

**Nevada Department of Health and Human Services  
Department of Public and Behavioral Health  
Bureau of Behavioral Health Wellness and Prevention  
Problem Gambling Services**



**DHHS Problem Gambling Services  
FY2022 & FY2023 STRATEGIC PLAN**

**Version 0 (Discussion Draft):**

March 31, 2021



**Department of Health and  
Human Services**

*Helping people. It's who we are and what we do.*

# DHHS Problem Gambling Services FY2022 & FY2023 Strategic Plan v.0 (DRAFT)



## Department of Health and Human Services

*Helping people. It's who we are and what we do.*

This project has been funded by the Nevada Department of Health and Human Services (DHHS), Division of Public and Behavioral Health (DPBH), Bureau of Behavioral Health Wellness and Prevention.

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### **Suggested Citation:**

Nevada Department of Health and Human Services (2021). Problem Gambling Services Strategic Plan: 2022 & 2023 Version 0. Carson City, NV: Author.

## Mission & Vision

In 2008, the DHHS Advisory Committee on Problem Gambling drafted the following Mission and Vision statements to guide their decisions:

### ***Mission:***

To support effective problem gambling prevention, education, treatment, and research programs throughout Nevada.

### ***Vision:***

Improve the public health of Nevadans through a sustainable and comprehensive system of programs and services that reduce the impact of problem gambling.

These Mission and Vision statements have become the cornerstone of the Department of Health and Human Services strategy to reduce the impact of problem gambling on Nevadans.

# Acknowledgements

## Project Participants

The Department of Health and Human Services (DHHS) would like to extend its gratitude to all those involved in this project, including the Advisory Committee on Problem Gambling; DHHS Bureau of Behavioral Health Wellness and Prevention (BHWP) staff Kim Garcia, Brook Adie, LSW, MS, and Stephanie Woodard, Psy.D.; Strategic Planning Survey respondents, and individuals who participated in key informant strategic planning interviews.

All of you who participated in this project were instrumental in identifying needs, generating ideas on how to meet those needs, and discussing how to best align problem gambling services within Nevada's larger health and human service system. Your dedication to improving problem gambling services and supporting the health of individuals, families, and communities has been demonstrated by all the effort you put forth. Our effort has produced a strategic plan that builds upon our accomplishments and steers us to ever improving outcomes.

## Work that Informed the Plan

Understanding DHHS Problem Gambling Services exists within the context of broader public health systems, as well as within the larger problem gambling field, efforts were made to incorporate knowledge, structure, and strategies from authoritative works. The following documents most notably informed this Strategic Plan:

Dassopoulos, A. & Bernhard, B. (2020). *The Nevada Problem Gambling Study Annual Report, Fiscal Year 2020*. UNLV International Gaming Institute. Las Vegas, NV.;

Marotta, J., Hynes, J., Rugle, L., Whyte, K., Scanlan, K., Sheldrup, J., & Dukart, J. (2017). *2016 Survey of Problem Gambling Services in the United States*. Boston MA: Association of Problem Gambling Service Administrators.

Nevada Department of Health and Human Services (2021). *Problem Gambling Services Strategic Plan: 2019 & 2020 v3.5*. Carson City, NV: Author.

Oregon Health Authority (2015). *Problem Gambling Services in Oregon: 2016 to 2020 System Improvement Plan*. Salem, OR: Author, Dr. Jeff Marotta, Problem Gambling Solutions.

Substance Abuse and Mental Health Services Administration, *Strategic Plan FY2019-FY2023*. Rockville, MD, 2018, <https://www.samhsa.gov/about-us/strategic-plan-fy2019-fy2023>.

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# DHHS Problem Gambling Services FY2022 & FY2023 Strategic Plan v.0 (DRAFT)

Kim Garcia, Problem Gambling Program Coordinator, DPBH, BHWP  
Prepared by Problem Gambling Solutions, Inc.

March 2021

## Executive Summary

During the past three years, 2019 to 2021, Nevada Department of Health and Human Service's Problem Gambling Services (PGS) had experienced several dramatic impacts on its budget and programs. The 2019 legislature revised the funding structure for the Revolving Account for the Prevention and Treatment of Problem Gambling from a \$2 per machine levy on gaming operators to a straight \$2,000,000 per year general fund appropriation for state fiscal years 2020 and 2021. The legislature also approved the DHHS proposal to relocate the problem gambling program from the Office of Community Partnerships and Grants (OCPG) to the Bureau of Behavioral Health Wellness and Prevention (BHWP). In the second half of FY2020, the COVID-19 pandemic reached Nevada creating a statewide public health and economic crisis. The BHWP supported gambling treatment system rapidly retooled to meet challenges faced by public health needs by expanding telehealth services and developing new public awareness campaigns. Amidst a state budget crisis caused by the pandemic, the 2020 legislature enacted budget reductions across state agency departments that ultimately lead to a 42% reduction to the FY2021 Problem Gambling Services grant allocations (from \$2,000,000 to \$1,167,087). The 2022 and 2023 Governor's recommended budget for DHHS Problem Gambling Services calls for the 2021 Nevada Legislature to largely restore program funding to FY2020 levels. At the time of this Plan's writing, the 2021 Legislature was in session and no final legislative approved program budget was available.

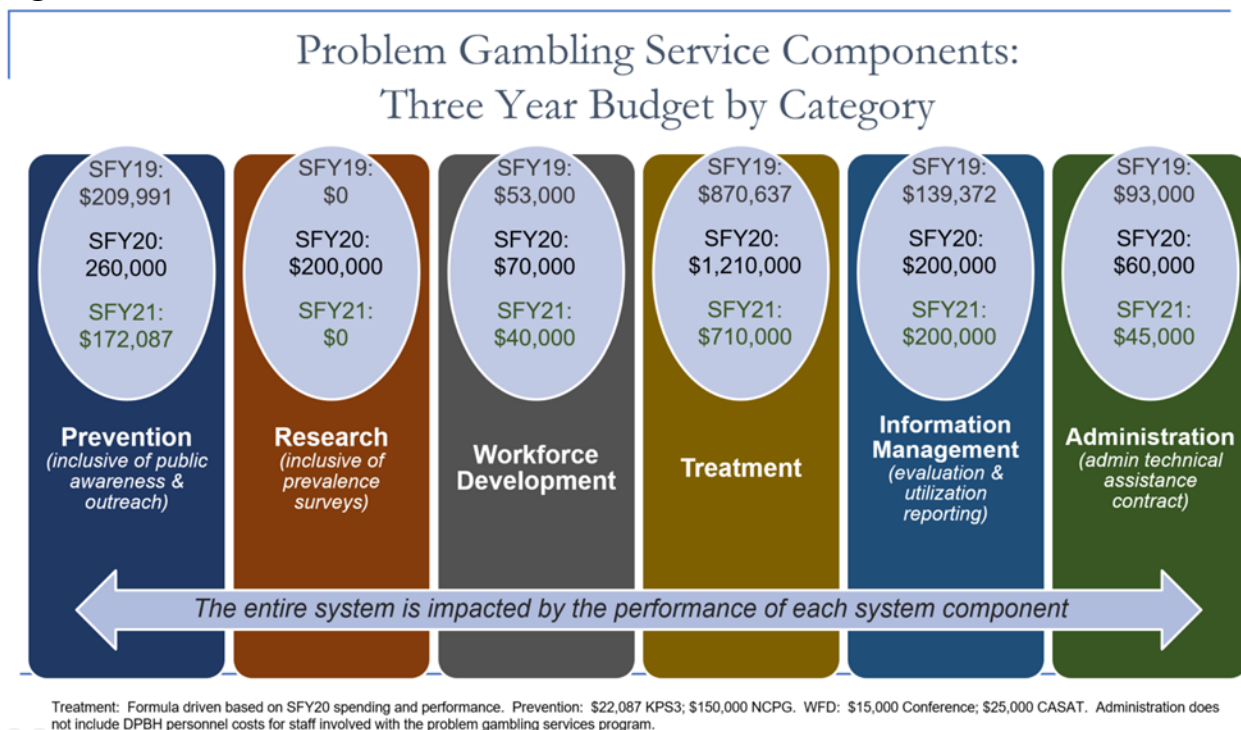
DHHS Problem Gambling Services has evolved over the past decade into a system comprised of six program areas: Prevention, Research, Workforce Development, Treatment, Information Management, and Administration. Investments into each of these program areas shifted over the past three years with some program areas impacted more than others (see Figure 1).

The present strategic planning document was organized into four sections. The first section provided an introduction into state supported problem gambling services in Nevada from its early history through a description of services and programs through 2021, the year this Plan was developed. The second section detailed the strategic planning process that was undertaken to develop the Plan including a description of the need assessment findings. Section three introduces a framework, principles, and logic model that have guided the development of this Plan and that serve as signposts

for Nevada’s journey in developing services to reduce gambling related harm. The Behavioral Health Continuum of Care Model serves as the framework used to describe Nevada’s vision for a comprehensive service approach for addressing problem gambling. This framework is woven into a set of principles to guide the implementation of the Plan by DHHS grantees and others who will participate in its implementation. The final section of this Plan describes the DHHS Problem Gambling Services’ six program domains accompanied with a goal followed by a list of enhancement activities intended to achieve the stated goal. The goals and enhancement activities outlined conform to the ACPG’s vision and mission, and the Plan’s framework, guiding principles, and logic model.

In past versions of this Plan, the DHHS Problem Gambling Treatment Providers Guide had been provided as Appendix. Beginning in FY2022, what used to be Appendix A from past Problem Gambling Services strategic plans is now a stand-alone document entitled, Nevada Problem Gambling Treatment Services Provider Manual. The current Plan will be used as a roadmap for DHHS and the ACPG to develop a work plan that will detail the action steps to be taken to achieve the goals and guide initiative development from one point to another. This Plan represents an important hallmark in the continued efforts to support effective problem gambling prevention, education, treatment, and research programs throughout Nevada.

**Figure 1:**



# DHHS Problem Gambling Services

## FY2022 & FY2023 Strategic Plan v.0 (DRAFT)

Kim Garcia, Problem Gambling Program Coordinator, DPBH, BHWP  
Prepared by Problem Gambling Solutions, Inc.

March 2021

### Introduction to the DHHS Problem Gambling Services Plan

Nevada was an early adopter of legalized commercial gaming, has become a leader in the global gaming industry, yet was behind many other states in establishing dedicated funding to address problem gambling. In 2005, Nevada introduced legislation to expand its approach to legalized gambling by investing in the development of problem gambling treatment and prevention systems. The legislation resulted in the creation of a Revolving Account for the Prevention and Treatment of Problem Gambling and an Advisory Committee on Problem Gambling (ACPG) to advise the Department of Health and Human Services (DHHS) in its administration of this account. Program funding was linked to the number of slot machines operating in the state, \$2 per slot machine per quarter, totaling an amount sufficient to build the infrastructure for a statewide gambling treatment system and the groundwork for a problem gambling prevention and workforce development system. Over one decade has passed since problem gambling service funding was established and over that time services for problem gamblers have evolved and now support five problem gambling treatment centers, a prevention grant, a public awareness grant, a gambling treatment court, two workforce development grants, a research grant program, and a strong gambling treatment evaluation system. While the problem gambling service system (PGS) has developed over the years funding for that system has not been stable beginning at \$1,700,000 in 2008, hitting a low of \$720,637 in 2012, rebounding to approximately \$2,000,000 in 2020, then reduced in reaction to a state budget crisis to \$1,167,087 for state fiscal year 2021.

During the process of developing the 2017 to 2018 DHHS Problem Gambling Services Strategic Plan, it became clear that without additional funding the system would not be able to achieve its stated vision to “improve the public health of Nevadans through a sustainable and comprehensive system of programs and services that reduce the impact of problem gambling.” In response to this need, the ACPG developed a Legislative Workgroup that unsuccessfully forwarded a legislative concept to increase program funding during the 2017 legislative session. In January of 2018, this ACPG committee regrouped to begin work on developing a new legislative concept to restructure the way in which DHHS problem gambling services are funded with an aim to increase and stabilize the program’s annual operating budget.

During the same period the ACPG was developing a legislative concept and plan to increase program funding, the decision was made by DHHS to request legislative approval to relocate their problem gambling program from the Office of Community Partnerships and Grants (OCPG) to the Bureau of Behavioral Health Wellness and Prevention (BHWP) in State Fiscal Year 2020.

As a result of the work by DHHS and the ACPG, the 2019 legislature revised the funding structure for the Revolving Account for the Prevention and Treatment of Problem Gambling from a \$2 per machine levy on gaming operators to a straight \$2,000,000 per year general fund appropriation for state fiscal years 2020 and 2021. The legislature also approved the DHHS proposal to relocate the problem gambling program from OCPG to BHWP. In the second half of FY2020, the COVID-19 pandemic reached Nevada creating a statewide public health and economic crisis. The BHWP supported gambling treatment system rapidly retooled to meet new challenges by expanding telehealth services and developing new public awareness campaigns. Amidst a state budget crisis caused by the pandemic, the 2020 legislature enacted budget reductions across state agency departments that ultimately lead to a 42% reduction to the FY2021 Problem Gambling Services grant appropriations (from \$2,000,000 to \$1,167,087). The 2022 and 2023 Governor’s recommended budget for DHHS Problem Gambling Services calls for the 2021 Nevada Legislature to largely restore program funding to FY2020 levels. At the time of this Plan’s writing, the 2021 Legislature was in session and no final legislative approved program budget was available.

The present strategic plan combined all problem gambling program elements into a unified and integrated plan. This plan seeks to inform future decisions, provide strategic direction, and build from program successes to offer a comprehensive approach to service development.

The DHHS Problem Gambling Services strategic plan summarizes what has been learned from several resources: consumers, treatment providers, prevention providers, gaming industry collaborators, program administrators, a review of DHHS supported program evaluation research, and a review of state and federal policy and identified best practices.

The DHHS Problem Gambling Services Strategic Plan includes:

- Section I: Capacity of the Service Delivery System
- Section II: Strategic Planning Process
- Section III: Framework, Guiding Principles, and Logic Model
- Section IV: Goals, Activities, and Enhancements

This Plan was developed to provide a high-level summary of improvement efforts that will be implemented or explored over the plan’s two-year period. This Plan will be used as a roadmap for DHHS and the ACPG to develop a work plan that will detail the action steps to be taken to achieve the goals and guide initiative development from one point to another.



# I. Capacity of the Problem Gambling Service Delivery System

## A. Funding<sup>1</sup>

In 2005, the Nevada State Legislature passed Senate Bill 357 to create the Revolving Account for the Prevention and Treatment of Problem Gambling and an Advisory Committee on Problem Gambling (ACPG) to advise the Department of Health and Human Services (DHHS) in its administration of this account. The 2007 Legislature amended NRS 463.320(e) to remove a sunset provision and left the 2007 funding in place for 2008. The program budget for 2008 was \$1,700,000. As Nevada entered a state fiscal crisis, the program budget received a series of reductions beginning in 2009 with a \$200,000 reduction, and another \$100,000 reduction in 2010. As the state fiscal crisis worsened, the 2011 Nevada State Legislature passed budget bill AB500, which temporarily reduced from \$2 to \$1 the slot tax revenue directed to DHHS problem gambling services. This reduction remained in effect through SFY 2013. During these lean budget years, the gambling treatment grantees agreed to take a reduction in service reimbursement rates in order to serve more problem gamblers, and all DHHS funded problem gambling prevention activities were discontinued. In SFY 2014, as the state emerged from the impact of the Great Recession, funding was restored to the \$2 per slot machine revenue calculation.

Although funding was restored to the original calculation, transfers to the Revolving Account for the Prevention and Treatment of Problem Gambling had declined year over year since 2014. What the framers of the 2005 Senate Bill 357 had not accounted for was a progressive decline in the number of slot machines beginning in 2006. Since 2005, the number of slots has declined by approximately 20% even though the number of gaming licenses remained relatively stable.

During the 2019 legislative session, the ACPG advised the Governor's Office to revise the DHHS Problem Gambling Program funding structure to be uncoupled from the number of licensed slot machines, replaced with a tax on gaming percentage fees imposed by NRS 463.370, and based on a needs assessment conducted in 2018, increase the DHHS problem gambling services annual budget to \$5.68 million. Although the proposed changes were largely supported by the gaming industry and other problem gambling service proponents, the extent of the increase was tempered back by the legislature from a requested \$3.4 million annual increase to an annual increase of \$631,000 over the previous biennium budget. Furthermore, the legislatively approved \$2 million annual problem gambling program appropriation for fiscal years 2020 and 2021 were drawn directly from general funds as opposed from the proposed new tax on gaming percentage fees. Amidst a state budget crisis caused by the pandemic, the 2020 legislature enacted budget reductions across state agency departments that ultimately lead to a 42% reduction to the FY2021 Problem Gambling Services budget (from \$2,000,000 to \$1,167,087). The 2022 and 2023 Governor's recommended budget for DHHS Problem Gambling Services calls for the 2021 Nevada Legislature to largely restore program funding to FY2020 levels. At the time of this Plan's writing, the 2021 Legislature was in session and no final legislative approved program budget was available.

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<sup>1</sup> Note: All budget figures presented in this section are rounded to the nearest \$1,000.

The most recent survey of all U.S. states' problem gambling services took place in 2016.<sup>2</sup> At that time, Nevada ranked 13th out of the 50 U.S. states in terms of per-capita public funds invested in problem gambling services. The average per-capita allocation for problem gambling services in the 40 states with publicly funded services was 37 cents; Nevada's per capita public investment was 38 cents in FY2021. Investing 38 cents per Nevadan to mitigate gambling related problems is less than half the annual per-person problem gambling service budget of several other states with a much smaller gaming presence such as Oregon, Massachusetts, and Delaware.

## **B. The Advisory Committee on Problem Gambling (ACPG)**

The Advisory Committee on Problem Gambling consists of nine Governor appointed members that by statute (NRS 458A.060) represent a broad stakeholder group including three members from the gaming industry, two members who work in the area of mental health, one member who represents organizations that provide assistance to problem gamblers, and three members with personal or professional knowledge and experience concerning problem gambling. When the ACPG was created in 2005, most of the duties, as defined in statute and in subsequent bylaws, were directly related to developing, reviewing, recommending, and monitoring the grant award system within DHHS for programs funded by the Revolving Account for the Prevention and Treatment of Problem Gambling. Over the years, as the information management system became more sophisticated and procurement methods relied more on data and experienced reviewers, the reliance on the ACPG to advise DHHS on specific grant awards diminished. During the 2017 legislative session, the ACPG successfully promoted the passage of a bill that refocused their efforts to more effectively reach its mission “to support effective problem gambling prevention, education, treatment, and research programs throughout Nevada.” The legislation resulted in NRS 458A.070, where the ACPG's “additional duties” included providing advice and information to assist the Governor, Legislature, and DHHS on issues and trends in the area of problem gambling. The purpose of providing advice and information was to (a) Assist in the establishment of priorities and criteria for funding programs and services for the prevention and treatment of problem gambling; (b) Provide services relating to the development of data, the assessment of needs, the performance of evaluations and technical assistance concerning problem gambling; and (c) Recommend legislation, regulations or the adoption of public policy concerning problem gambling. The ACPG duties also include reviewing problem gambling service recommendations made by DHHS and reviewing relevant reports.

## **C. Nevada Problem Gambling Treatment System**

The DHHS supported problem gambling treatment system was launched in 2005 with several of the original grantees continuing to provide services throughout the program's existence. The system design was based on supporting problem gambling treatment “centers of excellence” as opposed to creating a wide distribution network of providers. Characteristics of a “center of excellence” model include (a) a limited number of treatment programs, typically only one or two in population centers;

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<sup>2</sup> Marotta, J., Hynes, J., Rugle, L., Whyte, K., Scanlan, K., Sheldrup, J., & Dukart, J. (2017). 2016 Survey of Problem Gambling Services in the United States. Boston MA: Association of Problem Gambling Service Administrators.

(b) programs offer a variety of services including group, family, and individual treatment modalities; (c) larger grant amounts by virtue of program size and small number of total treatment grants; and (d) high standards and funder expectations inclusive of provider qualifications, documentation practices, and performance in a number of defined areas. Another distinguishing characteristic of Nevada's publicly funded gambling treatment system is its variety of providers. DHHS does not restrict what type of entity may apply for problem gambling treatment grants and this has resulted in some providers being Certified Community Behavioral Health Clinics, others accredited substance abuse treatment agencies, some being exclusive problem gambling treatment centers, some holding non-profit status, and others not. The grant selection process has emphasized qualifications and experience in treating problem gamblers.

In SFY2021, the year this plan was developed, there were five DHHS funded problem gambling treatment grantees. The largest program, in terms of number of enrollments each year, is The Dr. Robert Hunter International Problem Gambling Center (PGC) located in Las Vegas. Each year the PGC treats approximately 280 individuals with the majority participating in its Intensive Outpatient Program (IOP). IOP programs are defined as those programs providing 9 hours or more treatment services per week. The other Southern Nevada gambling treatment grantee provides mainly outpatient gambling treatment where most clients receive one to six hours of treatment services per week. Mental Health Counseling and Consulting, located in Henderson, has been a DHHS grant funded gambling treatment provider since 2017. The other three gambling treatment grantees are in Northern Nevada, including two in Reno and one in Fallon. The Reno Problem Gambling Center provides mainly outpatient treatment services with the option of participating in an IOP program while the other Reno grantee, Bristlecone Family Resources' Gambling Addiction Treatment and Education (GATE) program, primarily provides residential gambling treatment services. The remaining gambling treatment grantee, New Frontier Treatment Center, has a catchment area that serves the vast majority of rural Nevada. New Frontier has offices located in West Wendover and Fallon; however, only one of those locations (Fallon) are served by a Certified Problem Gambling Counselor (CPGC) or Certified Problem Gambling Counselor Intern (CPGC-I). Gambling treatment services outside of those areas are provided via a secure web-based video conference technology that links a CPGC to a client in a remote location; typically, the client's personal home computer. Prior to the beginning of the COVID-19 pandemic in March 2020, problem gambling treatment services provided through telehealth technologies were seldom used. After March 2020, telehealth services for problem gambling treatment had become widely used by all the gambling treatment grantees.

The two residential gambling treatment programs, Bristlecone Family Resources and New Frontier Treatment Center, are charged with serving the residential gambling treatment needs for the entire state. Persons living in Southern Nevada are eligible to receive fully subsidized treatment at one of the Northern Nevada residential gambling treatment programs, inclusive of transportation costs. However, very few persons living outside of the residential treatment centers' geographic areas utilize this level of service. Both residential gambling treatment programs are embedded in larger addiction treatment agencies. These agencies provide problem gambling screens to clients from all their services and those needing gambling treatment are referred into their gambling treatment program.

Over the period that the UNLV Nevada Problem Gambling Study have been tracking DHHS gambling treatment enrollments, fiscal years 2012 to 2020, enrollments into DHHS supported residential problem gambling treatment programs have mostly increased year to year until 2019 when they declined 21%. Enrollments into outpatient

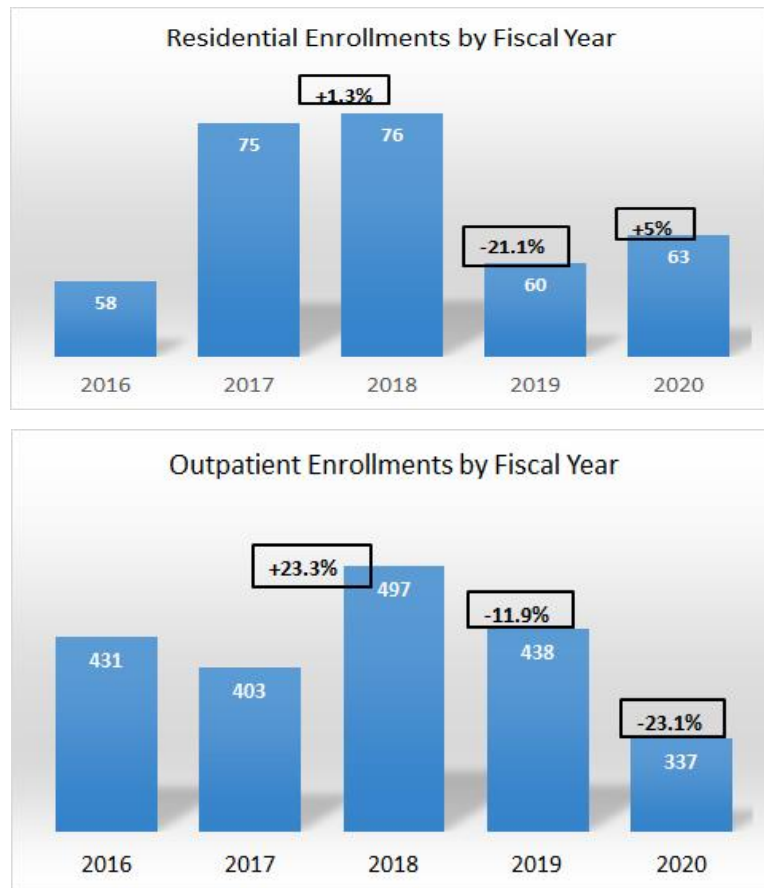
problem gambling treatment programs followed an upward trend through 2015, declined over fiscal years 2016 and 2017, followed by growth in fiscal years 2018 and decline in 2019 and 2020 (see Figures 3 & 4).<sup>3</sup> The decline in 2020 was attributed to the COVID-19 pandemic when enrollments perceptively dropped off in March and April, coinciding with the shutdown of gaming establishments. Sixty-two percent

of all clients entering treatment in fiscal year 2020 endorsed 8 or 9 characteristics of Gambling Disorder defined in the DSM-5, (*scores of 8 and 9 are categorized in the DSM-5 as “severe” current severity level*). About 62% of outpatient gamblers and 75% of residential gamblers of clients were in problem gambling treatment for the first time, with about 20% attending one program in the past.<sup>3</sup> Together these statistics demonstrate that persons are not seeking help for their gambling problem until it becomes very severe.

Programs receiving treatment funding are required to be staffed by Certified Problem Gambling Counselors (CPGC) or Certified Problem Gambling Counselor Interns (CPGC-I). Counselor certification is funded and administered through the State of Nevada’s Board of Examiners for Alcohol, Drug and Gambling Counselors.

Problem gambling treatment services in Nevada have provided help to thousands of individuals and in the process saved lives, preserved families, and strengthened communities. The system of services has been evolving from its 2005 inception and will continue to evolve with the implementation of this strategic plan.

Figures 3 & 4



<sup>3</sup> Dassopoulos, A. & Bernhard, B. (2021). The Nevada Problem Gambling Study Annual Report, Fiscal Year 2020. UNLV International Gaming Institute. Las Vegas, NV.

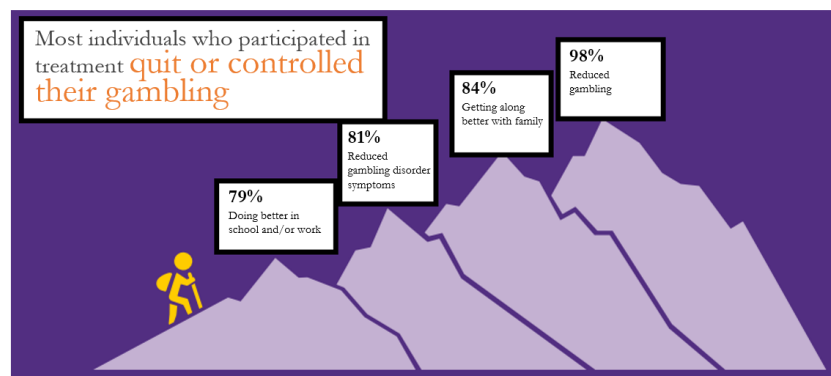
## D. Nevada Problem Gambling Treatment Information Management and Research System

DHHS funded problem gambling treatment in Nevada is informed by one of the nation's premiere evaluation systems. Beginning in 2006, the University of Nevada's International Gaming Institute (IGI), housed within the University of Nevada, Las Vegas (UNLV), has been contracted as the Information Management Contractor to evaluate state-funded problem gambling treatment programs in Nevada. Over the years the evaluation system has evolved and with can now be conceptualized into four components:

1. Utilization Management. Each month treatment providers enter encounter procedure codes that are utilized to generate fee-for-service reimbursement claims. Under this function, the Information Management Contractor serves as claims processor.
2. Program Evaluation. Treatment programs enter intake data, discharge date, and submit client satisfaction surveys to the Information Management Contractor. This data includes client demographic information, information about their presenting problems, gambling related consequences, and information about their treatment process including if the client met the criteria for a successful discharge (*see 2021 Provider Manual for Nevada Problem Gambling Services for successful discharge criteria*).
3. Quality Assurance & Compliance Monitoring. Each year DHHS funded gambling treatment grantees are provided a program review by a review team composed of a contracted program consultant, members of the UNLV IGI team, and DPBH staff. During the review program documents and client files are audited for accuracy in documenting service claims and compliance to program standards (*see 2021 Provider Manual for Nevada Problem Gambling Treatment Services for detailed program standards*).
4. Research. In SFY2020, the investment into research was greatly expanded only to be suspended in SFY 2021 due to program budget cuts. One research program that continued was the gambling treatment client follow-up evaluation and behavior change analysis. This effort has resulted in enrolling over 70% of all Nevada gambling treatment clients. Study participants are contacted 30 days, 90 day, and 12-months after their enrollment date to assess treatment outcomes along several domains (see Figure 5 for example domains).

Figure 5.

### Treatment Works\*



**81% of individuals** with problem gambling reported reduction in symptoms and improved quality of life with treatments and supports (at 12-months post enrollment).

\* Based on surveys conducted 12-months post enrollment with individuals who obtained DHHS supported problem gambling treatment. Andros Dassopoulos, 2020. Annual Gambling Treatment System Performance Report. Produced by the International Gaming Institute, University of Nevada, Las Vegas for the Nevada Department of Health and Human Services.

## E. Prevention and Public Awareness Efforts

Efforts to establish a problem gambling prevention and public awareness system have not been as successful as the development of the gambling treatment system. Since the origination of DHHS supported problem gambling services, problem gambling prevention was considered an important area to address albeit of secondary importance of building a gambling treatment safety net. With extremely limited funds the ACPG identified the need to



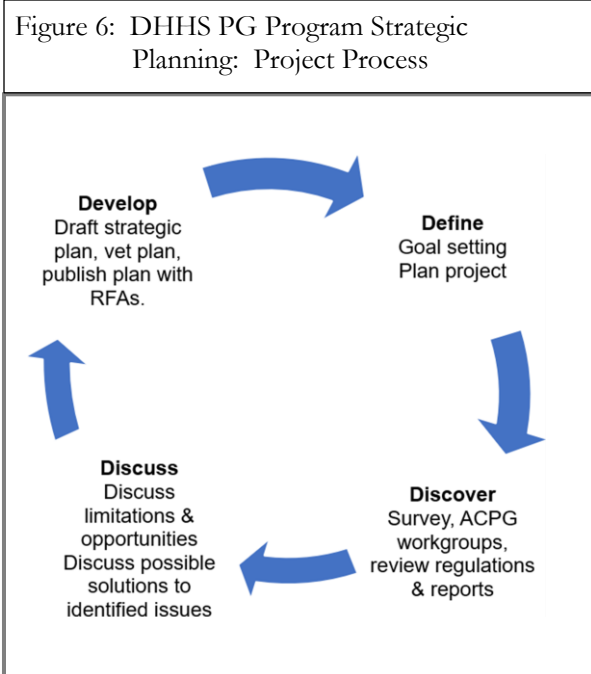
strategically address prevention efforts and advised the Department to acquire consultation services to assist in the development efforts. By 2009, DHHS had an ACPG endorsed Problem Gambling Prevention Five-Year Strategic Plan. Two years into that plan, the budget for DHHS supported problem gambling services was dramatically reduced, resulting in the discontinuation of funding for all problem gambling prevention grants. In SFY 2014, investments in problem gambling prevention services returned, although they did not pick-up where they left off. Much of the problem gambling prevention infrastructure that had been in place was lost when programs ceased to be funded. Further, funding for prevention programs did not return at the same level as demand for treatment services were on the rise, leaving fewer dollars available for prevention programs (approximately \$200,000 a year). When prevention funding was restored, problem gambling prevention grants were awarded to two entities, the Nevada Council on Problem Gambling (NCPG) and the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno (UNR). The CASAT program developed a problem gambling prevention program for Nevada colleges and universities and piloted that program at UNR. This left the NCPG with being the primary provider of problem gambling prevention activities for the rest of the state. During the SFY 2018 and 2019 budget cycle, concerned over weakening problem gambling prevention grantees ability to successfully operate their proposed programs due to fragmenting the distribution of allotted prevention funds (\$200,000) resulted in awarding a single prevention grant for statewide problem gambling prevention services. The grant awardee, the NCPG, applied a dual approach to its problem gambling prevention efforts through utilizing its existing infrastructure to expand core education, awareness and advocacy programs, and developed an outreach and strategic partnership program.

A problem gambling services needs assessment conducted in 2018 identified the program areas of prevention and public awareness as among those areas in greatest need of funding and development. At that time, the estimated budget needs to build an effective problem gambling prevention and awareness program was placed at \$2.5 million annually. Although the requests to the 2019 legislature for these funds were not approved, a program budget increase occurred resulting in an additional \$50,000 annual investment into this program area. Due to large the gap between estimated need and available funding, the areas of problem gambling public awareness and problem gambling prevention are arguably the most under-funded components of the DHHS problem gambling services system.

## II. Strategic Planning Process

Beginning in 2008, structured processes were routinely implemented to assess the DHHS problem gambling system’s strengths, weaknesses, opportunities, and threats. These assessments were tasked under the program consultation contract and were conducted in conjunction with ACPG guidance and participation. The system assessments have been linked to strategic planning processes and considered an integral component of the efforts to continually improve services. The project vision for strategic planning, including the assessment component of strategic planning, included the following objectives: (a) Provide problem gambling services to more people in need; (b) Identify gaps in problem gambling

services and explore means to meet current and emerging service demands; (c) Improve the effectiveness and efficiency of problem gambling services supported by DHHS; and (d) Support and acknowledge DHHS grantees, the Advisory Committee on Problem Gambling, and service consumers as partners in reducing harm caused by problem gambling.



**A. Needs Assessment Methods:** The needs assessment methods, depicted as the “Discover” phase in Figure 6, has utilized varied procedures over the past decade. The current plan was developed during the COVID-19 pandemic precluding the past use of in-person key informant interviews and strategic planning workshops. The current strategic planning assessment utilized written PGS program reports, reviews of Nevada statutes, reviews of other reports relevant to problem gambling services, a review ACPG meeting minutes, key informant interviews with 2020 Problem Gambling Services grantees and ACPG members, and findings from a Problem Gambling Services Stakeholder Survey distributed 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 respondents represented a variety of stakeholder groups, suggesting the sample was a good representation of problem gambling services stakeholders. Importantly, the survey sample included individuals directly funded by Problem Gambling Services and representatives from allied addiction treatment professionals, such as substance abuse counselors and administrators. The “2021 Problem Gambling Services Stakeholder Survey” report can be found at: [dpbh.nv.gov/Programs/ProblemGambling/ACPG/2021\\_ACPG/2021/](http://dpbh.nv.gov/Programs/ProblemGambling/ACPG/2021_ACPG/2021/)

Information from the 2021 Problem Gambling Services Stakeholder Survey was presented at an ACPG meeting where participants discussed the findings and offered additional information and suggestions to inform the current strategic plan. A synopsis of survey findings including the most salient system strengths and limitations are provided below.

**B. System Strengths:** Those involved in the assessment expressed several positives about the DHHS problem gambling system. The following includes a list of the most commonly expressed system strengths in ranked order from most endorsed system strength:

- Collaborative relationships between problem gambling grantees, Department of Health and Human Services (DHHS) and Advisory Committee on Problem Gambling (ACPG)
- Committed stakeholders
- Institutional knowledge gained with experience going back to 2008
- Well-developed Problem Gambling Services Strategic Plan
- Affordability of treatment for gambling disorder;
- Strong monitoring and evaluation system of gambling treatment services
- Availability of specialized gambling treatment programs
- Strong system support
- Dedicated funding for PGS

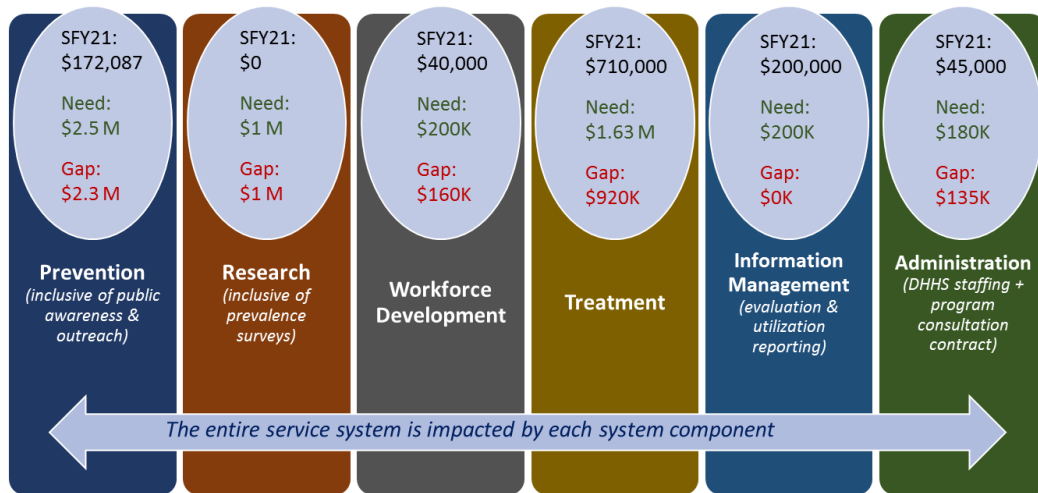
**C. System Limitations:** Those involved in the assessment expressed several system gaps or limitations about the DHHS problem gambling system. The following includes a list of the most commonly expressed system gaps in ranked order:

- Lack of public awareness
- Poor integration of problem gambling services into behavior and physical health systems
- Lack of qualified problem gambling counselors
- Lack of telehealth services connecting experts with clients/interns who need them
- Inadequate funding
- Underserved rural communities
- Insufficient number of problem gambling prevention programs
- Underutilization of gambling treatment services
- Lack of culturally appropriate services
- Insufficient number of specialized gambling treatment programs
- Lack of research in Nevada

A macro view of system gaps is depicted in Figure 7 where the problem gambling service system is represented along six core program areas. Along these program areas the 2021 State Fiscal Year (SFY19) budget is provided, the budget “need” is provided, and the budget gap between SFY2021 actual obligations (*as of March 2021*) and estimated budget need is calculated. The problem gambling services budget need estimates were based on the combination of ACPG Sub-Committee discussions, DHHS budget data, and spending information from other U.S. state problem gambling service systems. The budget need estimates reflect what amount of annual funds are needed to support a comprehensive problem gambling services system over the next five years. These estimates are presented here at the request of the ACPG to illustrate the gap between how the current problem gambling service budget is funded and what amount would be needed to realize the ACPG vision to “improve the public health of Nevadans through a sustainable and comprehensive system of programs and services that reduce the impact of problem gambling”.



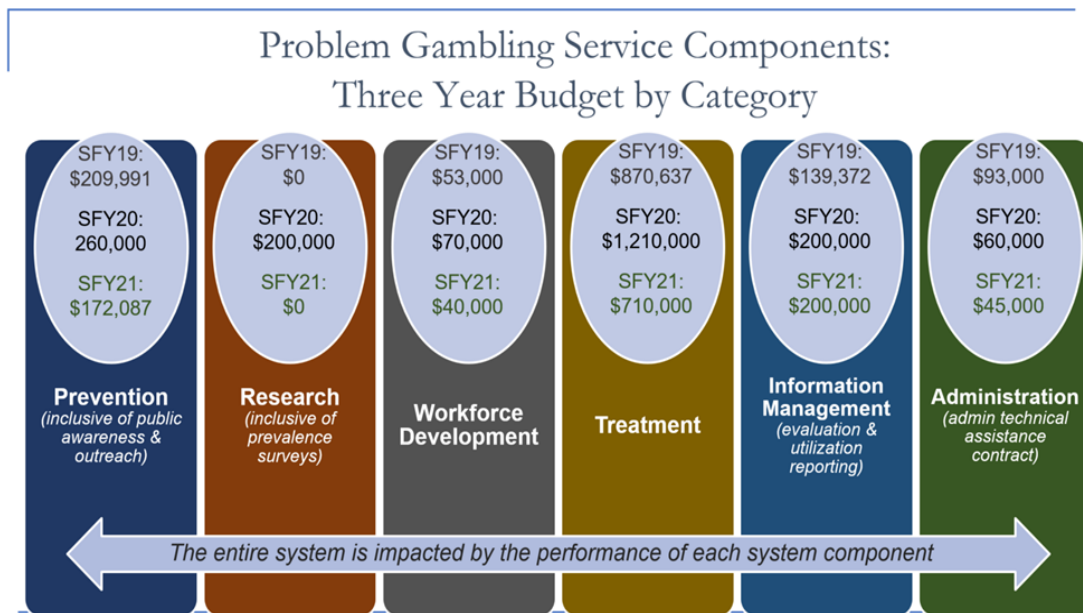
**Figure 7:** Problem Gambling Service Components: Budget, Need, Funding Gap



"Need" is in reference to short-term need that is expected to increase as system potential is realized. Budget need estimates were based on 2018 ACPG workgroup discussions, DHHS budget data, and spending from other U.S. state problem gambling service systems. **Est. annual budget need for next five-years: \$5.68 Million**

During the 2019 legislative session, efforts to reduce the gap between program need and available funding resulted in a funding increased. A special legislative session was called in 2020 to respond to a statewide budget crisis that resulted in a budget decrease. The shifting problem gambling program budget and its impact by program area over the past three years is depicted in Figure 8.

**Figure 8:**



Treatment: Formula driven based on SFY20 spending and performance. Prevention: \$22,087 KPS; \$150,000 NCPG. WFD: \$15,000 Conference; \$25,000 CASAT. Administration does not include DPBH personnel costs for staff involved with the problem gambling services program.

### III. Framework, Guiding Principles & Logic Model

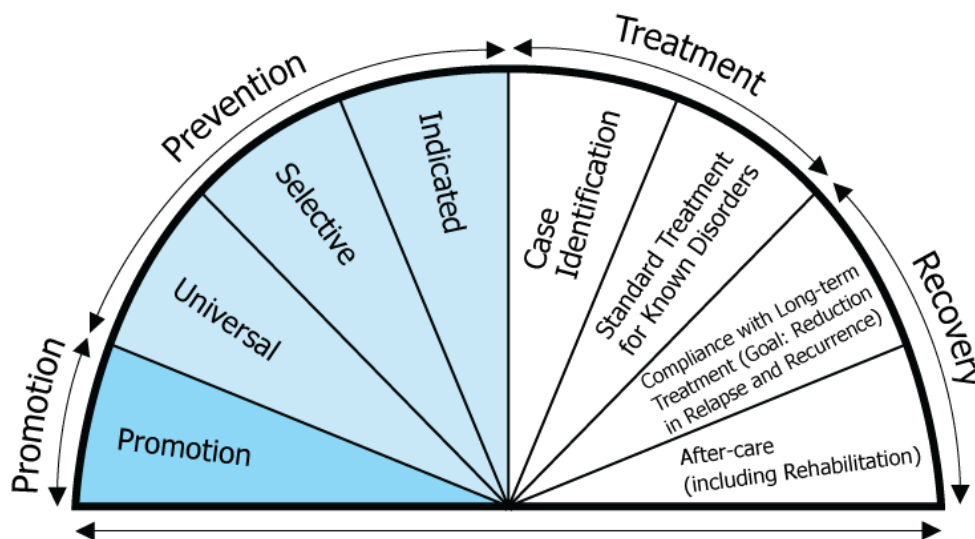
This section introduces a framework, principles, and logic model that have guided the development of this plan and that will serve as signposts for Nevada’s journey in developing services to reduce gambling related harm. The Behavioral Health Continuum of Care Model serves as the framework used to describe Nevada’s vision for a comprehensive service approach for addressing problem gambling. This framework is woven into a set of principles to guide the implementation of the plan by DHHS grantees and others who will participate in its implementation.

#### A. Continuum of Care

Programs and services to prevent and address problem gambling in Nevada can be defined within a Continuum of Care (Figure 9): a scope of services for individuals, groups, and communities before, during, and after they experience a behavioral health problem such as problem gambling. These services include the following.

- Health Promotion: These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.
- Prevention: Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem.
- Treatment: These services are for people diagnosed with a behavioral health disorder.
- Recovery Support: These services support individuals’ recovery while in treatment and after.

Figure 9: Behavioral Health Continuum of Care



Ideally, the Continuum of Care will offer assistance to people at all levels of need, from prevention and health promotion for those who do not gamble or who gamble only recreationally to efforts that include screening and referral for at-risk individuals and brief interventions for those in the early stages of problem development as well as treatment services for disordered gamblers, and, finally, recovery support and rehabilitation. The infrastructure and resources in the current DHHS problem gambling system is not sufficient to ideally support this continuum of service at a statewide level; however, this model can be applied in limited scope and serve as a vision for longer term system development if or when additional resources are made available. For this continuum of services to most effectively function it must be supported by an appropriate infrastructure addressing workforce development, system administration, technical assistance, and information management, and requires ongoing evaluation and adjustment to meet changing needs.

## **B. Guiding Principles**

The following principles guided the development of this strategic plan and will guide the implementation of the plan by DPBH grantees and others who will participate in its implementation.

- Work to reduce gambling related harm while maintaining a neutral position in neither being for or against legalized gambling.
- Support the mission and vision of the Advisory Committee on Problem Gambling.
- Enhance existing infrastructure, whenever possible, rather than creating something new.
- Engage populations of highest need in designing programs and interventions for problem gambling and related issues.
- Work collaboratively across agency boundaries to make interventions more impactful.
- Address gambling through a public health lens, working at a community level to create norms and environments that support healthy behavior.
- Base priorities on data.
- Choose interventions based on evidence of efficacy and proven methods to increase success.
- Provide interventions along the entire Continuum of Services, with a priority on making treatment accessible, recovery supported, and increasing the focus on prevention as resources grow.
- Evaluate and adjust as the work progresses; make data driven decisions.
- Messaging to the public about responsible gambling and problem gambling awareness is provided in a manner that is non-blaming, hopeful, and supports the normalization of help seeking for persons with gambling related problems.
- When developing programs and materials, work collaboratively with consumer and provider communities.
- Strive to bring prevention efforts to the local level and create community empowerment.
- Don't develop and implement projects in isolation; utilize available resources, nurture existing partnerships and develop new ones.

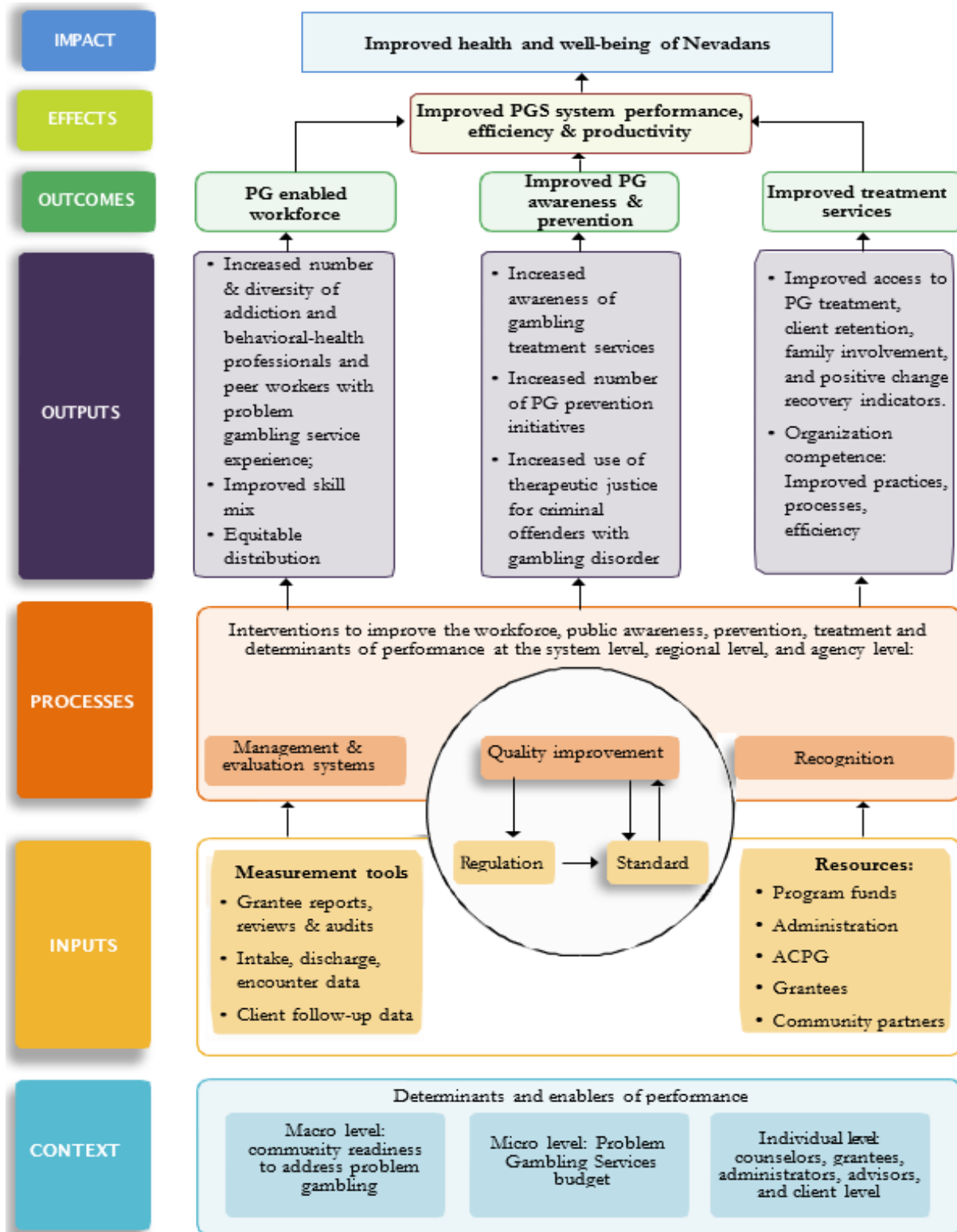
- Culturally specific and responsive services will be the expectation and the rule.
- Prevention programs should be guided by SAMHSA’s Strategic Prevention Framework (SPF).

## C. Logic Model

Goals, objectives, and actions are driven and impacted by the context in which they are derived and implemented. Given the importance of context, it is important to frame the DHHS Problem Gambling Services Strategic Plan and acknowledge its performance and productivity are rooted in factors related to federal, state, and local health systems, economic factors, sociological factors, and political influences. These in turn impact community readiness to address problem gambling including policy makers willingness to support problem gambling services through legislative budgets and policies. In addition to these macro level influences, several contextual variables exist at the micro level, such as the program budget and the characteristics of the program administration, characteristics of grantees, the competency and motivational level of individual stakeholders, and the characteristics and level of complexity among clients. DHHS PGS interventions work in a dynamic relationship with macro and micro level influences impacting overall program productivity, efficiency and effectiveness.

The following framework for improving DHHS Problem Gambling Services provides a logic model structure towards the understanding of how and why different components of the DHHS Problem Gambling Services Strategic Plan interact with one another (see Figure 10). The model focuses on system development, defined here as the DHHS Problem Gambling Service system as historically developed and funded.

Figure 10. Logic Model for Improving DHHS Problem Gambling Services



## IV. Goals, Activities, Enhancements

### Improving DHHS Funded Problem Gambling Services

This strategic plan follows the problem gambling system needs assessment that was completed in 2021 and represents a continuation of previous strategic planning processes. Information gathered during the needs assessment and solution finding phases were categorized into six domains that corresponded with the DHHS Problem Gambling Services system's historical conceptualization. These domains represent program components, funding designation categories, and service procurement categories. These domains are:

- A. Administrative Operations
- B. Information Management
- C. Prevention, Health Promotion, & Public Awareness
- D. Treatment
- E. Workforce Development
- F. Research

Each of the above problem gambling service components is accompanied with a goal followed by a list of enhancement activities intended to achieve the stated goal. The goals and enhancement activities outlined below conform to the ACPG's vision and mission, and the Plan's framework, guiding principles, and logic model as previously described.

## **A: Administrative Operations**

### **Goal:**

Maintain the highest standards of stewardship over essential services supported by the Revolving Account for the Prevention and Treatment of Problem Gambling including establishing strategic directions and program policies, developing needed infrastructure, and operating effective procurement, funding, and reimbursement systems.

### **Problem Gambling Services Integration within the Bureau of Behavioral Health Wellness and Prevention**

The Director of the Department of Health and Human Services has administrative oversight of the programs funded by the Revolving Account to Support Programs for the Prevention and Treatment of Problem Gambling (NRS 458A). Since the fund was established in 2003, the Directors Office, under the Grants Management Unit, later rebranded the Office of Community Partnerships and Grants (OCPG), housed the staff assigned to oversee the problem gambling grants, contracts, and staff the ACPG. In FY2020, the problem gambling services program budget was reassigned to the Bureau of Behavioral Health Wellness and Prevention (BHWP).

Fiscal years 2020 and 2021 were a transitional period for administrative operations of the problem gambling programs. Other than the program being housed in a different division of DHHS, program operations largely carryover while planning took place to explore how best to utilize the program's placement within BHWP to optimize the opportunities afforded by folding problem gambling services into a bureau that oversees the other state funded behavioral health and prevention programs.

BHWP will continue to provide administrative control for the programs funded by the Revolving Account for the Prevention and Treatment of Problem Gambling and the Advisory Committee on Problem Gambling (ACPG) will continue to advise DHHS on the administration of these programs. BHWP will continue to use the existing infrastructure to support a problem gambling service system including (a) maintaining a 1.0 FTE problem gambling program coordination and providing administrative support for problem gambling services; (b) providing staff support for the ACPG; (b) contracting for the development and operation of an information management and evaluation system; (c) contracting technical assistance services to help support program operations, the ACPG, and grantees; and (d) utilizing internal business processes and supports to drive critical functions such as service procurement, service payments, and program leadership.

In FY2021, BHWP initiated a problem gambling integration project focused on improving the capacity of SAPTA certified alcohol and drug treatment agencies to better address problem gambling within their programs. Other initiatives to better integrate problem gambling services into other program areas included assessing barriers to increasing the use of Medicaid funds to support eligible persons in need of gambling disorder treatment and problem solving to more effectively blend revenue sources problem gambling services.

## Enhancement Activities:

- Maintain and enhance human and programmatic capacity to implement this strategic plan.
  - Explore with the Advisory Committee on Problem Gambling (ACPG) measures DPBH Bureau of Behavioral Health Wellness and Prevention (BHWP) can take to support ACPG initiatives and ACPG functions.
  - Examine existing funding structures, allocations, and outputs to determine necessary funding reallocations and make changes based on identified needs and resources.
  - Work with the ACPG in developing processes and practices to effectively and efficiently utilize BHWP staffing resources devoted to supporting the ACPG.
  - Consider developing and/or supporting legislation necessary to increase funding for the problem gambling service system.
- Seek opportunities to improve upon policies and procedures that will support the successful enhancement and implementation of services.
  - Build upon the expansion of telehealth services developed in response to the pandemic by creating permanent rules and structures to support the growth, effectiveness, proficiency, safety, and ethical use of telehealth practices supporting problem gambling treatment and education.
  - Engage in initiatives to develop problem gambling peer support services including the addition of encounter claim codes for peer support services.
  - Solicit input from grantees on recommended changes to the grant application process, develop methods to revise service procurement practices, and implement to procure SFY2024 and SFY2025 service grants.
  - Explore methods and policies enabling BHWP to leverage funds from the Revolving Account for the Prevention and Treatment of Problem Gambling with other funding sources.
  - Explore policies, methods, and processes to leverage problem gambling services being placed within BHWP. Exploration of initiatives will include ways to increase the problem gambling intervention capabilities of all BHWP funded prevention and treatment programs.
- Enhance grant oversight activities to increase system performance including quality of care and/or services across all grantees.
  - For treatment grantees, explore enhancement to program review procedures to monitor compliance with gambling treatment standards, including performance benchmarks, and develop corrective action procedures and conditions upon which funding may be reduced, revoked, or redirected.
  - Revise treatment grantee performance benchmarks to remove benchmarks that are not supported by reliable data or shown to benefit the system.



- Conduct program reviews of service grants to support and monitor grantee progress in meeting grant conditions.
- Enable treatment providers to braid funds from multiple funding streams, such as Medicaid, the Revolving Account for the Prevention and Treatment of Problem Gambling, charitable donations, and private insurance so that funds are combined, with careful accounting for how dollars from each funding source are spent.
  - Identify problem gambling treatment grantees that are not Medicaid eligible and provide technical assistance and other supports to explore means to become Medicaid eligible or partner with Medicaid eligible providers.
  - Explore and if appropriate enact policies allowing and encouraging grantees to obtain funding from multiple streams including Medicaid and private insurance.
- Foster integration of problem gambling interventions into core elements of other BHWP administered programs.
  - Explore opportunities and implement when feasible Gambling Screening, Brief Intervention, and Referral to Treatment (SBIRT/GBIRT) model programs to identify, reduce, and prevent problematic gambling behaviors.
  - Where determined feasible, add problem gambling into standardized reporting systems and revise DHHS rules and contracts to encourage agencies to integrate problem gambling interventions into service programs.
  - Explore opportunities and implement when feasible contract conditions to require state funded programs to add education about problem gambling into appropriate educational curricula (e.g. DUII diversion programs).
- Continually assess the performance of the problem gambling service system; seek input from partners, collaborators, and other stakeholders; and engage in efforts to continually improve the effectiveness and efficiency of efforts to address problem gambling.
  - Conduct program reviews to monitor compliance with treatment standards and develop corrective action procedures and conditions upon which funding may be reduced, revoked, or redirected.
  - Assess SFY2021 grant process and recommend changes to address identified issues or areas in need of improvement.
  - Award funds based on performance including service encounter claims, ability to meet performance benchmarks, and program review findings.
  - At least annually review the DHHS Problem Gambling Services Strategic Plan and update as needed.
- Re-engage the strategic planning process to update the Strategic Plan to reflect new program budget realities.
  - Review and adjust service reimbursement rates to support grantees cost of doing business
  - Plan for expanded services proportional to budget increase.

- Develop and implement programs and incentives to increase problem gambling awareness and intervention capabilities within other DPBH programs.
  - Offer a Problem Gambling Capability endorsement for SAPTA certified alcohol and drug treatment programs and develop technical assistance programs and other incentives for programs to obtain the endorsement.
- Increase administrative staffing to support growth of problem gambling service programs.
  - Assign a dedicated administrative assistance to problem gambling services.
  - Obtain additional program consultation support.
- Engage in a procurement process to develop new contracts and grants to implement an updated Strategic Plan reflective of new program budget realities.

## **B: Information Management**

### **Goal:**

To have access to valid and reliable data on the population being served, utilization of services, program performance, and the outcomes produced. The information management system will support and enhance data-driven program and policy decisions.

### **Ongoing Delivery:**

The information management of DHHS supported problem gambling services has been tasked to three entities. The hub of the information will be the DPBH Bureau of Behavioral Health Wellness and Prevention and its staff assigned to the problem gambling program. BHWP obtains progress reports directly from grantees that include information on progress toward stated goals and fiscal reports. Two other entities serve as business associates in the administration of the problem gambling system; an Information Management contractor, currently UNLV International Gaming Institute, and a Program Consultant contractor, currently Problem Gambling Solutions, Inc. The Information Management contractor is responsible for developing, operating, and reporting on a data management and evaluation system for the problem gambling treatment system. This comprehensive system provides information needed to process claims, determine if treatment grantees are achieving defined performance benchmarks, track trends in enrollments and client outcomes, and provide DPBH with requested data to inform policy and program decisions. The Program Consultant contractor is tasked with, among other duties, designing, coordinating, and reporting on problem gambling treatment program reviews and collecting needs assessment data from the field.

## Enhancement Activities:

- Embark on efforts to improve the type and quality of data collected by DHHS DPBH from grantees and provided to grantees.
  - Explore revisions to quarterly reporting forms.
  - Develop family client specific forms and information tracking.
  - Seek opportunities to reduce information request redundancy by better utilizing existing information.
  - Seek methods to increase information feedback loops to assist grantees to make data informed program changes.
- Improve the functionality of the problem gambling treatment information management system.
  - Review the the Encounter Data Reporting Requirements and update if needed.
  - Continue to explore and implements refinements to the user interface for clinics to enter data into the problem gambling treatment data system including exploration and implementation of methods to seamlessly transfer data between clinics' electronic records management systems and the problem gambling treatment information management system.
  - Create training manual and frequently asked questions document for the user interface.
  - Engage in a continual improvement process to update and develop the information management system though soliciting user experience and DPBH reporting needs.
  - Improve database architecture to link intake, encounter, and follow-up data.
- Revise gambling treatment program review protocols to increase effectiveness and transparency and fit with other system changes.
  - Revise protocols and instruments to fit with revisions to the Problem Gambling Treatment Provider Manual.
  - Systematically review encounter claims data for each grantee and match sample of claims with client file documentation and other supporting documentation.
  - Implement methods to assist grantees with meeting performance benchmarks and provider standards upon request and in response to program review findings.
- Develop “Problem Gambling Treatment Program Quality Improvement Report” based on data collected and report findings according to defined performance benchmarks.
- Provide annual problem gambling treatment system performance and evaluation reports and as requested reports to enable data driven program and policy decisions.

## C: Prevention, Health Promotion, & Public Awareness

### Goal:

Support effective problem gambling prevention and health promotion programs to reduce the occurrence and impact of problem gambling on individuals, families, and communities.

### Ongoing Delivery:

A new element to the problem gambling service system, beginning in SFY 2020, problem gambling services contracted with a marketing and public relations firm, to create the “Project Worth” problem gambling awareness brand, related advertising campaign, and public relations efforts. This included the development of a new website, weekly social media posts, and multiple press releases. Although efforts in these areas were reduced in SFY2021 secondary to a program budget reduction, they were kept afloat and will continue in a more robust form during SFY 2022 and 2023.

The limited resources invested in problem gambling prevention were pooled into a single problem gambling prevention grant in SFY2020 and 2021. A primary object was to provide an infrastructure to enable statewide problem gambling prevention efforts to develop, mainly through collaborations with governmental entities, community service organizations, and other stakeholders. This efforts will continue including statewide dissemination of problem gambling awareness and education materials to prevention partners; Integration of problem gambling messaging, materials, and referral resources into community awareness and health promotion activities and events; Promotion and coordination of activities in support of Problem Gambling Awareness Month; Maintenance and use of websites and social media to provide and promote problem gambling awareness, information and resources for help; and program development to mobilize the recovery community to raise problem gambling awareness.

### Enhancement Activities:

- Increase the capacity of prevention efforts to address problem gambling.
  - Explore opportunities to add funding to the DHHS administered problem gambling service system in order to increase the financial investment in problem gambling prevention and public awareness efforts.
  - Explore the possibility of requiring state funded addiction prevention programs to integrate the topic of gambling addiction into their materials and efforts.
  - Focus the use of limited prevention funding to prepare the system for a more robust prevention effort when more funds materialize.
  - Develop the use of telehealth and distance learning technologies to expand problem gambling prevention efforts.
    - Utilize web based learning technologies to deliver problem gambling educational content to youth throughout Nevada

- Expand upon current problem gambling prevention efforts.
  - Identify state-level changes that have the potential to lead to positive impacts on the problem gambling prevention system.
    - Support actions taken by the Advisory Committee on Problem Gambling to expand their reach in affecting gambling policy within state agencies and regulatory bodies.
  - Increase the number of collaborative projects and partnerships with organizations where addressing problem gambling is consistent with meeting their mission.
  - Integrate problem gambling messaging, materials, and referral resources into community awareness and health promotion activities and events.
  - Expand upon past efforts to coordinate statewide activities during Problem Gambling Awareness Month.
  - Request grantees further develop their websites as a resource for entities interested in or actively providing problem gambling prevention messaging or other forms of problem gambling awareness activities.
  - Continue to support a Speakers Bureau of persons in recovery and actively seek out speaking engagements to increase problem gambling awareness.
  - Outreach and engagement with the recovery community to reduce stigma and promote awareness through inclusion of lived experience in problem gambling prevention and awareness activities.
- The Bureau of Behavioral Health Wellness and Prevention will collaborate with other DHHS divisions, community service organizations, and other stakeholders to create a system of partnerships to increase efficiency and efforts to address problem gambling.
  - Support and participate in workgroups tasked with further developing problem gambling prevention services.
  - Support meeting and webinar opportunities for providers to network, to form partnerships, and to share successes.
  - Reach out to representatives of state agencies and explore opportunities to partner on common ground initiatives where addressing problem gambling supports fellow state agencies' goals.
  - Continue to work with stakeholders within the criminal justice system to expand use of NRS 458A.200-260: "Civil Commitment of Problem Gamblers Convicted of Crime".
- Expand the statewide problem gambling awareness campaign including marketing, public relations, social media and outreach strategy and tactics.
  - Continue to use the Project Worth campaign to increase awareness of problem gambling and the available resources for Nevadans.

- Perform structured public relations and community outreach to promote gambling treatment resources.
- Use social media and other digital technologies to promote problem gambling prevention and treatment.
- Evaluate the impact and report the progress of the Project Worth marketing and communications campaign efforts.

## D: Treatment System

### Goals:

- (a) Support effective and efficient problem gambling treatment programs to reduce the occurrence and impact of problem gambling on individuals, families, and communities.
- (b) Increase problem gambling treatment enrollments by no less than 10% each year.
- (c) 100% of gambling treatment grantees meet defined performance standards.

### Ongoing Delivery:

Continue to support a problem gambling treatment system composed of elements that offer a continuum of care from health promotion, screening and referral, brief interventions, distance treatment, outpatient treatment, residential treatment, and longer-term recovery support. Elements of this system that have been developed and will continue to be delivered include the promotion of the use of therapeutic justice with individuals whose criminal offences are related to a gambling disorder; adjusting treatment grantee allocations to support programs exceeding enrollment projections; conducting annual gambling treatment program reviews; and promoting communication and collaboration among gambling treatment grantees, DPBH, ACPG, and other partners of Problem Gambling Services.

### Enhancement Activities:

- Implement new grants with targeted technical assistance services provided to new gambling treatment grantees resulting from the SFY2022 and SFY2023 procurement process.
- Implement revisions made to the Problem Gambling Treatment Services Provider Manual.
  - Continue to support COVID Relief Problem Gambling Treatment Initiatives until the end of the pandemic.
    - Add-on codes: Revised treatment wrap around and ancillary services (Add-on Codes) from a maximum of 5% total grant amount to a maximum of 10 % of total grant amount.
    - Client benefit extensions: Increase maximum allowable gambling treatment client benefit extensions from 5% of total claims to 10% of total claims.

- Brief clinical interactions: Revise minimum time allowable to claim one unit of service from 7.5 minutes to 5 minutes, for those clinical activities intimated by client and resulting in a progress note within the client file.
  - Relapse booster services: Reimburse providers for providing relapse prevention support to former clients, using standard gambling treatment procedure codes, with a maximum per client cap of \$500.
- Increase gambling treatment grantee's fee-for-service rate schedule for residential gambling treatment and transitional housing to maintain parity with SAPTA reimbursement rates.
- Add "Peer Recovery Support Services" and "Peer Delivered Services – Group" to the list of allowable procedure codes eligible for payment claims.
- Engage in continual problem gambling treatment system improvement efforts.
  - Utilize gambling treatment evaluation data to promote data driven improvement initiatives at the program and system level.
  - Each year assess strengths and gaps in the provision of these services and adjust as feasible.
  - Utilize the ACPG to inform the development and implementation of innovative interventions targeting high risk populations/groups.
  - Explore the development of a program designed to fill service gaps within the existing gambling treatment system.
  - Build off of the recently improved upon problem gambling treatment telehealth infrastructure to reach and provide more services to individuals living in Nevada's rural communities.
- Increase the capability of SAPTA certified alcohol and drug treatment agencies to address problem gambling.
  - Develop training and technical assistance programs to support SAPTA certified agencies to become more problem gambling capable.
  - Develop an endorsement for those agencies achieving measurable benchmarks in problem gambling capability.
- In the event program funding supports problem gambling infrastructure development, consider the following areas of program expansion.
  - Develop residential gambling treatment capacity in the Las Vegas metropolitan area.
  - Increase support for services ancillary to treatment services including housing support, peer recovery support services, employment placement services, etc.

## E. Workforce Development

### Goal:

Establish policies and offer programs designed to develop provider competencies and foster a supportive and collegial workforce made up of sufficient numbers.

### Ongoing Delivery:

Continue to support a problem gambling workforce development grant broadly aimed at meeting the above stated goal for problem gambling workforce development including offering CEU training opportunities on problem gambling related topics for the existing behavioral health workforce and offering a Problem Gambling Intern Readiness 30-hour course. Continue the support of an annual state conference on problem gambling and messaging services to continually provide training announcements for problem gambling education. Continue to offer grantees the ability to utilize a portion of their grant monies to support the professional development of their problem gambling service staff including supervision services. Continue to integrate education and technical assistance into problem gambling treatment program reviews.

### Enhancement Activities:

- Offer new problem gambling continuing education trainings within the Center for the Application of Substance Abuse Technologies professional learning series.
- Develop a specialized supervisor training track for certified problem gambling counselors to become supervisors, including marketing to existing CPGC.
- Enhance existing workforce and emerging workforce telehealth skills with specialized telehealth competency and ethics training
- Increase the capability for SAPTA certified alcohol and drug treatment agencies to address problem gambling.
- Explore the development of a statewide problem gambling clinical consultation program and implement, if feasible.
- Create a problem gambling peer support specialist endorsement or certification program.
- Increase collaboration with the Board of Examiners for Alcohol, Drug, and Gambling Counselors (BOE) through the appointment of a member of the ACPG to attend all BOE board meeting as a liaison between the ACPG and the BOE.
- Conduct a problem gambling workforce development needs assessment to analyze and recommend improvement strategies. Based on findings and resources, implement workforce enhancements. These enhancements may include:
  - Infuse topics on problem gambling into college course work / addiction study curricula.



- Develop and provide educational opportunities for qualified mental health professionals to meet the educational requirements to become back-up problem gambling counselors per PGS Provider Manual.
- Explore strategies to increase information exchanges between providers.
- Collaborate with professional credentialing/licensing bodies to explore adding a minimum number of problem gambling education hours for certification and licensing of behavioral health professionals.
- Devise training and education programs to develop provider competencies. Explore the following initiatives and implement if and when feasible:
  - Develop technical assistance services to offer support and training to new problem gambling treatment and prevention staff working within DHHS funded problem gambling treatment and prevention programs.
  - Establish standards for student placements and internships focused on developing competence in problem gambling prevention, early intervention and treatment services.
  - Utilize training models that emphasize coaching and on-site implementation support.
  - Offer regional problem gambling training opportunities.
- Expand efforts to educate the broader mental health and addictions community about problem gambling including links between problem gambling and other behavioral health issues, problem gambling treatment availability and evaluation outcomes, and problem gambling screening and referral. Explore the following strategies and implement if feasible:
  - Partner with colleges and institutions to offer specialty education and training in the knowledge, skills and attitudes essential to provide effective gambling disorder prevention and treatment services.
  - Expand web accessible resources for problem gambling service providers through the creation of a new provider specific website for problem gambling service providers.
  - Increase the availability of continuing education events throughout the state that enhance the knowledge and skills of service providers that are likely to encounter individuals with gambling problems including allied providers in the fields of behavioral health, physical health, and public health.
- Actively seek out and arrange for presentation opportunities at conferences within Nevada attended largely by health care service providers including behavioral health, physical health, and public health.
- Meet with behavioral health and education associations to explore where and how the topic of problem gambling can be incorporated into trainings, curricula, testing and certifications.

## F. Research

### Goal:

Advance the knowledge of the field of problem gambling with specific attention to using research data to drive Nevada's policies and practices relevant to DHHS problem gambling services.

### Ongoing Delivery:

Continue to utilize third party evaluation of DHHS supported gambling treatment services including employing procedures to measure gambling treatment grantee performance on defined measures (See Problem Gambling Treatment Services Provider Manual, Section II, Performance Measures). Continue to conduct follow-up evaluation interviews with consenting gambling treatment clients. Continue to utilize the Behavioral Risk Factor Surveillance System (BRFSS) to serve as a surveillance measure for gambling behaviors among Nevada adults.

### Enhancement Activities:

- Research pathways to long-term recovery by enhancing the Problem Gambling Treatment Follow-up Evaluation Study to include in-depth interviews with consenting former DHHS supported gambling treatment clients and produce report that will include a discussion of findings can inform more treatment effectiveness, as well as target specific at-risk populations (e.g., veterans, rural residents, seniors, college students, those with co-occurring addictive disorders).
- Stimulate problem gambling research in Nevada through targeted funding of relevant research projects and/or through the implementation of a problem gambling research grant program for Nevada researchers and/or graduate students and/or other small grant programs.
- Utilizing data collected from the UNLV gambling treatment information management system, create Annual Gambling Treatment System Performance Reports for the purpose of utilizing the information to inform practice and policy by providing an analysis and review of the Intake, Discharge, and Follow-up evaluation for the fiscal year including trend analyses utilizing past year's data.
  - Produce both a detailed report and an abbreviated report designed for use with legislative committees and the public to provide an overview of the annual report findings inclusive of infographics and professional formatting.
- Create opportunities for Nevada based research on problem gambling to be disseminated at conferences, at trainings, among local media outlets, and to various problem gambling stakeholder groups within Nevada.
- Develop a ACPG recommended Research Agenda focused on meeting Nevada's needs for increased information related to gambling and problem gambling to inform critical program and policy decisions.



“They helped me get my life back and get rid of the obsessive thoughts about gambling.”

— *Anonymous Client*

*Quote taken from: Dassopoulos, A. & Bernhard, B. (2020). The Nevada Problem Gambling Study Annual Report. UNLV International Gaming Institute. Las Vegas, NV.*

