2021 Problem Gambling Services Stakeholder Survey

Nevada Department of Health and Human Services (DHHS),
Department of Public and Behavioral Health, (DPBH)
Bureau of Behavioral Health Wellness and Prevention (BHWP)

February 16, 2021

In January 2021, an electronic survey was fielded by BHWP Problem Gambling Services. The survey link was send using BHWP email list serves to Problem Gambling Service stakeholders and Substance Abuse Prevention and Treatment Agency stakeholders. The survey was designed to inform strategic planning for Problem Gambling Services and included 23 questions. The following report contains the responses from the stakeholders who submitted a completed survey and brief summaries of key question findings.

Survey Respondents

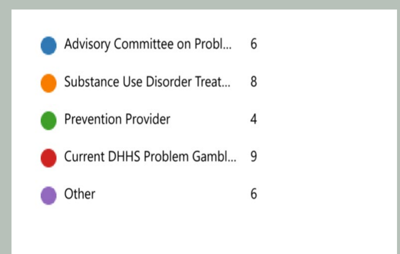
Stakeholder Group / Positions, Duties

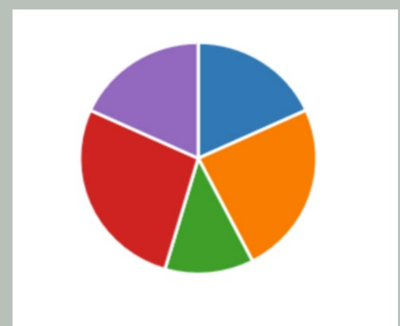
- Current DHHS Problem Gambling Service Grantee
- Advisory Committee on Problem Gambling;
- Advisory Committee on Problem Gambling; Current DHHS Problem Gambling Service Grantee ;
- Problem Gambling evaluations and counseling;Substance Use Disorder Treatment Provider ;
- Current DHHS Problem Gambling Service Grantee ;
- harm reduction;Substance Use Disorder Treatment Provider ;
- Gambling Court program;Advisory Committee on Problem Gambling;Current DHHS Problem Gambling Service Grantee ;
- Substance Use Disorder Treatment Provider ;Current DHHS Problem Gambling Service Grantee ;
- Prevention Provider;
- Substance Use Disorder Treatment Provider ;
- Current DHHS Problem Gambling Service Grantee ;
- Substance Use Disorder Treatment Provider ;
- Civic Organizations;Prevention Provider;
- CCBHC;Substance Use Disorder Treatment Provider ;Current DHHS Problem Gambling Service Grantee ;
- Substance Use Disorder Treatment Provider ;
- Advisory Committee on Problem Gambling;
- Advisory Committee on Problem Gambling;Prevention Provider;Current DHHS Problem Gambling Service Grantee ;
- Recovery / Lived Experience;Advisory Committee on Problem Gambling;Prevention Provider;Current DHHS Problem Gambling Service Grantee ;
- Substance Use Disorder Treatment Provider ;
- Substance Use CounselorResearcher
- Distinguished Fellow.
- CEO and Clinical Director of non - profit outpatient treatment center
- I am a Nevada State and Internationally Certified Problem Gambling Counselor
- Work with patients clinically with gambling problems
- Gambling Treatment Diversion Court (GTDC) coordinator. Provide coordination and case management for the court program. Track data, stats, and program policy and procedures.
- Finance & Operations Director
- Training Coordinator of the Parenting Project which provides parent education programs. Problem gambling impacts families, parents, and their children.
- Executive Director and Licensed Alcohol & Drug Counselor - Supervisor. No duties related to gambling, as we refer out to qualified professionals in the community.
- Grants Manager
- Forward pertinent information I receive to my colleagues at Nevada Coalition for Suicide Prevention
- Executive Director
- Conduct biopsychosocial assessment related to substance use disorders. Provide education on potential manifestations of substance use disorders to include problem gambling. Provide referrals to treatment if necessary if problem gambling is present
- International Certified Gambling Counselor
- DRI - Research-related activities, and NCPG - Community engagement/outreach/training/prevention (as a consultant)
- Executive Director

Key Take-aways:

The respondents represented a variety of stakeholder groups, suggesting the sample was a good representation of problem gambling services stakeholders.

Importantly, this sample included individuals directly funded by Problem Gambling Services and representatives from allied addiction treatment professionals, such as substance abuse counselors and administrators.





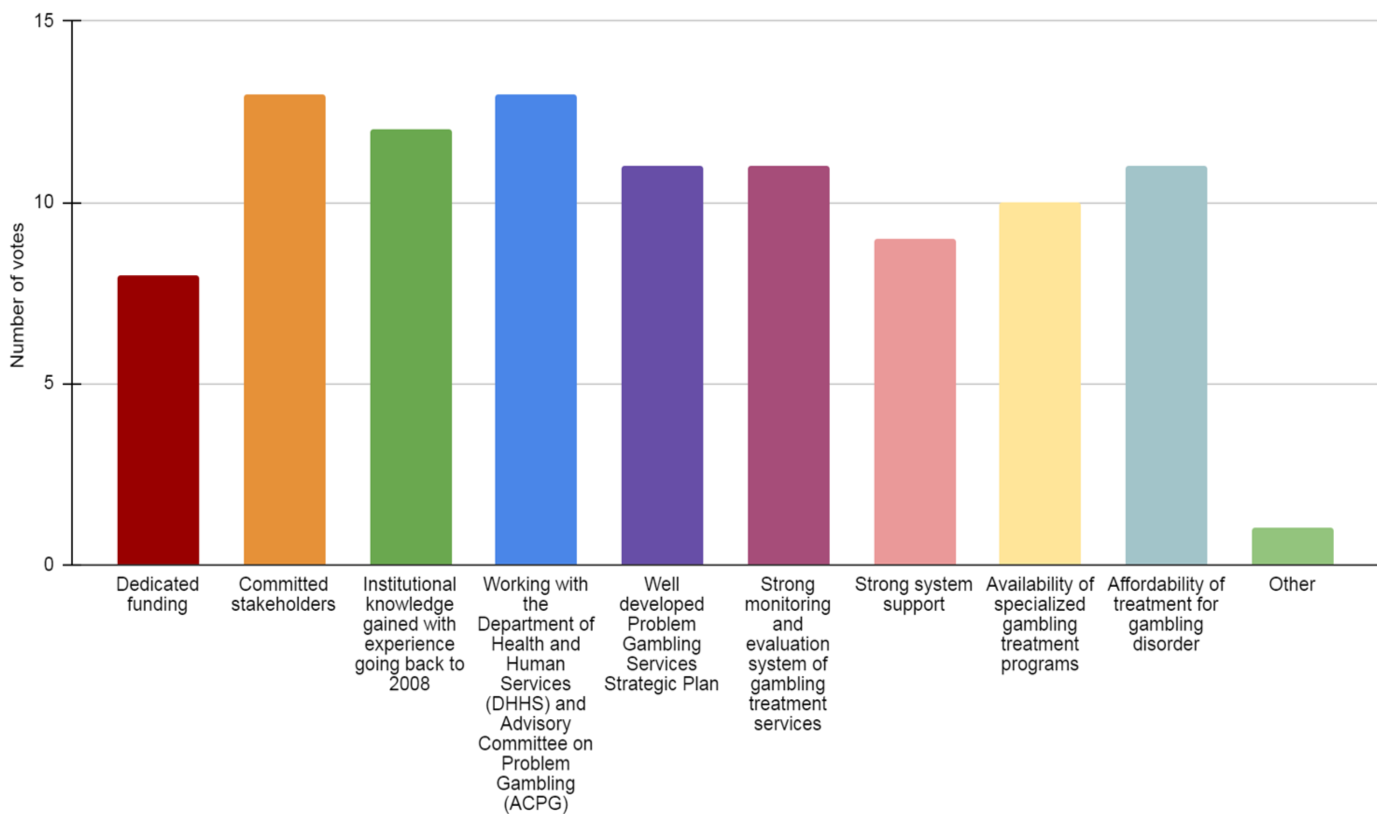
Service Region or City:

- UNLV
- Statewide
- Nevada (in-person and telehealth)
- Sparks, Nevada
- Las Vegas
- Las Vegas
- Clark County, NV
- Reno Nevada, Washoe County
- Clark County
- Reno
- Fallon
- Nevada
- Churchill County, Fallon, all of Nevada
- Las Vegas
- Las Vegas, NV
- Las Vegas, and sometimes rural communities
- Statewide service region/ office located in Las Vegas
- Reno, Nevada

Key Take-aways:

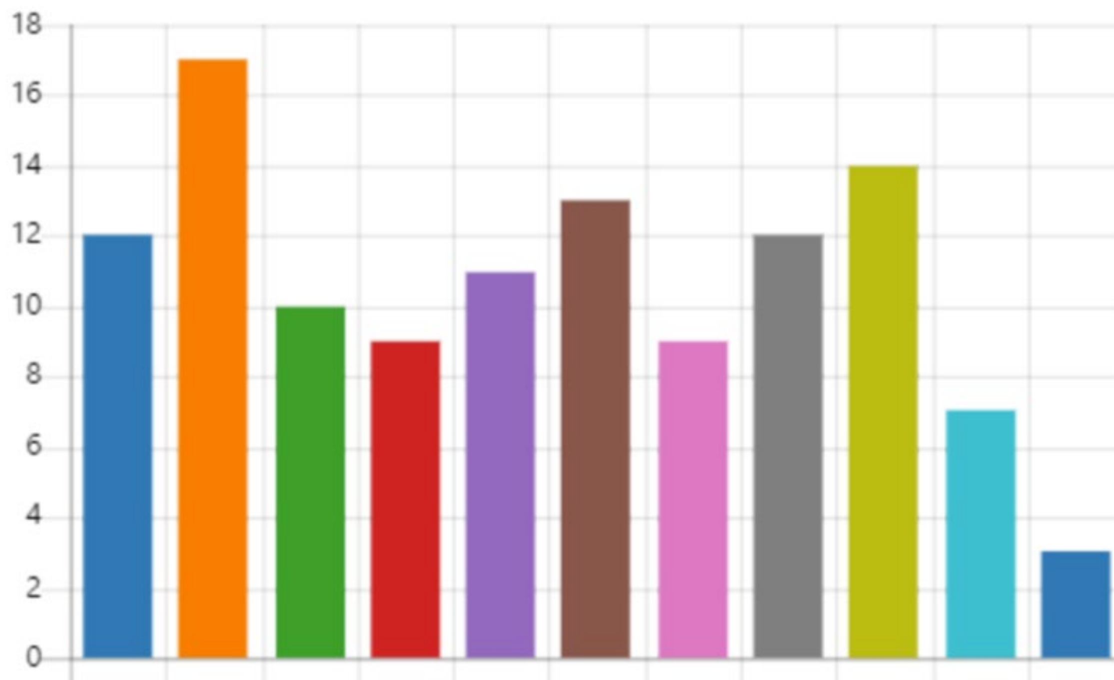
The survey responses represented broad geographic diversity within the Nevada. The respondents were from northern Nevada, southern Nevada, and rural Nevada. The geographic region with the largest number of respondents were from the Las Vegas metro area.

Thinking about DHHS supported problem gambling services system, what do you view as the system strengths?



What do you view as the greatest service gaps in the problem gambling services system?

Response	Count
Inadequate funding	12
Lack of public awareness	17
Underutilization of gambling t...	10
Insufficient number of speciali...	9
Insufficient number of proble...	11
Lack of qualified problem ga...	13
Lack of culturally appropriate ...	9
Underserved rural communities	12
Poor integration of problem g...	14
Lack of research in Nevada	7
Other	3



What are your suggestions for ways to address these gaps?

Key Take-aways:

The most common suggestion for addressing service gaps was to increase program funding. This was followed by actions to expand and support the workforce. Another popular suggestion was to invest more into public awareness campaigns targeted efforts to the general public, policy makers, and behavioral health care workers. Investing in research was another area suggested to address service gaps.

- Better state -level advocacy.
- A commitment between the Department of Public Health and the ACPG to collaborate on ways to expand services, increase the number of patients in treatment, create more stable funding and increase awareness across the state of PG as a mental health issue.
- Adhere to the current Strategic Plan; Continue working with SAPTA to create integrated behavioral health services (perhaps changing the name of SAPTA to fit behavioral health issues); Provide sufficient funds to maintain and grow the workforce; Provide sufficient funds to educate and improve relations with all health providers through existing models provided by the Nevada Council on Problem Gambling's outreach, conferences and previous methods of incentivizing workforce training and collaborative efforts; Provide sufficient funds to support CASAT's work with the Board of Examiners for Alcohol, Drug and Gambling Counselors to do the work of inviting, training, and maintaining an expert field; Provide sufficient funds for UNLV's current and former gambling research and outcome studies to continue, resume, and expand our state's unique ability to provide research that fits a unique state such as Nevada who has one of the nation's highest gambling rates in its population.
- Treatment funding, education and training for more Problem Gambling Counselors.
- Research and opportunities to network
- Advertise the need for problem gambling and how to become certified or licensed.
- Lack of providers and lack of funding or insurance reimbursements for problem gambling counseling services.
- Need more Supervisors and allow supervisors to oversee counselors from other facilities. That is the biggest problem

What are your suggestions for ways to address these gaps? Cont.

- Prevention and public awareness are tied together. Increasing awareness and addressing the prevention of gambling related issues together especially in the younger population can enhance longer -term outcomes.
- Launch a public awareness campaign, especially in states where gambling is legal. Incentivize obtaining a gambling certification with SUD counseling.
- Have dedicated funding from the state or federal government that providers can depend on when building their practices. Outreach exiting substance use and mental health providers in rural communities to determine their needs for incorporating Gambling treatment services in their practices. Advertise the state funding that is available for problem gambling treatment for only a $10 copay, and the state approved grant recipients where these services could be attained. Provide educational materials detailing the requirements and available resources to existing certified/licensed substance use and mental health counselors for certification for problem gambling counseling. I would also include the information regarding the present reimbursement rate for supervision services provided to the state problem gambling grant recipients.
- fund more public awareness ads and fund more treatment
- Creating Educational billboards statewide; creating Social Media educational notices; More obvious signs throughout casinos; Partnering with Non -Profit coalitions on television PSAs and on local news programs.
- If the gambling dollars were not always on the top of the cut for legislators, we could actually grow the provider agencies, increase the number of gambling interns, and provide more public awareness campaigns.
- We need an inpatient problem gambling treatment in Las Vegas.
- Funding drives all the other areas, of course. Continuing to focus on ways to achieve adequate funding (pandemic impacts notwithstanding!) that is predictable both in funding mechanism and amount is critical.
- Funding used to be dedicated and secure. It is no longer secure and relies on the whim of the legislators to decide the amount (if any) every 2 years. First, we need DHHS/DPBH to recognize and advocate that the gambling service system is as important as the SUD system in terms of how ESSENTIAL these services are to the people of Nevada. Even though we are funded differently, PG and SUD are living in the same house under DPBH and we need their buy in and support of what we do. Next, it is crucial to find legislators that can be educated and hopefully understand and advocate for problem gambling services as well.
- Application and licensing process was made easier.

Problem Gambling Integration Stakeholder Survey Findings

Need Ratings

On a scale of 1-5, rate the level of need to improve upon the capability of SUD treatment programs to address gambling related issues?

1 = no changes needed,

3 = moderate needs,

5 = critical needs

Number of responses: 19

Average rating: 4.05

Range: 2-5

% Rated 4 or 5: 84%

Concerns about initiatives to better integrate assessment and treatment of problem gambling into SUD treatment programs

- Incentives for programs and personnel to be motivated to learn what experts in gambling treatment delivery services in Nevada can offer as well as opportunities to become certified or add paid supervision and internships: in other words, if there are funds available, agencies will be more interested in participating.
- Our data doesn't suggest high co-occurring SUDs with problem gambling among the patients we see.
- Problem gambling counseling training should be integrated into all addictions counselors training and licensures rather than being so separated as a licensure. There is a lack of CPGC's because of the extensive additional training and requirements. There should be better integrated training programs so that counselors may be able to better get the CPGC credential.
- Seems like re-inventing the wheel. We already have specialized centers to address gambling disorders. Why add more to SUD providers?
- Even though I consider this a critical need, there still needs to be some latitude, and I would also think that it is critically important to address the comorbidity between mental health and gambling disorder. We also receive some clients that only have issues resulting from problem gambling.
- Need more certified and licensed drug and alcohol counselors trained in gambling treatment
- Since I am a mental health, substance use and disordered gambling agency, I fully support more integration with SUD treatment programs for a variety of reasons. It may well help with the funding issue at some point also. Our focus is to assess and treat the whole person while they are engaged in services at New Frontier. Help to us was being able to integrate psychiatric, medication management, primary health, treatment and all recover supports into our residential programming.
- We need to make sure that we don't stop with the need to better integrate assessment and treatment of PG into SUD treatment programs, but also ensure that clients undergoing treatment for SUD receive PG education/prevention-related materials and discussions, regardless of whether or not they are assessed as having a current or past gambling disorder.
- My concern is that integration can't happen if SUD treatment programs don't want it or don't understand the need or value of doing it, so there is no motivation.

What suggestions do you have as to how to develop the capacity of SUD treatment programs to most effectively and efficiently integrate the topic of gambling into their services?

- I am concerned that the current requirements for certification as a CPGC are too onerous.
- Use what Dr. Jeff Marotta and other national experts have found and integrate those ideas into Nevada - specific needs and wants in SUD agencies, while connecting the Governor's Advisory Board members to use as advisors and helpers. Having a legislative subgroup, which the ACPG has, will be helpful along with the DHHS' and Governor's and SAPTA's involvement to achieve a collaboration swiftly.
- At a minimum, SUD programs need to be screening for GD and referring to qualified providers.
- Make certifications for SUD and problem gambling one certification. It would be easier for interns to integrate and learn both instead of going through one internship and then starting another.
- Training, CEU opportunities. Funding and insurance reimbursement for problem gambling services so that treatment programs are more willing to include problem gambling services.
- I think gambling and mental health disorders are better addressed by qualified professionals who choose to take on those specific areas. Don't try to make all programs one size fits all?
- Reach out to those providers directly, as described above, to inform them of their options and the benefits for them and their clients.
- Continue to fund gambling treatment through SUD programs and support training of the SUD counselors in gambling treatment. Massachusetts has done this.
- Invite Casinos and Pubs to join the effort. Post the information in restrooms (similar to Human Trafficking information that is posted in restrooms).

Key Take-aways:

The most common suggestions for addressing service gaps were:

- Increase program funding.
- Expand and support the workforce.
- Invest more into public awareness campaigns with targeted efforts to the general public, policy makers, and behavioral health care workers.
- Invest in research.

Suggestions you have as to how to develop the capacity of SUD treatment programs to most effectively and efficiently integrate the topic of gambling into their services? CONT.

- I firmly believe that if they are interested in offering these services, then they must have adequate training on the topic before they get their endorsement.
- In my experience it has been helpful to present problem gambling during discussions on cross-addiction or manifestations of addiction related to substance use disorders. This opens a conversation about problem gambling and allows for discussion.
- Adding additional questions about problem gambling.
- Provide specifically targeted funds for SUD treatment programs to include this information within their treatment regime/curriculum. Encourage collaboration with organizations like NCPG that already provide this type of service. Encourage increased peer-recovery support opportunities for engagement in these areas.
- See my previous suggestion in answer to question #9. Start by identifying a small group of interested and willing SUD providers who WANT to do this. Work collaboratively with the PG providers to first develop an efficient process for training their staff to implement gambling screening & referral. Then work with the SUD providers to equip and support them in doing it. There has to be regular monitoring and mentoring of their efforts to be sure they are actually doing it as trained and becoming more competent as they gain experience. Training should include discussion of stigma, definitions of gambling, review of agency policies related to gambling to address biases or stigma. Most importantly this process has to engage the SUD providers and agencies with PG providers so they become CONNECTED to this field. If they don't, the topic of PG will be just that - an 'extra' thing that will easily and quickly fall off the radar when there's a staff or management change, or another more financially lucrative issue to address. If that happens, we need to honestly assess why and not assume that it's because we failed. Not everyone will want to do this or be good at it. That's ok. We don't need everyone to do it. We just need the ones who can, and will, to do it consistently and for the best interests of their clients to get the treatment and services they need. The priority has to be quality of services not just quantity.
- Funding needs to be available

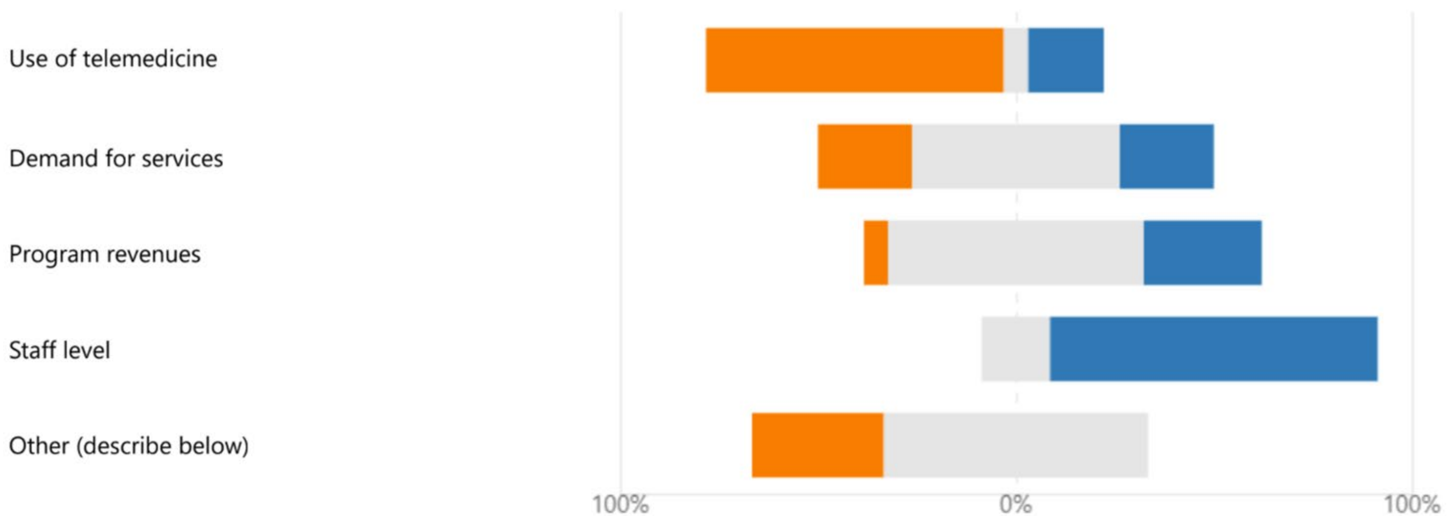
How has COVID 19 impacted the services you provide

Key Take-Aways:

Most of the survey participants reported the COVID -19 pandemic has impacted services in the following ways:

- Increased the use of telemedicine
- Decreased demand for services
- Decreased program revenues

Most of the respondents reports that Post-COVID they expect their use of telemedicine to increase from pre -COVID levels but used less than now/during pandemic.



Key Take-aways:

Survey respondents offered several suggested changes that need to be made to state rules, policies, or practices to better accommodate addiction prevention and/or treatment in the post-COVID environment. The most common suggestions were:

- Make the temporary rule changes for telemedicine permanent
- Increase ease of access for counselors to be certified as CPGC
- More attention and resources for prevention and research

What changes need to be made to state rules, policies, or practices to better accommodate addiction prevention and/or treatment in the post-COVID environment?

- There should be some consideration for accepting out-of-state certification for treatment providers utilizing telemedicine;
- 1. With acknowledgement of existing laws to protect the public, apply NAADAC-style electronic ethics to Nevada (see section 6 of the NAADAC code of ethics for electronic delivery of services) and establish telehealth in the NRS 641 as needed to allow CPGC's, CPGC-Interns and CPGC-Supervisors to use telehealth for delivery of services and supervision as well as training as it is currently being used by many other states.

  2. Those who are already using this (such as RPGC staff) could work with policy-makers, behavioral health providers and people interested in obtaining the gambling grant in the future to become more acquainted with what works, how we and others have adapted, and to assist in any collaboration. With that, hopefully more will want to join in the needed changes voluntarily.

  3. Experts such as the Nevada Council on Problem Gambling can be useful in many ways, yet of course, funding is needed...so whatever ways it can be made clear to policy makers that we are all doing our work plus much of this is additional time spent because we are passionate about it and would like the state to provide venues and methods for the meetings to occur and supportive folks to get the word out, for example, as is already being done with DHHS staff familiar with our particular needs. Thank you! (Please don't change what's already working really well!)

What changes need to be made to state rules, policies, or practices to better accommodate addiction prevention and/or treatment in the post-COVID environment? CONT.

- Responsible gaming throughout the state is inadequate in small venues (grocery stores). For example, patients asking for self-limitation and people at grocery stores and gas stations do not know anything. State-wide self-exclusion program. Easier ability for providers to get certified as problem gambling counselors. Funding for research is scarce. If decisions are to be informed, we need empirical research to guide policy and decision making.
- Promoting harm reduction as a strategy. Continuing to have access to Zoom meetings for NA, AA, etc. for people that may not be able to join in person groups. Normalizing telehealth for patients who have difficulty getting into a treatment office. Promoting Peer Recovery Specialists certifications and additional training programs.
- Including telehealth and telemedicine services in programing, training/licensure requirements, and funding and insurance reimbursements. More virtual training and CEU opportunities.
- More quality providers who are licensed/certified by the state?
- Teach coping skills more to all age groups. Step away from devices, increase exercise, blow bubbles, learn crafts, read fun books.
- The telehealth/Medicaid rules established during covid should remain across the country.
- Adding education in schools.
- Sustainable funding formulas; increased access to telehealth resources/training for socioeconomically disadvantaged groups/elderly; targeted opportunities for youth prevention activities, especially in gambling disorder *and* gaming disorder.
- We need the Board of Examiners to lift the restriction that CPGC-Interns can only be supervised by a CPGC-S that works in the same location. There needs to be a compromise and change to the requirements that will allow a CPGC-Intern to get their practical experience and supervision utilizing a duly licensed onsite clinical supervisor and a CPGC-S via electronic means plus onsite visits to the agency where the intern is employed.
- Available funding streams statewide

As a current ACPG member, what modifications can be made by DHHS to better support the ACPG and your involvement?

- More collaboration, specifically engaging in planning and discussing program and policy needs in advance of legislative sessions.
- The ACPG needs to generate outputs such as a list of recommendations more formally handed to governmental agencies.
- Need to arrange for annual meeting with leadership in DHHS and Governor's Office to present an annual state of the state of problem gambling related issues.
- Need formal outreach to Gaming Control Board and Gaming Commission.
- Develop materials about what the ACPG does and current projects. Consider creating a budget for ACPG via budget line in UNLV contract. Another way to expand outreach and impact of ACPG is for ACPG to take more position statements. i.e., position about cashless gaming, online sports betting, etc.
- Addiction counselors and CPGCs should be recognized by DHHS as other mental health providers for funding, reimbursement, and credentialing.
- Additional workshops.
- Encourage regular participation by upper-level administrators associated with the SUD world to encourage greater cross-pollination between the two areas. Consider discussing adding "gaming" into the mission, and what that might entail.
- Please maintain the current methods of pre-meeting planning, collaboration and learning together. We have made great strides with a consistent and caring DHHS staff, thank you. I hope to have a seamless communication of needs/wants going into the legislative time to avoid anyone being left without support, from DHHS to others who will want to speak and be involved in changes at the legislative level. I realize this means working long hours and texting/calling as needed, which I am always open to doing along with DHHS. The connection with the Governor's office has been important, thus we appreciate communication remaining available in both directions, and who is recommended for us to speak with should we want to have a quick discussion about our suggestions. I greatly appreciate that while we are a small but mighty force, the ACPG needs to be informed of personnel or other government change so we can adjust and assist, and to date we have had that. If there will be ways to "meet and greet" and assist in the changing dynamic of pandemic meeting methods, we are all willing and grateful for opportunities to be heard as well as to learn.
- The by laws currently restrict the ACPG to no more than 6 meetings a year. I think the ACPG should modify the bylaws to remove that restriction or increase the number of meetings to no more than 9. We need the flexibility to hold meetings as needs arise, or to have opportunity to meet more often such as during the legislative session and grant RFA / allocations.

As a current DHHS Problem Gambling Services grantee, what modifications can be made by DHHS to better support your program's success?

- RPGC greatly appreciates having clinical, technical, and administrative representatives to work with for all of our needs to keep the grant flowing smoothly. Audits with someone such as Dr. Marotta, Andi Dassopoulous, and Kim Garcia as well as representatives from the accounting department have been helpful each year, and we hope that level of expertise and caring will continue. Without hands-on meetings, we may not be able to best serve our clients and continue our good collaboration with the State. I am hopeful the budget/planning will include in-person visits with those who are gambling experts/gambling-focused as a method of maintaining understanding and efficiency. Should SAPTA become more behavioral in nature and involved in our audits in the future, I am hopeful a weaving together of people long familiar with the way we have successfully done the gambling grant supervision will also continue.
- Continued allocation of funding for curriculum development that can be shared with all grantees. We received some funding for this that was very helpful. Interview notes: advocates curriculum development for dealing with aspects of recovery, such as coping with cravings. Client curriculum.
- Increased funding for treatment and ancillary services.
- Recognizing gambling, substance use and mental health as co-occurring problems for our clients and provide the funding and educational support needed.
- Second-hand comment, but whatever can be done to streamline grant application/reporting requirements is always appreciated!
- More communication, less reports. It seems redundant to complete and submit our Quarterly Performance report and then be asked within a few days or a week to provide another written report of basically the same information to be presented at the ACPG meeting. I would prefer to give a verbal update at the ACPG meeting if something has happened since the quarterly report was submitted, and then answer any questions they may have about our programs.

Is there anything else that is important for the evaluator or for DHHS to know?

- The Department needs to better coordinate with the ACPG in front of legislative session. The ACPG needs to know of bills being drafted, be involved in the legislative concept process, and be brought into bill analysis.
- More funding and public information that there are services available.
- Just allow supervisors to oversee therapists from other programs.
- Make the certification process for gambling counselors shorter and easier to obtain, if one already holds a SUD license.
- We need to reach all the underserved populations across the state. Nevada has many really small towns, and no matter how small and in the absence of all other entertainment, they always have a bar and a place to gamble.
- Groom more providers, provide advertising/prevention monies and find other funding sources to be able to assist.
- Inpatient Treatment in the Las Vegas area.
- I appreciate the sense of greater collaboration and involvement of the department and other stakeholders that seems to have emerged since the 2020 Special Session, and I hope that continues moving forward!

Is there anything else that is important for the evaluator or for DHHS to know? CONT

- Research was the first thing to go, then prevention, when budget cuts have happened since the ACPG and the grant process began in 2005. Without real numbers, our legislators and citizens can't possibly understand the needs our people affected by gambling disorder and our professional workforce have. Originally, the ACPG found treatment to be paramount, for gamblers and families, and we have kept that without fail since we began. Then prevention, a healthy research program for outcome studies as well as a support to learn about and incentivize workforce development and data management programs unique to problem gambling were created. Ultimately, the ACPG turned its attention to public awareness to bolster what good we do. We need all of these pieces fully functioning! Should our funding be scrutinized, I simply want to point out that Nevada is unique and the needs of our population include understanding and support in all areas in order for us to work properly. Having a voice at all the budget tables who understands that is imperative. Thank you DHHS for continuing to learn about us and support us and the health of Nevada.

- Please be mindful of the significant trauma of COVID. None of us are functioning "normally" while this pandemic rages on. All of us are human and are managing the stress and uncertainty of this with concern for ourselves and our family's health, safety, and sanity. We are all grieving a loss of some kind, and many are still facing losses yet to come. We are all feeling emotional and mental fatigue and a profound sense of disconnectedness that can't be resolved through email or a Zoom meeting. All the technology in the world cannot replace a handshake, a smile, a personal conversation, or a hug.

  Please don't lose sight of that as you plan ways to "improve" services. We are the humans who do the work, and we are weary. Focus first on practical and attainable improvements that will help us steady the ship and sustain what we've worked so hard to build, particularly securing adequate funding. We may not be able to move as quickly and decisively as we would like to right now, and new initiatives and strategies may require more time to be developed than we previously would have thought. We are still moving forward; we just can't predict the speed or distance we can go. It's one foot in front of the other, one step at a time, one day at a time.