the research suggested by Andi Dassopoulos.

Ms. Dassopoulos responded stating the research costs for the Latino community is estimated to be \$20,000. Funding for research with casino workers would be a larger project and require additional funding but is estimated to be \$30,000 for the research for both communities.

Chair Feldman asked if it would be possible that the research project be completed before the end of the fiscal year.

Ms. Dassopoulos responded stating it would be possible for both proposed research projects be complete by the end of the fiscal year. On the team is a Spanish speaking individual who is experienced with community-based research projects.



Chair Feldman asked for questions, comments, and concerns about the three proposed items for funding reallocation. Moving forward with the approval of the motion would leave approximately \$7,253 left in the unallocated funds.

Ms. Quirk stated the proposed ideas make sense and Ms. Quirk looks forward to seeing the progress of the projects.

Dr. Kraus asked Ted Hartwell if there is a possibility to work with the high schools and students and to provide the schools and students with educational materials.

Mr. Hartwell responded stating there is a possibility to use leftover funds. Before determining absolutely, the new Reno location opening will need to advance to evaluate remaining funds. Currently, there is interest at schools with students reaching out independently. The video project with Del Sol high school is in progress. Indian Springs has also expressed interest.

Chair Feldman proposed the motion to approve the allocation of the funds to the three proposed projects. Ted Hartwell motioned to approve. Connie Jones seconded the motion. Stephanie Goodman abstained from the motion. The motion was passed unanimously.

7For Possible Action- Discussion and Approval of Request for Application and Timeline, Kim Garcia, BHWP, Social Services Program Specialist III, Problem Gambling.

Ms. Garcia stated there is a proposal of a request of applications going out for treatment. There is a proposal to launch the RFA on the 24<sup>th</sup> of February for treatment. Currently we have Bristlecone, New Frontier, Las Vegas Problem Gambling Center, and MHCC. Bristlecone is currently on pause. We are currently dwindling down and have very minimal treatment providers. It is the time to send out requests for applications and for the next biennium as well. The request for treatment applications will be going out on February 24<sup>th</sup>, 2025. The deadline for the questions is March 5<sup>th</sup>, 2025. The answers for given for the questions asked. The applications will go to reviews by March 26<sup>th</sup>. A committee will review the applications. Reviews will submit reviewed applications to the Bureau, leadership will make recommendations for the committee to go over. The goal date for meeting review is April 22, 2025. After review by the committee, it will go to the Bureau Chief for final decision.

Mr. Hartwell asked if organizations with interns will be able to apply while still working on certifications.

Ms. Garcia responded yes organizations will be able to apply while interns are working on certifications. As it reads in 458A, those who can provide services and interns are listed.

Dr. Marotta stated clarification for Mr. Hartwell's question, stating one of the agency requirements would be that they need to have a person that qualifies for a problem gambling treatment under the NRS, unless Mr. Hartwell was referring to peer services.

Mr. Hartwell stated that in his question he was referring to who is treating and has a license and is working towards their CPGC.

Dr. Marotta stated this is an opportunity to expand the number of family treatment providers in the state. Including emphasis on organizations that can provide services that are culturally specific and linguistically specific to Latino populations. A policy change regarding this RFP would be regarding residential problem gambling treatment services. Historically, individuals have sought

out treatment for substance use disorders or have been transferred to a gambling treatment after the completion of substance use treatments. Justification for having a residential treatment program, if in fact the individual's primary issue was substance use, these individuals should still be served to address their gambling issues. This could occur at the end of a substance use treatment and then an outpatient program can be utilized. Furthermore, the integration the discussion and coverage of gambling related topics and all residential addiction problems that is taking place with the integration project could be expanded as well. The suggestion is to not offer the RFP or to restrict the RFP. With current processes it is hard to justify spending those dollars. A different option is to change the description of residential gambling treatment, as it is tailored to individuals with a gambling disorder. Currently the residential gambling requirement is that these programs provide no less than 10 hours of problem gambling specific content per week. As of right now these programs are funded for about 21 or 23 days. Under the SAPTA specifications for a level 3.5 residential treatment has a requirement of minimum 10 hours. By increasing it to a minimum of 15 hours of gambling specific education, it would make it difficult for programs, such as Bristlecone and New Frontier, to find staffing to cover these many hours of residential treatment. The current demand is not that great, making it challenging to fill groups with individuals. In order to establish a group, there must be more than two individuals enrolled. Making the treatment more intense in residential services would be logistically difficult for the providers to do. Feedback from New Frontier states they have tried to find staffing to make this possible but have found it difficult to find certified gambling addition counselors, especially in the more rural areas in Nevada. Dr. Marotta stated his primary recommendation is to exclude residential gambling treatment from the application process, which means that we would lose service within the state. Before making this decision, the committee would need to go through the Committee on Problem Gambling, because it would represent a significant policy change.

Ms. Garcia stated the other item mentioned earlier with the Medicaid 1115 waiver for residential and for the 3.5 services the amount is \$340 per day, and we are currently paying \$185. Those that are eligible through Medicaid and those providers are also eligible to bill.

Ms. Quirk asked if intensive outpatient is the next step down.

Ms. Quirk asked Dr. Marotta if he has reviewed the minimum hours for intensive outpatient program. With New Frontier, if they had an intensive outpatient program that was funded, could it be provided to individuals who are sitting in residential treatment and then go to a different part of the building and do an intensive outpatient treatment in the same building.

Dr. Marotta responded stating that her suggestion is not allowable.

Ms. Robards, from New Frontier, stated there has been difficulty getting referrals. Most of the referrals came from Ms. Quirk at the Reno Problem Gambling Center in Reno prior to 2022. These referrals decreased since the center closed. When an individual has co-occurring disorders, such as substance abuse and gambling, treatment process is to stabilize from drugs or alcohol, then move to the gambling program. In Fallon, it has been difficult to get a certified problem gambling counselor.

Ms. Quirk asked for understanding on billing. If an individual comes for treatment for substance use with gambling secondary, would it be possible to step down the patient from residential treatment to IOP?

Ms. Robards stated that stepping individuals down to an IOP program would be difficult given not all patients are residents in Fallon.



Chair Feldman asked if there is benefit in leaving residential treatment as an option for applicants to apply for, and leave it to the review process to determine if they can provide those services, and is there a demand for those services?

Dr. Marotta stated it could be an option to leave in the RFP for organizations to apply. If so, it is recommended to change the minimum from 10 hours of treatment to 15 hours. There are opportunities to put more resources into these programs and integrating problem gambling into a broader approach.

Ms. Quirk stated there is Core treatment program in Louisiana, and it is their full-time business. Ms. Quirk asked Dr. Marotta to describe the process in Louisiana.

Dr. Marotta stated Nevada needs a program more like the one in Louisiana. The treatment center is specific to problem gambling, rather than treating co-occurring problems. Their funding comes primarily from the state. The RFP could be rewritten to state we are looking for someone to provide residential family treatment as a stand-alone program.

Dr. Kraus stated if the RFA is amended, the rewritten treatment hours should be increased from 10 hours to 15. A possible long-term goal would be in two to four years to have a free-standing treatment center. A necessity would be to get a provider, expand the treatment network, and engage with more people. Dr. Kraus believes generally, individuals tend to go to outpatient treatment rather than residential. Future increases in treatment most likely will be outpatient treatments, not residential.

Ms. Goodman stated it is difficult to get individuals to go into treatment centers for IOP. New trends show individuals under 40 years of age lack interest in attending treatment for 3 hours a day, 4 days a week. It is more difficult to reach younger generations with increasing usage in loot boxes, and online betting. Not all programs implement protections like Rich (Taylor) does with MGM. Residential is not as much of a priority as developing communication with younger generations is.

Chair Feldman asked for further comments and thoughts.

Chair Feldman stated there may not be a consensus at this time. Rather than eliminating a category entirely, the committee should wait for applications.

Ms. Quirk stated agreeance with Chair Feldman. There is a need for residential treatment for problem gambling, however it would be difficult to pick up Louisiana's processes and treatment programs and bring them to Nevada. Ten or 20 people in a building at the same time have a great cohort for treatment environment. The ultimate goal is to have a designated treatment center down the road but meanwhile implementing 15 hours minimum of treatment to measure up to what residential is as defined by SAPTA standards.

Chair Feldman stated there has been a majority of positive feedback supporting the proposal to increase the minimum treatment hours form 10 hours to 15 hours.

Ms. Jones stated Ms. Goodman had a valid point around the difficulty of reaching the younger generations. Online betting was mentioned, but sports betting was not mentioned. Based on what the Committee on Problem Gambling is sharing, the state of the industry in this is sports betting. Ms. Jones is pleased with Mr. Hartwell's educational work with the schools, but it is not reaching college aged individuals. Ms. Jones agrees that the younger generation will not be as receptive to IOP. It is ideal to reach the younger community via telehealth.

Chair Feldman asked for any further comments or direction on how Ms. Garcia and Dr. Marotta should proceed. To Chair Feldman's understating, an increasing the minimum treatment hours from 10 hours to 15 hours is a good idea, without presumptions.

Chair Feldman asked if residential should be removed from the treatment applications or if it should remain.

Chair Feldman asked if members would like to make a motion.

Dr. Kraus stated it sounds like the 15-hour increase could make it harder, decreasing the likelihood of responses, though the idea to keep it seems to remain.

Chair Feldman stated agreement with Dr. Kraus, but at the same time needs members in the treatment departments to disclose if Chair Feldman is missing something entirely.

Dr. Kraus stated the minimum can be kept in, but responses are unlikely due to improper infrastructure and demand based on populations.

Chair Feldman acknowledged his statement.

Dr. Kraus stated the change can be left in the RFP. The work will require two to four more years or intense work to get to all the people who are suffering treatment. It can also be taken out, Dr. Kraus does not think it is necessary, or it can be readjusted as needed. There is not currently a demand.

Chair Feldman stated recognition for Ms. Goodman's point, regarding the demographics change. The demographics skew younger each day. The younger generations are unlikely to be seeking the services currently being discussed.

Dr. Kraus motioned to maintain the increase to 15 hours of minimum treatment. Chair Feldman seconded the motion.

Ms. Quirk stated that she desires to add a piece of discussion of the ultimate "dream program" and what the program would look like.

Ms. Goodman stated there are ideas flowing and the work is in progress.

Chair Feldman stated they have a motion, the motion is to leave residential for the time being, to change the minimum treatment hours from 10 hours to 15 hours.

Chair Feldman asked if it is possible to get Ms. Garcia and Dr. Marotta to work on developing what the "dream program" would look like and what it is.

Ms. Quirk asked how it can be put out there that the request is "this is the program we want, is there someone that wants to do it?"

Chair Feldman requested "All in favor, say aye"

Motion passed unanimously.

## 7. Informational- Advisory Committee on Problem Gambling Governance

Committee Membership- Alan Feldman, Chair

Chair Feldman stated current terms expiring in July are the following: Alan Feldman, Denise Quirk, Connie Jones, Shane Galster, Dr. Shane Kraus, and Stephanie Goodman. The topic is brought up, despite the expiration being months away, if a member will not be reapplying.

Discussion of Position Statement or Show of Support Letter- Alan Feldman, Chair

Chair Feldman stated that it is currently the midst of session, members will be in Carson for Problem Gambling Awareness Day. Due to this, there is not currently anyone officially representing the Committee on Problem Gambling (ACPG), with the exception of Leslie. There needs to be acknowledgement that the members on the committee cannot speak for the committee.

8. Informational- Discussion of Scheduling Future Meeting Dates and Agenda Items, Alan Feldman, Chair

The next meeting will be held April 16<sup>th</sup>, 2025, at 10:00AM

9. Public Comment

Chair Feldman stated no action may be taken upon a matter raised under public comment period unless the matter itself has been included on an agenda as an action item.

Ms. Lana Robard stated there is a Behavioral Health Day at the legislator on February 25<sup>th</sup>, 2025, from 8:00AM-6:00PM. There is a reception planned across the street from the legislator. The restaurant is currently unknown, but Ms. Robard can get the details and share with members. The hosts are Behavioral Health Association of Nevada (BHAN). It is all things Behavioral Health, which included gambling and substance use and mental health and everything else. This is for those who are interested.

Ms. Jeanyne Ward stated I would like to advertise some upcoming PGA activities CASAT learning is involved in. First, our partners at the Nevada Opioid Center of Excellence are presenting the intersection of problem gambling and opioid use disorder on March 13<sup>th</sup> from 9:00-11:00. Dr. Kraus will be happy to know this is a free event.

Ms. Ward stated March 7<sup>th</sup>, 2025; Second Chances for Formal Diversion Court for Problem Gambling Disorder Defendants presented by David Figler from 12:00PM-1:30PM via Zoom.

Ms. Ward stated March 20<sup>th</sup>, 2025, Dr. Rory Reid will be presenting stress coping, suicidality, and problem gamblers from 9:00AM-11:00AM virtually.

Ms. Ward stated she has some exciting news from a colleague, Bianca McCall today that said she had submitted for the National Council on Problem Gambling to do a presentation in Ohio. Thank you, Ted, for that connection. Her presentation has been approved, and she is presenting on the Hidden Exploitation Pipeline, a Problem Gambling in Marginalized Communities. She will be doing a breakout session. I also wanted to express our excitement for the expansion here in Northern Nevada. Happy to have some, maybe other facilities to place interns and have some additional support from the Nevada Council. One last thing for you, Ted, that leads me to an event here in Northern Nevada that is happening on March 12<sup>th</sup> from 10:30AM-2:00PM in person. The Intertribal Council of Arizona Tribal Epidemiology Center Public Health Infrastructure public health group is having a meeting, and they have initiated CASAT to do a 90-minute presentation. They will be talking about all things at the university and CASAT. They have asked us to include problem gambling.

10. Adjournment – Alan Feldman, Chair

Chair Feldman adjourned the meeting at 2:07PM, February 19<sup>th</sup>, 2025.