

# STATE OF THE STATE – PROBLEM GAMBLING SERVICES IN NEVADA

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Gambling

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Las Vegas

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- Data to be shared drawn from the following works:

## The Nevada Problem Gambling Study: Follow-Up Research

October 1, 2016

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## 2016 NATIONAL SURVEY OF PROBLEM GAMBLING SERVICES



May 2017

Prepared by Problem Gambling Solutions, Inc.

Prepared for:



Nevada Department of Health and Human Services  
Office of Community Partnerships and Grants  
Problem Gambling Services



## DHHS Problem Gambling Services 2017 –2019 Strategic Plan

Approved by  
DHHS Advisory Committee on Problem Gambling

May 19, 2016



Department of Health and  
Human Services  
*Helping people. It's who we are and what we do.*

Treatment Satisfaction and Perceived Improvements in the Lives of  
Problem Gamblers Receiving State-Funded Treatment in Nevada

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WILLIAM F. HARRAH COLLEGE OF HOTEL ADMINISTRATION

# OVERVIEW

Program Background

Nevada DHHS Problem Gambling Services Strategic Plan

Prevention Efforts

Problem Gambling Treatment Data

- Demographics
- Gambling behaviors
- Personal Losses and Comorbid Addictions

System Changes and Challenges

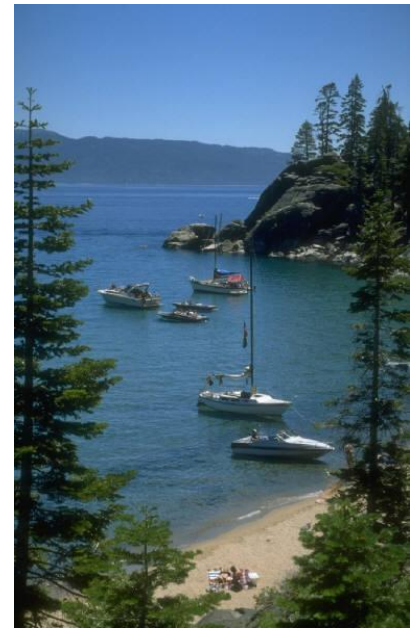
# LEGISLATED RESPONSE TO PG



In 2005, the Nevada State Legislature created an account for the prevention and treatment of PG

- Approved a \$2 quarterly fee on each electronic gaming machine
- Department of Health and Human Services (DHHS), Office of Community Partnerships & Grants, tasked with administrative oversight for these funds
- Governor appointed Advisory Committee on Problem Gambling (ACPG) was created to advise DHHS

# PROGRAM BACKGROUND



After the first round of awards it became clear to the ACPG that strategic plan was needed.

In 2009, a five-year statewide problem gambling **prevention** strategy was adopted by DHHS following ACPG approval.

In 2011, a five-year statewide problem gambling **treatment** strategic plan was adopted by DHHS following ACPG approval.

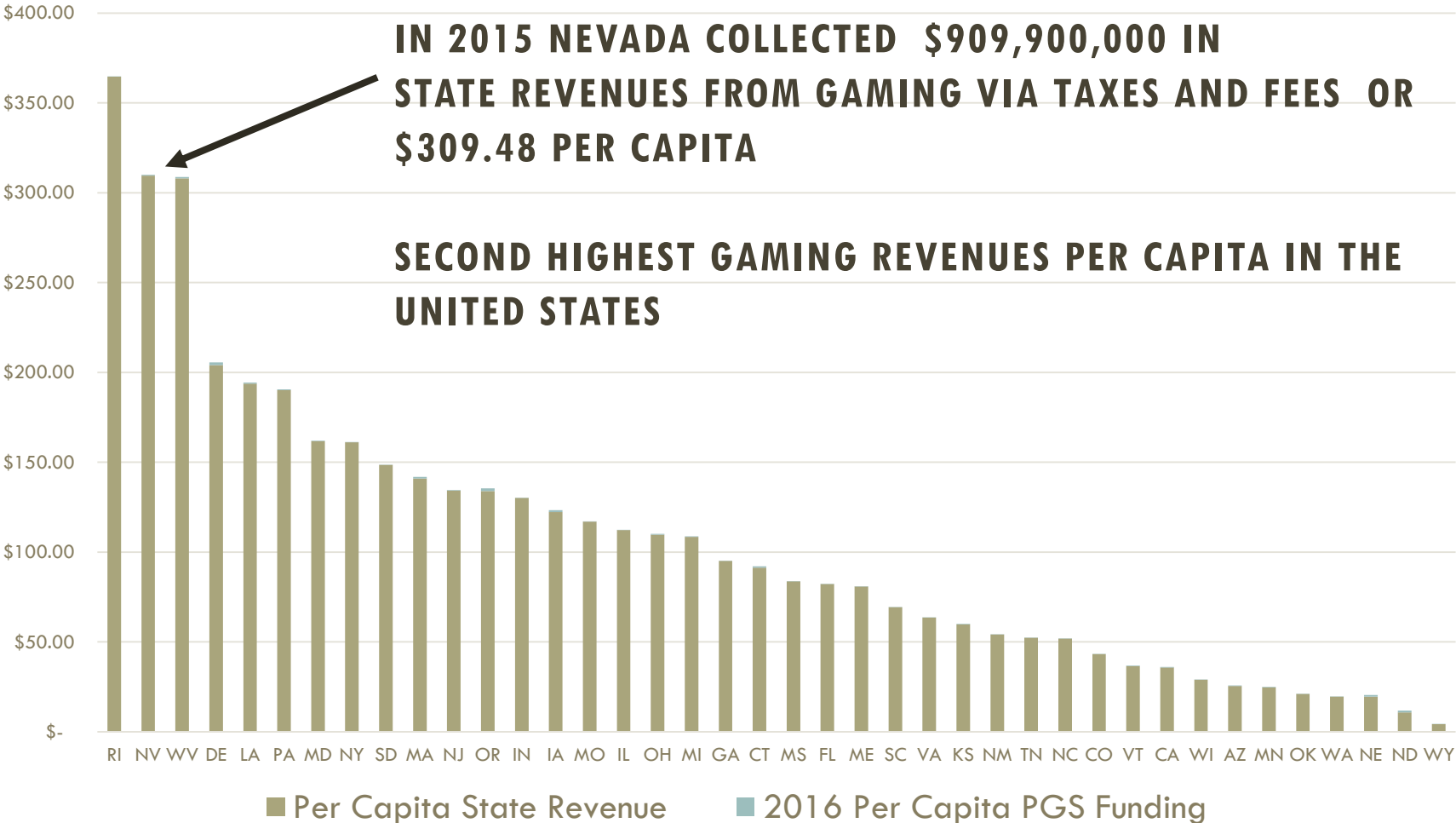
In 2016, the current three-year Strategic Plan was adopted that combined **all aspects of the problem gambling service system.**

# THE DHHS PROBLEM GAMBLING SERVICES STRATEGIC PLAN INCLUDES:

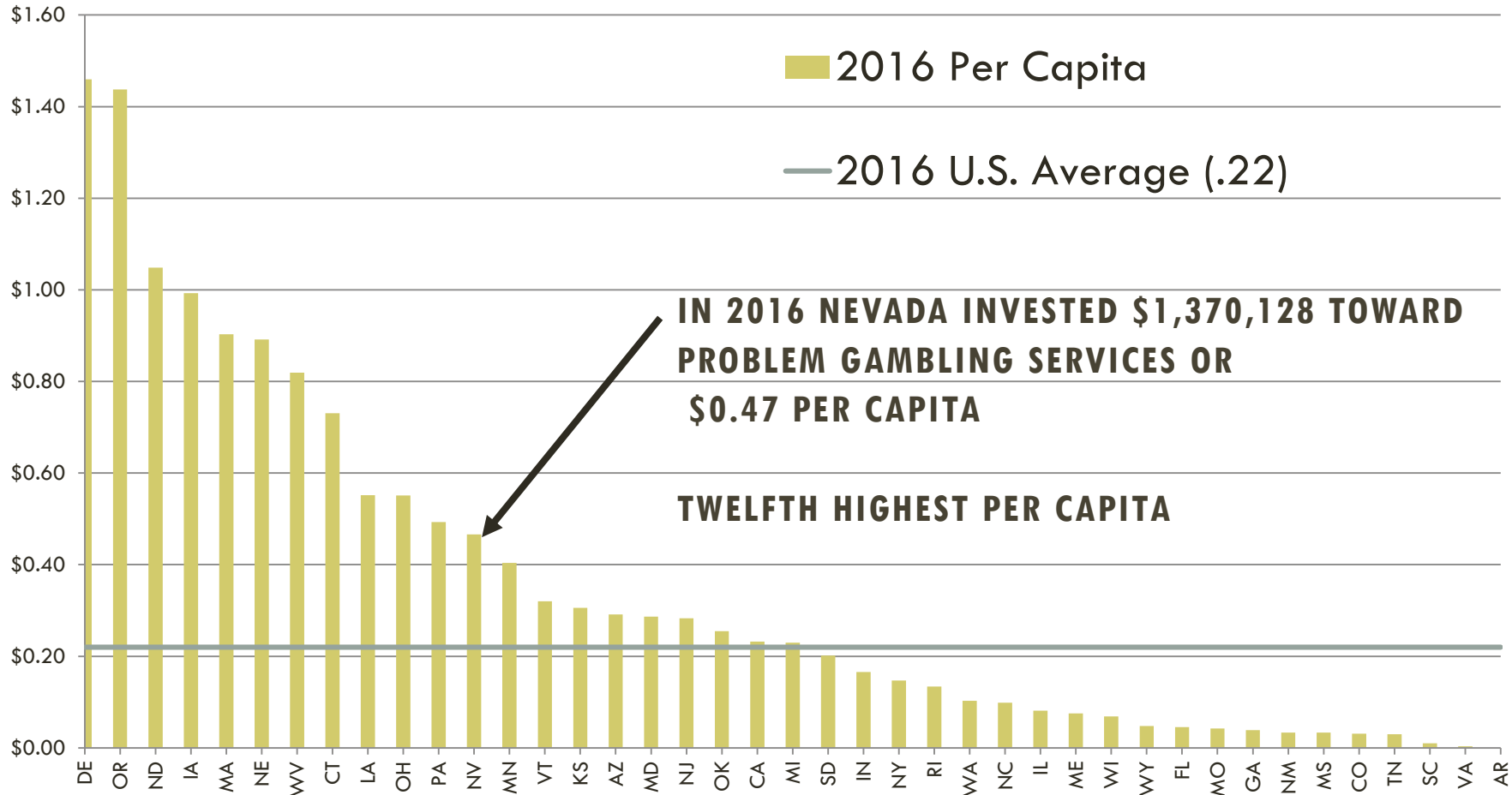


- Section I: Capacity of the Problem Gambling Service Delivery System
- Section II: Needs Assessment Findings
- Section III: Stakeholder Identified Priorities
- Section IV: Framework and Guiding Principles for DHHS Problem Gambling Services
- Section V: Goals, Activities, Enhancements, & Phases

# 2015 PER CAPITA STATE REVENUE FROM GAMING



# 2016 PER CAPITA PROBLEM GAMBLING SERVICES ALLOCATION BY U.S. STATES



Note: Includes only funds line itemed for problem gambling services and passing through a state agency. Missing states do not fund problem gambling services through legislative actions or provide problem gambling services as part of a larger system where PGS are not line itemed.



# DHHS PROBLEM GAMBLING SERVICE BUDGET

		ACPG Approved SFY 18 & 19 Allocation Percentages	SFY 18 & 19 Grants
Treatment		60%	\$789,000
Prevention		16%	\$210,000
Workforce Development		4%	\$53,000
Data Collection / Eval		11%	\$140,000
Consulting		4%	\$41,000
Reserve		5%	\$81,936
		Total Authority	\$1,314,936.0

# BUDGETING & SPENDING

ACPG history: Inside View of Disbursement

Present-day curiously small numbers: where are the gamblers?

Adjusting Technologically

Workforce Development: Making this work attractive

Funding Instability

Legislative actions (ex. SB 120)

# PROBLEM GAMBLING PREVENTION IMPLEMENTATION : PROGRESS TO DATE



With two year suspension of problem gambling prevention activities there was a loss of continuity. Prevention activities re-emerged in 2014

Currently some exciting problem gambling prevention projects underway.

- Nevada Council on Problem Gambling
- University of Nevada, Reno

# PROBLEM GAMBLING PREVENTION GUIDING PRINCIPLES

Efforts will be based upon best practices

Utilize existing infrastructure & resources

Much of the work at the community level

Partnerships are critical and given a high priority

Cultural and linguistic competency is expected

Efforts will enhance protective factors & reverse or reduce risk factors

Individuals and communities at high risk a priority

Effort maintain high quality and a strategic focus



# STATE FUNDED PROBLEM GAMBLING TREATMENT IN NEVADA

- DHHS funded treatment at 5 facilities in Nevada. Outpatient treatment is available in all 5 clinics, but residential treatment is available in only 2 programs, which are both located in northern Nevada.
- UNLV-IGI gathers information on every encounter treatment providers have with clients and analyzes data regarding overall service provision performance.
- UNLV-IGI completes follow-up interviews with each client at 30 days, 90 days, and 1 year after the start of treatment.



**Reno**

**Fallon**

**Las Vegas**

**Henderson**

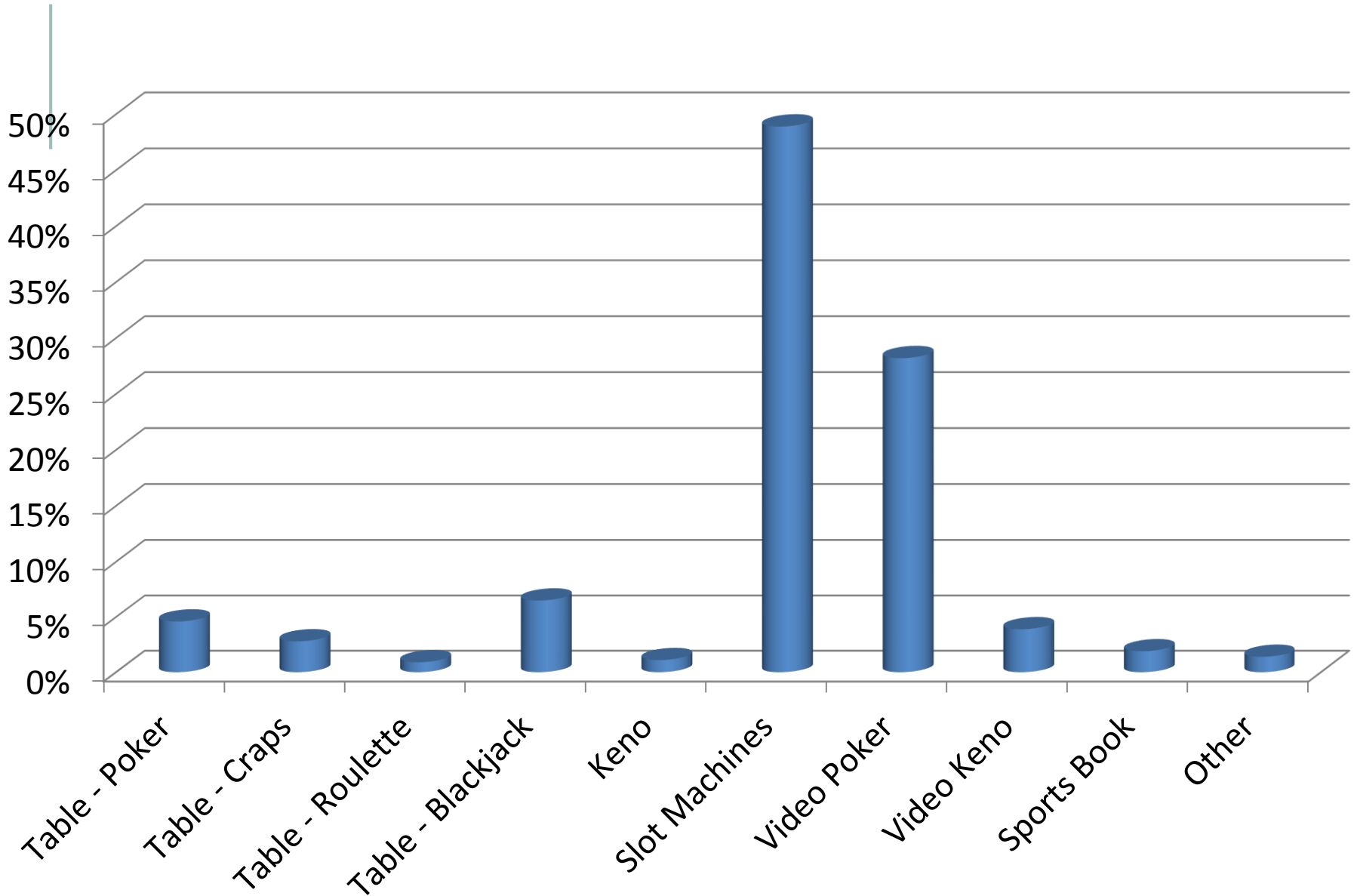
# ENTERING TREATMENT

About a third of clients are referred to treatment centers by family members or friends.

Clients are also commonly referred by medical or behavioral health professionals, clinics' websites, former clients of the treatment center, and members of Gambler's Anonymous (GA).

Clients may participate in residential treatment, intensive outpatient treatment (IOP), attend individual counseling sessions, or group sessions with family.

# GAME MOST FREQUENTLY PLAYED





# GAMBLING SEVERITY

On average, in the six months prior to treatment, clients:

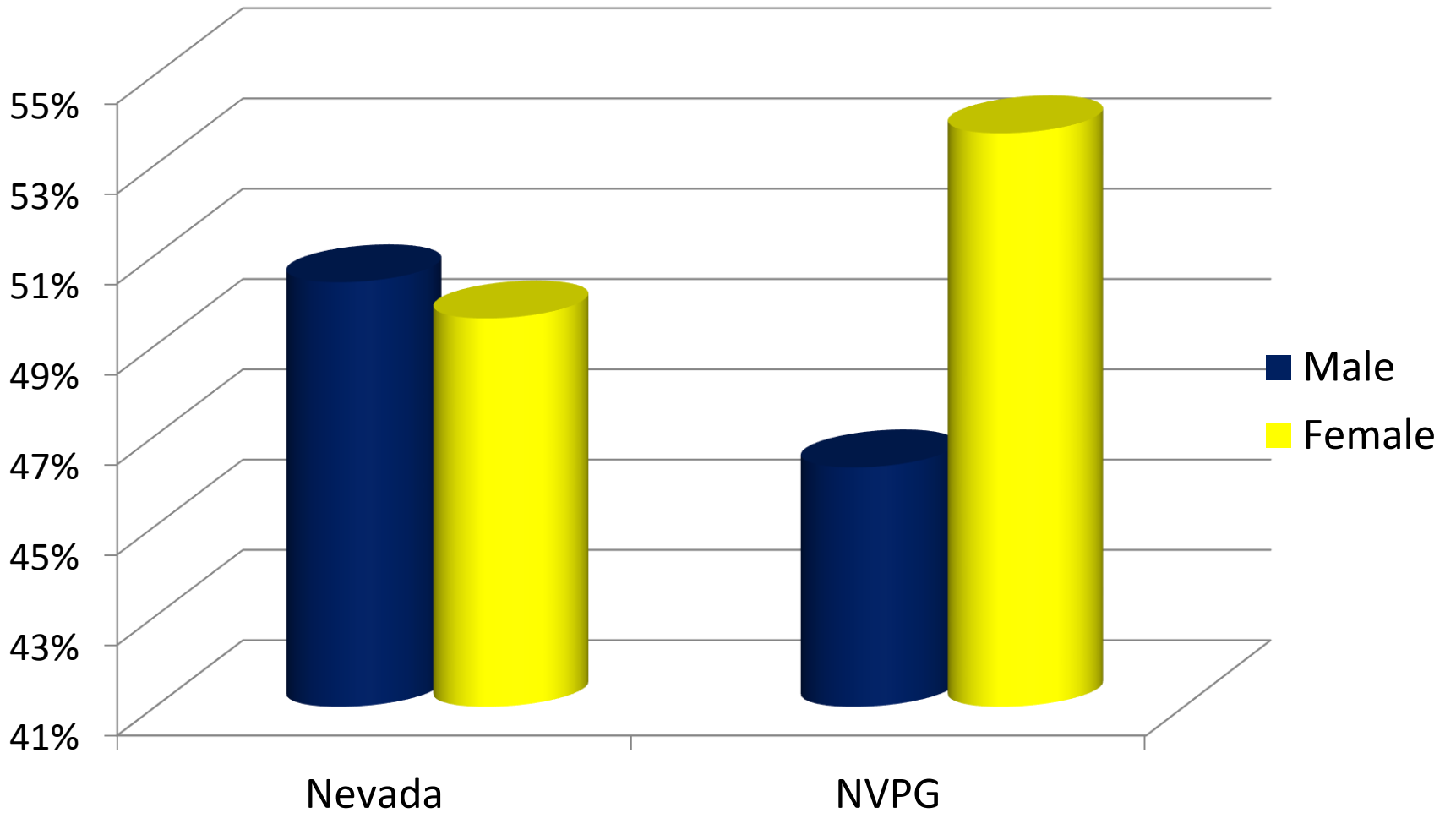
Gamble about 4 days a week

In sessions that last about 4 hours

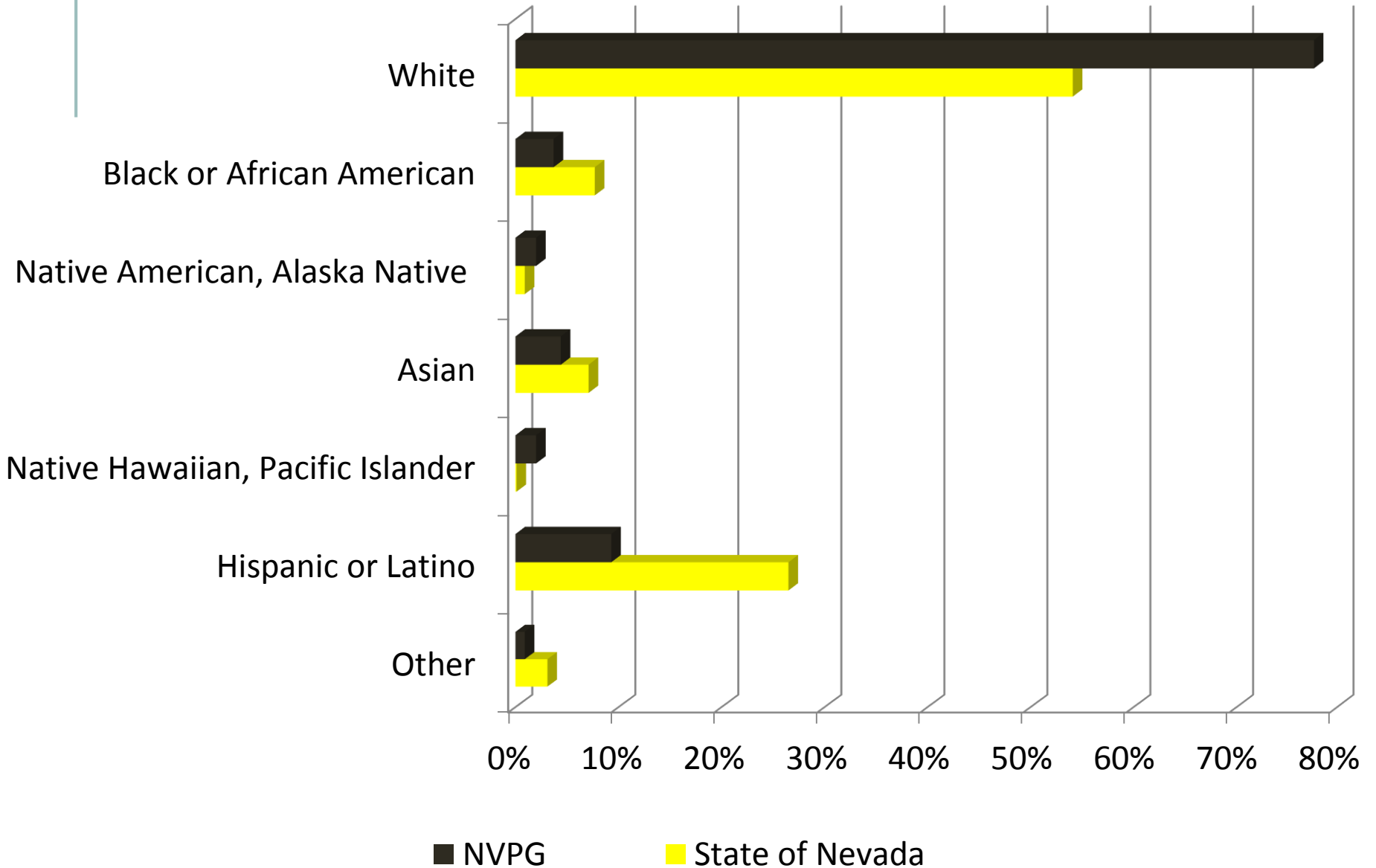
The majority of clients enter treatment with a Gambling Disorder in the Severe range, with an average score of 7.8

Almost 71% of clients are in problem gambling treatment for the first time, with about 22% attending 1 program in the past.

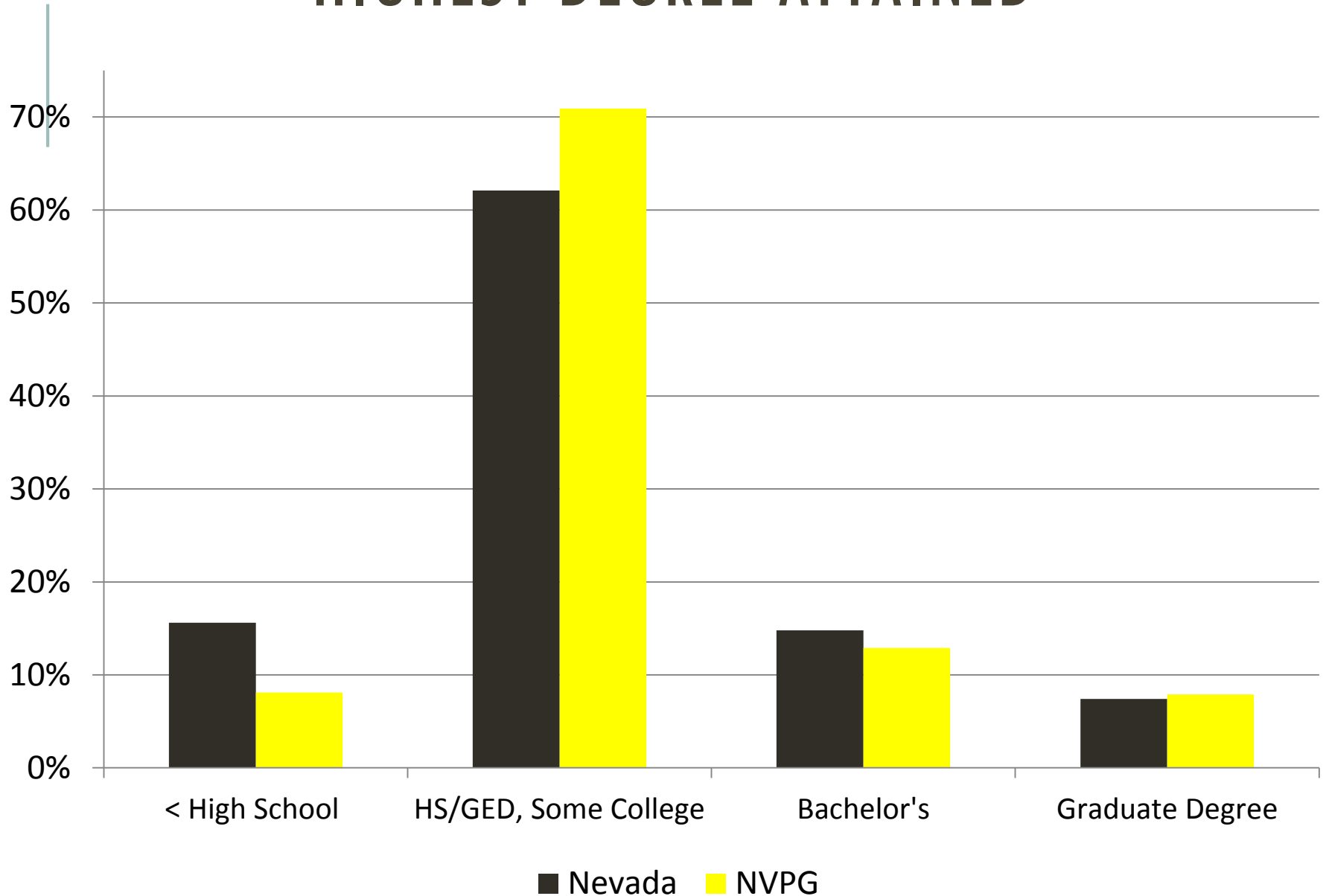
# GENDER



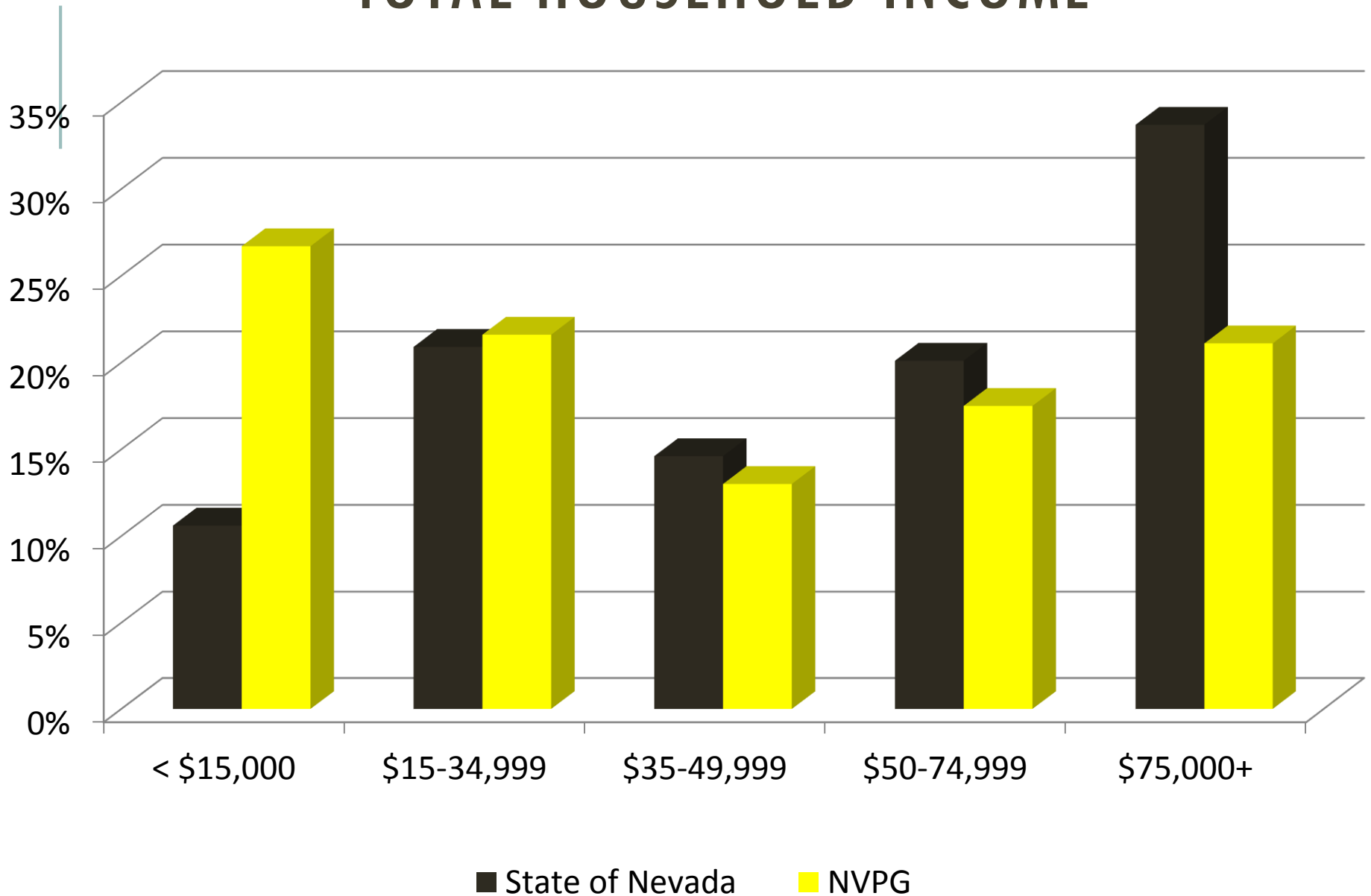
# RACE/ETHNICITY



# HIGHEST DEGREE ATTAINED

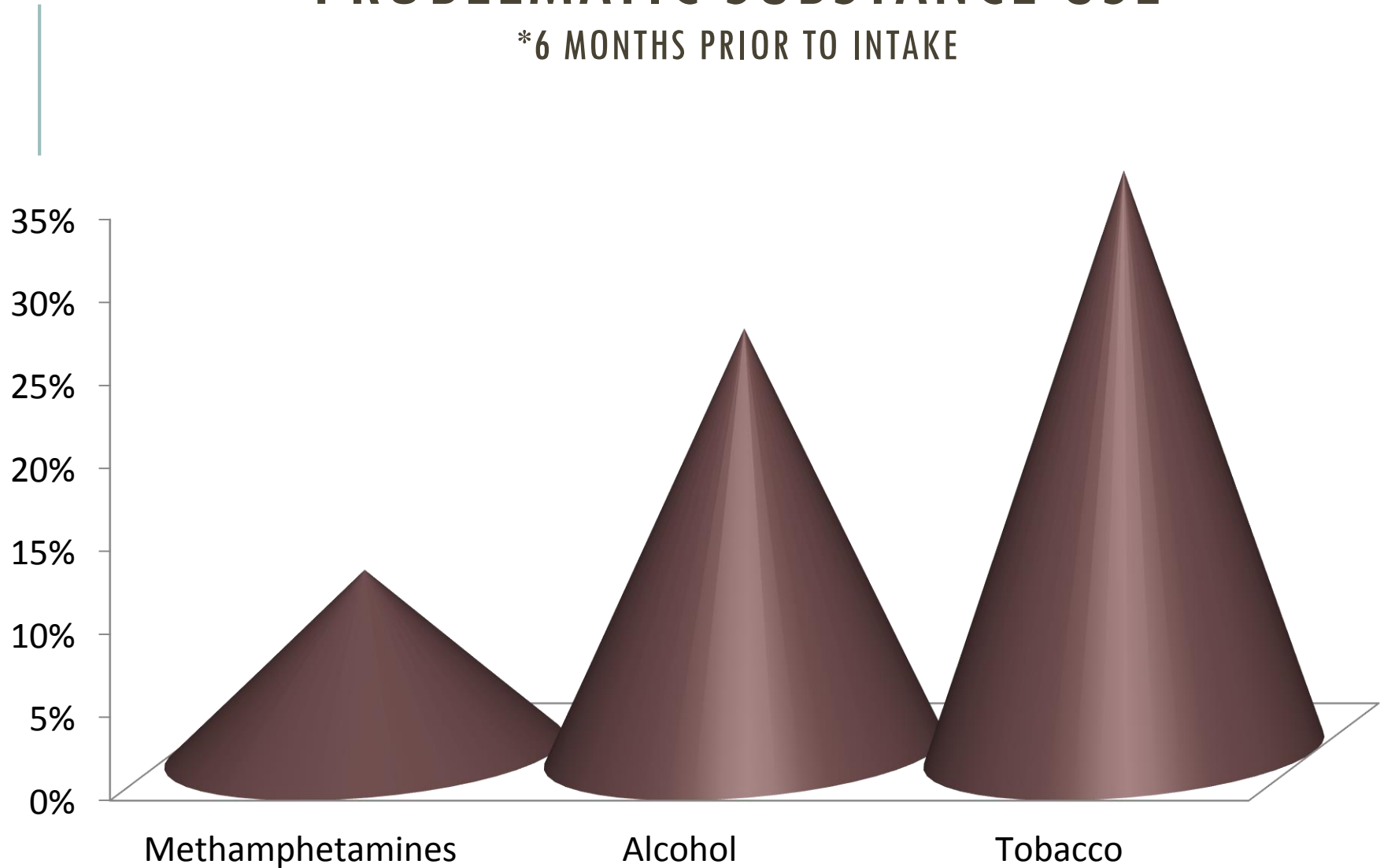


# TOTAL HOUSEHOLD INCOME



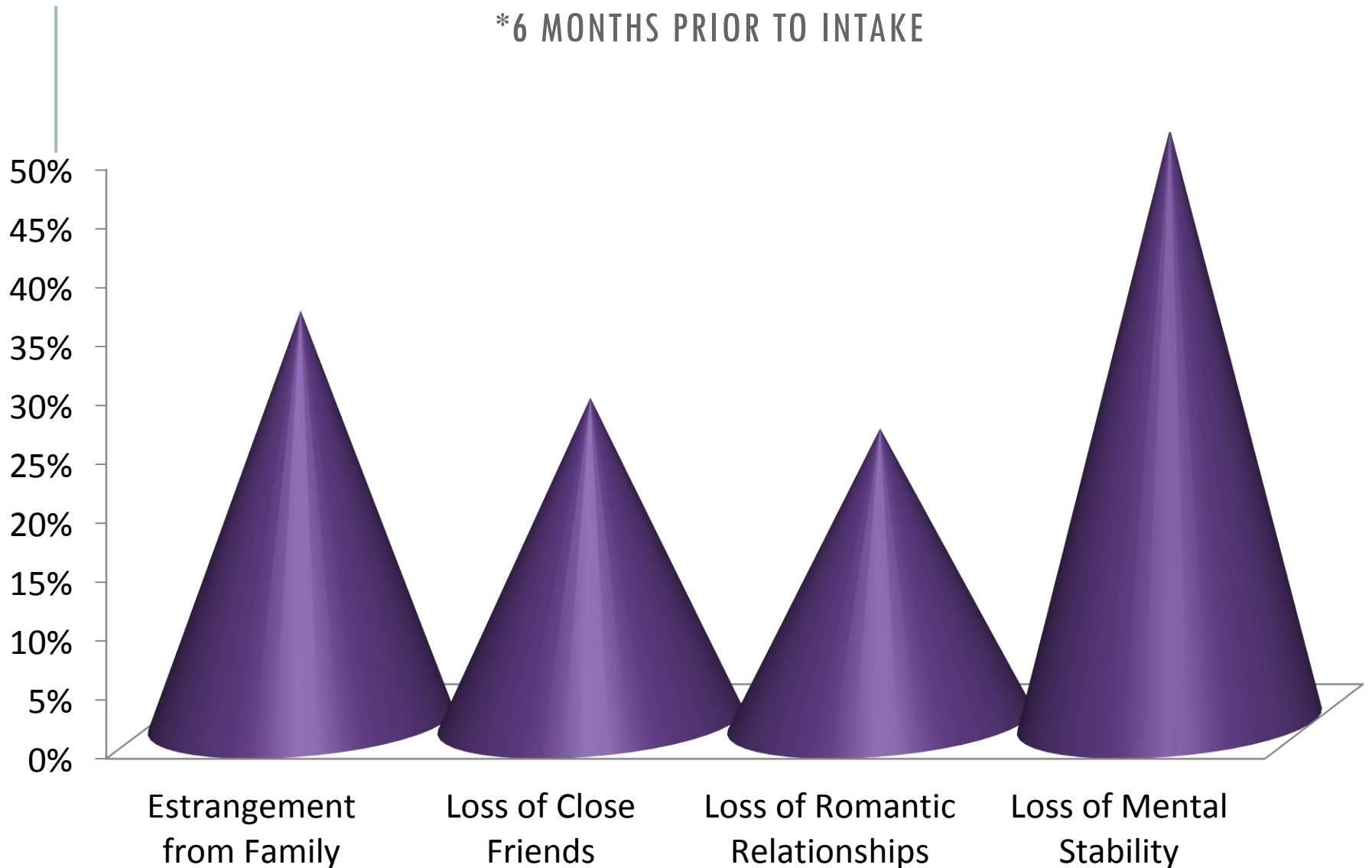
# PROBLEMATIC SUBSTANCE USE

\*6 MONTHS PRIOR TO INTAKE



# PERSONAL LOSSES DUE TO GAMBLING

\*6 MONTHS PRIOR TO INTAKE



# OTHER DIFFICULTIES

\*6 MONTHS PRIOR TO TREATMENT

Legal Issues –About 5% of clients had outstanding legal charges, been arrested, and/or were on parole or probation because of crimes committed related to their gambling.

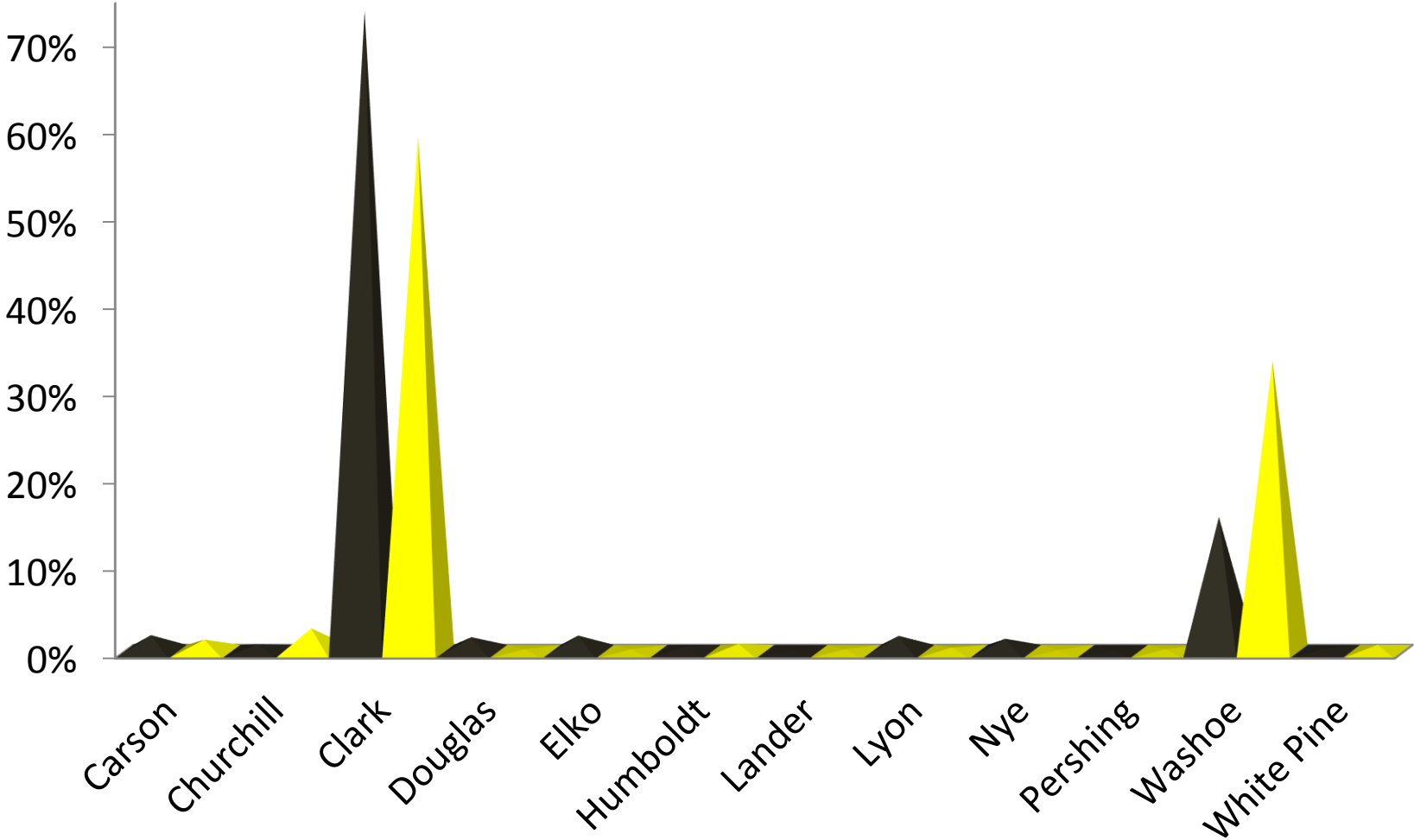
About 4% of clients report also experiencing internet and sex addictions, while about 8% report shopping addiction and eating disorders.

Unstable Housing – 4.5% living in a residential facility, 3.8% homeless. For the two facilities offering residential services, one third to half of all clients are homeless or living in a residential facility before entering treatment.

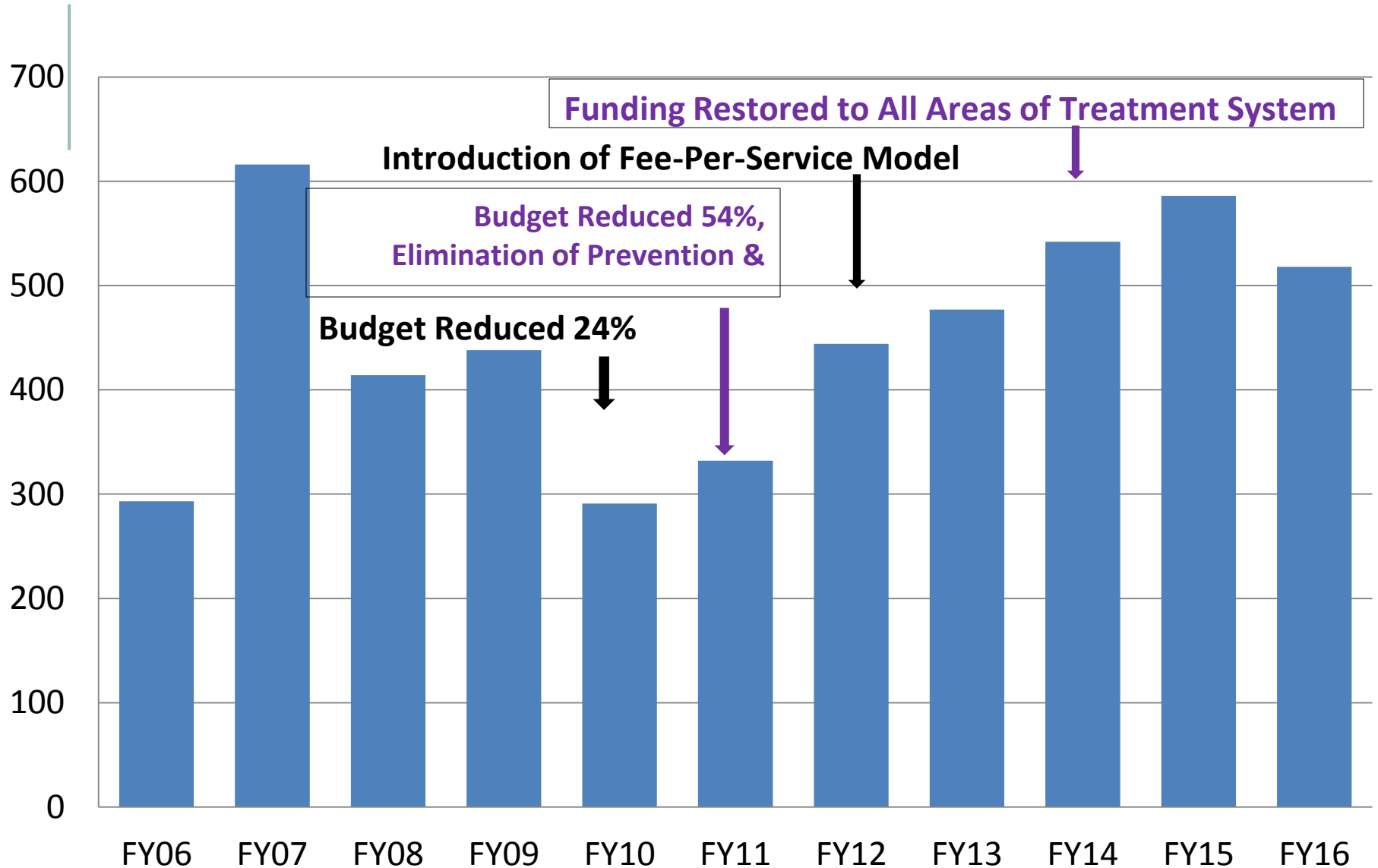


# CLIENTS' COUNTY OF RESIDENCE

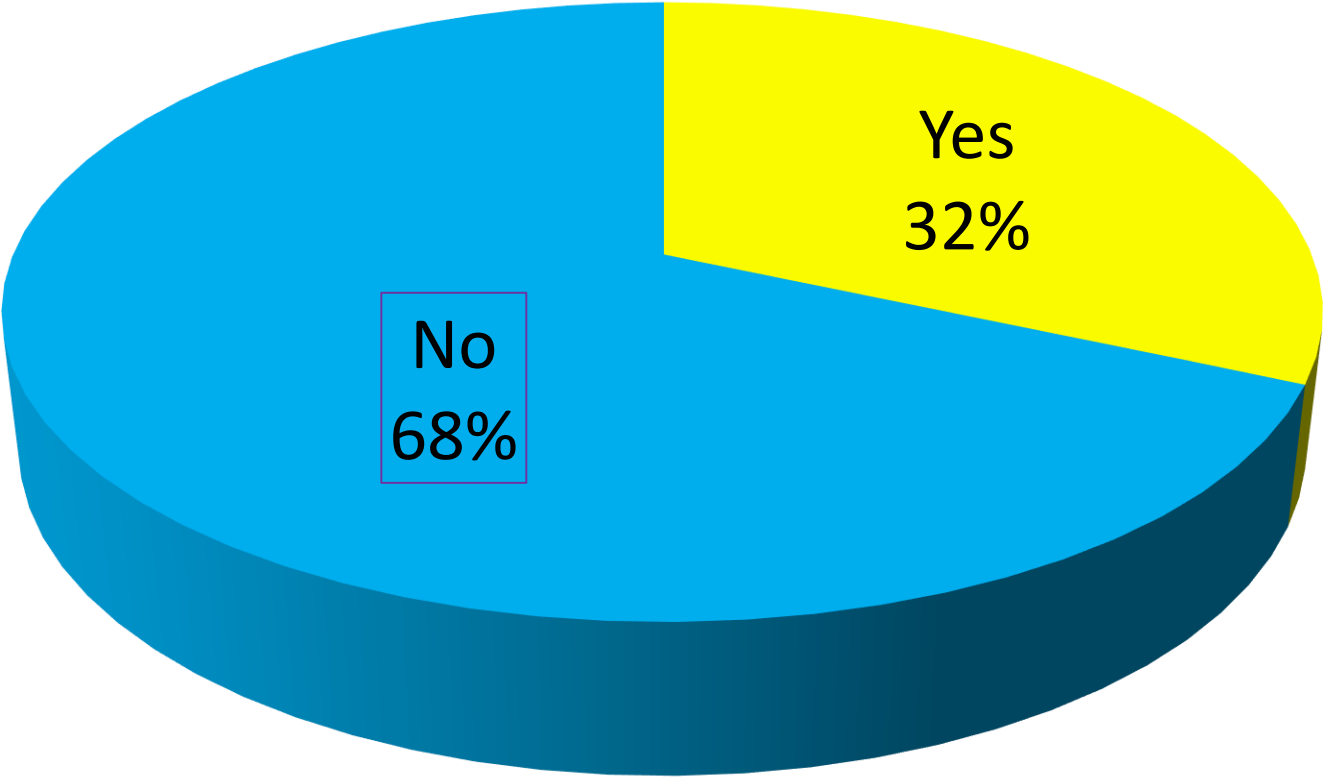
BLUE = CENSUS DATA; RED = PGS CLIENTS



# GAMBLING TREATMENT ENROLLMENTS BY FISCAL YEAR



# CHILDREN LIVING AT HOME



# DHHS GAMBLING TREATMENT SYSTEM PERFORMANCE STANDARDS

**Access:** Seen within five business days at least 90% **Actual is average number of days = 1.09**

**Retention:** Engage in problem gambling treatment for at least 10 clinical contact sessions must not be less than 50%. **Actual is average of 19.6 clinical contacts**

**Successful Completion:** The percent who successfully complete treatment must not be less than 50%. **Actual is 69%**

**Client Satisfaction:** The percent who complete satisfaction survey would positively recommend the Provider to others must not be less than 85%. **Actual is 95%**

**Long-term Outcome:** The percent who successfully complete treatment maintained improvement at twelve months after intake must not be less than 50%. **Actual is 91%**

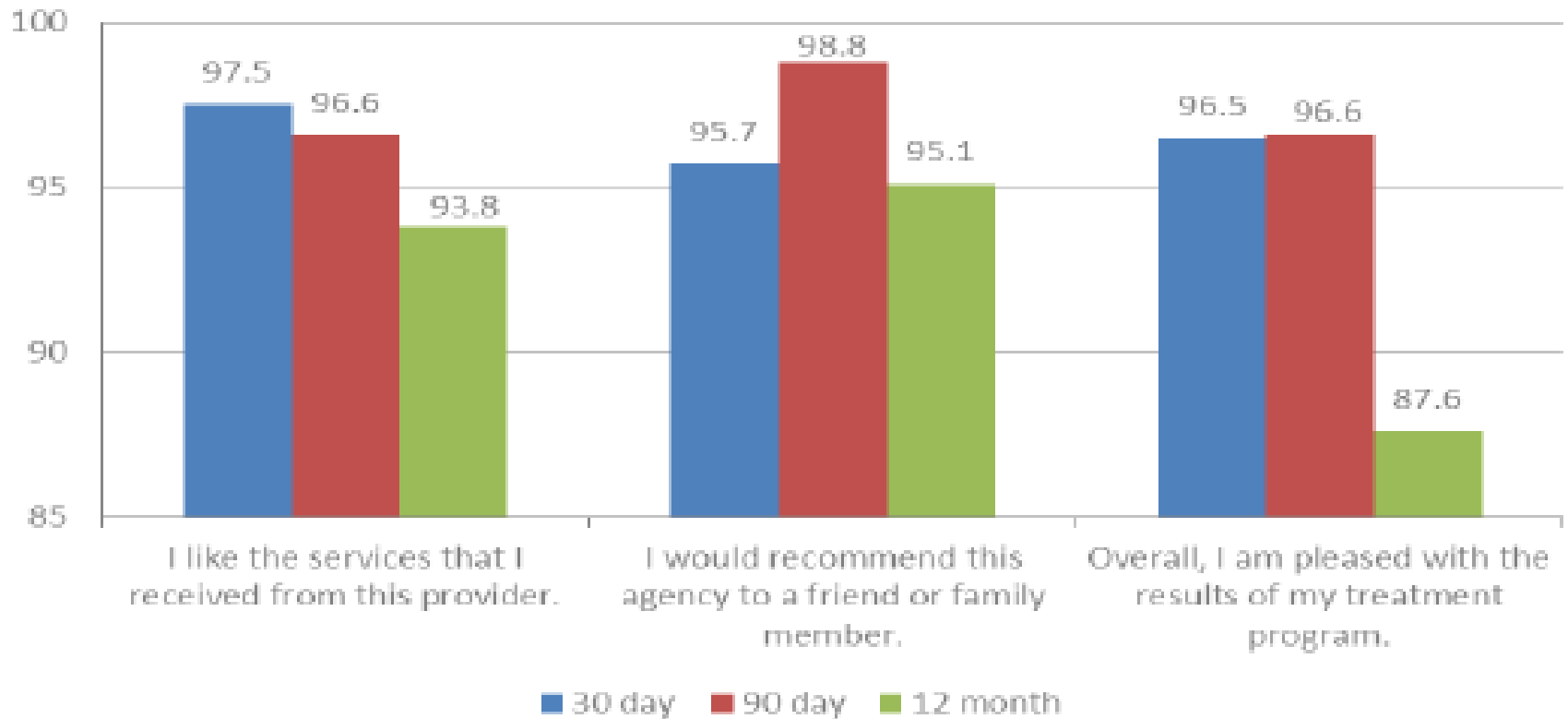
# DHHS GAMBLING TREATMENT SYSTEM PERFORMANCE STANDARDS (CONTINUED)

**Consent for Follow-Up Evaluation:** percentage consenting for follow-up evaluation should be no less than 80% of the average percentage of clients consenting system-wide. **Actual is 380 people consented for follow-up out 528 total intakes; 71.9%**

**Case Cost:** The average outpatient treatment cost per case must not be more than 120% of the average cost per case across all grantees. **Actual is \$1,268.60**

**Documentation Accuracy:** A comparison of documented clinical services with encounters entered into the Data Management System must have a correspondence rate of 95% or greater for any period of 28 consecutive calendar days or longer. **Actual is 97.4%**

# CLIENT SATISFACTION WITH SERVICES



# DAILY LIFE FUNCTIONING IMPROVEMENTS

<b>As a direct result of services I received...</b>	<b>Percent Agree/ Strongly Agree N=192</b>
I deal more effectively with daily problems.	94.7
I am better able to control my life	94.1
I am better able to deal with crisis.	92.8
I am getting along better with my family.	90.9
I do better in social situations.	85.8
I do better in school and/or work.	86.4
My housing situation has improved.	68.2*
My symptoms are not bothering me as much.	89.8
My financial situation has improved.	83.7
I spend less time thinking about gambling.	86.6
I have reduced my problems related to gambling.	92.6
I have reestablished important relationships in my life.	82.3

# REDUCTION IN GAMBLING

Overall reduction in gambling is drastic.

- **67%** report complete abstinence since enrollment
- **21.2%** have had one or more slips but are currently meeting goals.
- **9.6%** are not meeting their goals.

Comparison of Gambling Before and After Treatment		
Days Per Week	% at Intake	% at Follow Up
0	14.8	81.3
1	5.3	5.2
2	9.8	3.2
3	17.7	3.6
4	13.3	3.6
5	13.1	2.1
6	5.6	0.5
7	20.4	0.5



# COMORBIDITY

Prior to treatment 25.3% of clients had addictions (other than gambling) that were problematic

Only 9.5% of clients reported having current addictions that were problematic

# GAMBLERS ANONYMOUS

- Encouraged to use during treatment  
96.4%
- Actually used during treatment  
84.5%
- Currently attending 72.1%
- Find it useful 79.3%

## THE MOST HELPFUL PART OF TREATMENT

- Group
- Destigmatizing
- Peer support
- Positive interactions with staff
- Learning about addiction

“The program changed my life. I don't know what I would have done without it. It completely and utterly changed my life.”

# CHANGES BEGINNING JULY 1, 2017

- Changes to the Advisory Committee on Problem Gambling (SB120)
- New treatment providers / expansion of DHHS funded problem gambling treatment system
- Enhancements to the information management system / UNLV evaluation efforts
- New workforce development contracts
- New prevention contracts

# ADVOCACY

- Who is here? The 20%
- The-payers: who cleans up after the wedding
- Gamblers: they know how the big businesses were built
- Leaders: who builds the drum, beats it, and packs it on the plane wherever she goes
- Geeks: who love data and research and light up when sharing
- Wounded Healers: who knows the disease and recovery from the inside out
- Young Guns: who sees the vision of the future

Thank You  
Keep in Touch!

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