
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

FY2024 - FY2027 Strategic Plan

Approved by the Governor's appointed Advisory Committee on Problem Gambling on May 17, 2023



Department of Health and Human Services

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



Mission and Vision Statements



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

Mission & Vision

Nevada Revised Statutes (NRS) 641C.110 defines “problem gambling” as meaning persistent and recurrent maladaptive behavior relating to gambling that causes disruptions in any major area of life, including, without limitation, the psychological, social, or vocational areas of life. NRS Chapter 458A, provides the language governing problem gambling prevention and treatment programs, including the creation of the Governor’s appointed Advisory Committee on Problem Gambling (ACPG). The ACPG drafted the following Mission and Vision statements to guide DHHS Problem Gambling Services:

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 Service’s strategy to reduce the impact of problem gambling on Nevadans.



Acknowledgments

Acknowledgments

Project Participants

The Nevada 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; Strategic Planning Survey respondents, and individuals who participated in key informant strategic planning interviews.

All those that 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 was evident in the effort you put forth. Our combined effort has produced a strategic plan that builds upon our accomplishments and steers us to ever-improving outcomes.

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 (BHWP).

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Suggested Citation:

Nevada Department of Health and Human Services (2023). Problem Gambling Services Strategic Plan: 2024 - 2027 Version 1. Carson City, NV: Author.

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Executive Summary

Nevada Problem Gambling Services Overview

PRIMARY TARGET POPULATION:

Nevada adults and adolescents at-risk or with gambling problems.

TOP PRIORITY:

Supporting a comprehensive problem gambling service system.

PROGRAM COMPONENTS:

The problem gambling service system incorporates six core program components. The service partners within each program component are identified below and referenced by corresponding numbers. The six core program components are Prevention, Health Promotion, & Public Awareness (1, 2), Research (3), Workforce Development (1,4), Treatment & Recovery (5-11), Information Management (3), and Administrative Operations (12).

SERVICE PARTNERS:

1. Nevada Council on Problem Gambling, 2. KPS3, 3. UNLV International Gaming Institute, 4. University of Nevada, Reno Center for the Application of Substance Abuse Technologies (UNR CASAT), 5. New Frontier Treatment Center, 6. International Problem Gambling Center, 7. UNR Downing Center, 8. Bristlecone Family Resources, 9. Mental Health Counseling & Consulting, 10. Eighth Judicial District Court, 11. Problem Gambling Integration Project partners (consisting of 10 SAPTA Certified agencies). 12. Problem Gambling Solutions, Inc. (PGS).

ADVISORY COMMITTEE ON PROBLEM GAMBLING:

The nine member Governor appointed Advisory Committee on Problem Gambling (ACPG) was created within DHHS to inform and advise the Department and other state agencies per NRS 458A.060. The ACPG meet no less than once quarterly and frequently forms workgroups to address program and policy issues.

REPORTING:

The UNLV International Gaming Institute develops an annual gambling treatment services evaluation report; PGS provides annual gambling treatment grantee site review reports; the DHHS Program Coordinator synthesizes quarterly progress reports that detail grantee performance.

NOTABLE CHALLENGES:

Community readiness to address problem gambling is very low resulting in (a) low rates of individuals seeking problem gambling treatment services, (b) reluctance to address problem gambling among potential collaborators, and (c) lack of federal funding combined with lower than ACPG recommended state funding.

FUNDING SOURCE:

The Revolving Account for the Prevention and Treatment of Problem Gambling (referred to as the “Problem Gambling Fund”) was created by Senate Bill 357 during the 2005 Legislative Session and codified in NRS 458A. During the 2023 legislative session, \$2.2 million was allocated annually from State General Funds into this budget account for state fiscal years 2024 & 2025.

FUNDING REQUIREMENTS:

All funds within the Problem Gambling Fund are dedicated to support the six core components of Nevada Problem Gambling Services.

Executive Summary

In 2023, the UNLV International Gaming Institute completed a probability-based panel survey of Nevada residents where 13% of respondents scored within a problem gambling high risk range suggesting thousands of Nevadans may be at some risk of gambling related harm.¹ Problem gambling-related harms are diverse, ranging from risks to homelessness, domestic violence, debt, family breakdown, loss productivity, criminality, and negative impacts on emotional and physical health. For these reasons, problem gambling is increasingly being described as an important public health issue that extends beyond the individual to include interpersonal, community, and societal levels of impact.²

To reduce harms caused by problem gambling, the Nevada Department of Health and Human Services (DHHS) Problem Gambling Services has evolved since its 2005 inception into a comprehensive system designed to support effective problem gambling prevention, treatment, recovery support services, harm reduction efforts, workforce development activities through education and intern field placement, and research programs throughout the State of Nevada. The comprehensive infrastructure and system's development has been guided by a series of strategic plans. This document offers historical background into DHHS Problem Gambling Services, including strategic planning processes, along with a strategic plan for the continued development of these critical services.

The present strategic planning document (otherwise referred to as “the Plan”) is organized into four sections. The first section provides an introduction to state supported problem gambling services in Nevada from its early history through a description of the 2023 capacity of the service delivery system, the year this Plan was developed. The second section details 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 the Plan and that serve as milestones 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 other community partners and stakeholders who will participate in its implementation. The final section of the Plan describes each of the five key priorities that serve as focal points, followed by the strategic goal for each key priority. For each strategic goal, a list of tactics is provided that are to be used to make progress toward that goal. These tactics are organized along the DHHS Problem Gambling Service system's six core service domains: Administrative Operations; Information Management; Prevention, Health Promotion, & Public Awareness; Treatment & Recovery; Workforce Development; and Research.

The Plan will be used as a roadmap for DHHS and the ACPG to develop a work plan and action steps to be taken to achieve the goals and guide initiative development from one point to another. The Plan represents an important hallmark in the continued efforts to support effective problem gambling prevention, treatment, recovery support services, harm reduction efforts, workforce development activities through education and intern field placement, and research programs throughout Nevada.

¹Dassopoulos, A. & Chandler, R. (2023). A Snapshot of Gambling Behaviors, Attitudes, and Problem Gambling in Nevada: Findings from Surveillance Surveys. Prepared for the Nevada Department of Health and Human Services.

²Latvala, T., Lintonen, T., & Konu, A. (2019). Public health effects of gambling—debate on a conceptual model. BMC public health, 19, 1-16.

Nevada Problem Gambling Services Framework

DHHS Problem Gambling Services' strategic plan sets forth a comprehensive approach to problem gambling services that identifies six program components (Prevention, Health, & Public Awareness, Research, Workforce Development, Treatment & Recovery, Information Management, and Administration Operations) that are driven by key priorities. The illustration below shows how these priorities, such as advancing behavioral health equity, an issue which the pandemic brought to the forefront in new ways, crosscut throughout each program component. The graphic also highlights how service expansion, partnerships, fostering excellence and sustainable development are necessary ingredients to make progress on the key service components of the plan.



Each of the five key priorities found on the outer ring serves as the focal points for their corresponding strategic goals. The innermost circle represents the DHHS Problem Gambling Service system's six core service domains and their role in supporting each of our priorities and goals.

DHHS Problem Gambling Services

Introduction to the DHHS Problem Gambling Services Plan



Introduction

to the DHHS Problem Gambling Services Plan

Introduction to the DHHS Problem Gambling Services Plan

Problem gambling includes all gambling behavior patterns that compromise, disrupt, or damage personal, family, or vocational pursuits. In 2023, the UNLV International Gaming Institute completed a probability-based panel survey of Nevada residents where 13% of respondents scored within a problem gambling high risk range suggesting thousands of Nevadans may be at some risk of gambling related harm.³ Problem gambling-related harms are broad, ranging from risks to housing and homelessness, domestic violence, debt, family breakdown, and negative impacts on emotional and physical health. Problem gambling has the highest rate of suicide of any addictive disorder, with one in five problem gamblers attempting suicide.⁴ It is estimated that one problem gambler affects at least six other people—spouses, children, extended family members, friends, and the broader community.⁵ Certain groups are more vulnerable to harmful gambling – including young people, certain ethnic minority groups, military personnel and veterans, homeless people and people with mental health and substance misuse issues. For all these reasons, problem gambling is increasingly being described as an important public health issue that extends beyond the individual to include interpersonal, community, and societal levels of impact.⁶

As awareness of problem gambling as a public health issue began to emerge in the early 2000s, Nevada joined several other U.S. states in funding problem gambling services. 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. While the problem gambling service system (PGS) has developed over the years, funding for that system has not been stable. The budget began at \$1,700,000 in 2008, hitting a low of \$720,637 in 2012, before rebounding to approximately \$2,000,000 in 2019.

Amidst a state budget crisis caused by the pandemic, the 2020 legislature enacted budget reductions across state agency departments that ultimately resulted in a 42% reduction to the FY2021 Problem Gambling Services grant appropriations (from \$1,900,000 to \$1,167,087). Reaction against this reduction came from gaming industry groups, the academic community, public health advocates, and Nevada constituents and the funds were restored to their 2020 levels for fiscal years 2022 and 2023. At the time of this Plan's writing, the 2023 Legislature was in session and no final legislative approved program budget was available for FY2024 and FY2025. Based on the Governor's recommended budget, the anticipated program funding for FY2024 and FY2025 is \$2,200,000 annually.

3 Dassopoulos, A. & Chandler, R. (2023). A Snapshot of Gambling Behaviors, Attitudes, and Problem Gambling in Nevada: Findings from Surveillance Surveys. Prepared for the Nevada Department of Health and Human Services.

4 Marionneau, V., & Nikkinen, J. (2022). Gambling-related suicides and suicidality: A review of qualitative evidence. *Frontiers in psychiatry*.

5 Goodwin, B. C., Browne, M., Rockloff, M., & Rose, J. (2017). A typical problem gambler affects six others. *International Gambling Studies*, 17(2), 276-289.

6 Latvala, T., Lintonen, T., & Konu, A. (2019). Public health effects of gambling—debate on a conceptual model. *BMC public health*, 19, 1-16.

The ACPG has argued this level of funding is insufficient to meet Nevada's needs and plans to seek legislative support during the 2026 legislative session to increase the DHHS Problem Gambling Services budget during the second two years of this strategic plan (FY2026 and FY2027). For this reason, the present strategic plan includes some aspirational new initiatives that would be made possible with increased program funding.

The present strategic plan combines all problem gambling program elements into a unified and integrated plan. The 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.

Nevada Problem Gambling Services Framework

DHHS Problem Gambling Services' strategic plan sets forth a comprehensive approach to problem gambling services that identifies six program components (Prevention, Health, & Public Awareness; Research; Workforce Development; Treatment & Recovery; Information Management; and Administrative Operations) that are driven by key priorities. These five key priorities (Advance Equity; Expand Services; Engage Partners; Foster Excellence; and Promote Sustainability) crosscut throughout each program component and are necessary for the continued development of DHHS Problem Gambling Services.



Each of the five key priorities found on the outer ring serves as the focal points for their corresponding strategic goals. The innermost circle represents the DHHS Problem Gambling Service system's six core service domains and their role in supporting each of our priorities and goals.

The DHHS Problem Gambling Services strategic plan consists of four sections arranged to provide a context for the plan (Section I), a description of the planning process (Section II), an overview of the theoretical and conceptual underpinnings supporting the plan (Section III), and the plan itself (Section IV). These sections follow under the below headings:

Section I: Capacity of the Service Delivery System

Section II: Strategic Planning Process

Section III: Framework, Continuum of Care, & Logic Model

Section IV: Priorities, Goals, Tactics

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

DHHS Problem Gambling Services

Section 1: Capacity of the Service Delivery System



Section I:

**Capacity of the
Service Delivery System**

Section 1: Capacity of the Service Delivery System

A. Administration

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 has housed the staff assigned to oversee the issuance of problem gambling sub awards and contracts, and staff the ACPG under the Grants Management Unit - later rebranded the Office of Community Partnerships and Grants (OCPG). In FY2020, the Problem Gambling Services program budget was relocated 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. Aside from being housed in a different division of DHHS, program operations largely carried over. Furthermore, 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.

In FY2021, BHWP initiated a problem gambling integration project focused on improving the capacity of SAPTA certified alcohol and drug treatment agencies to address problem gambling within their programs. Other initiatives to better integrate problem gambling services into other program areas included (1) assessing barriers to increasing the use of Medicaid funds to support eligible persons in need of gambling disorder treatment and (2) seeking funding opportunities made available through federal grants to address gaps in the problem gambling services system.

BHWP utilizes its administrative 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; (c) contracting for the development and operation of an information management and evaluation system; (d) contracting technical assistance services to help support program operations, the ACPG, and grantees; and (e) utilizing internal business processes and supports to drive critical functions such as service procurement, service payments, and program leadership.

B. Funding

In 2005, the Nevada State Legislature passed Senate Bill 357 to create the Revolving Account for the Prevention and Treatment of Problem Gambling and the Governor's appointed Advisory Committee on Problem Gambling (ACPG) to advise the Department of Health and Human Services (DHHS) in its administration of this account. The annual budget for the first few years of the program 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 the slot tax revenue directed to DHHS problem gambling services from \$2 to \$1. This reduction remained in effect through FY 2013. During these lean budget years, the gambling treatment grantees agreed to take a reduction in service reimbursement rates to serve more problem gamblers, and all DHHS funded problem gambling prevention activities were discontinued. In FY 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 percentage allocation of the of gaming 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 FY2020 and FY2021 were drawn directly from general funds rather than the proposed percentage draw from existing gaming 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). Reaction against this reduction came from gaming industry groups, the academic community, public health advocates, and general citizenry resulting in the funds being restored to their 2020 levels for FY2022 and FY2023 with a small increase. For FY2024 and FY2025 although based on the Governor's recommended budget, increased program funding to \$2,200,000 annually and this recommendation was legislatively adopted during the 2023 legislative session.

The ACPG has argued that problem gambling service funding needs to reflect Nevada's stature in the gaming industry as a leader, innovator, and major contributor to the state's economic health. However, current state investment in problem gambling services falls well behind several other states with a much smaller gaming industry. According to a national survey conducted in 2021, Nevada ranked 18th out of the 50 U.S. states in terms of per-capita public funds invested in problem gambling services.⁷ The ACPG further argues that the current level of funding is insufficient to meet Nevada's needs and plans to seek legislative support during the 2025 legislative session to increase the DHHS problem gambling services budget during the second two years of this strategic plan (FY2026 and FY2027).

C. 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 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 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 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 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.

D. Nevada Problem Gambling Treatment & Recovery 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; (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.

⁷ Marotta, J. & Yamagata, G. (2022). 2021 Survey of Publicly Funded Problem Gambling Services in the United States. Wheatland CA: National Association of Administrators for Disordered Gambling Services.

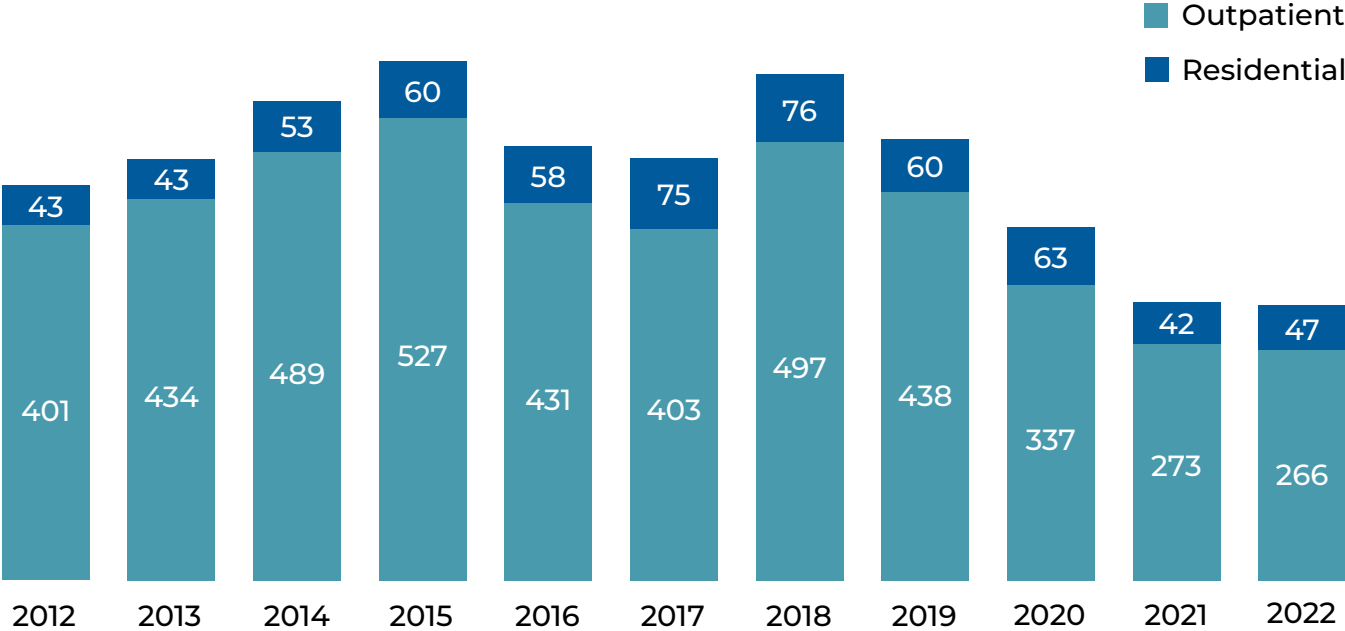
Another distinguishing characteristic of Nevada's publicly funded gambling treatment system is its variety of providers. DHHS does not restrict what type of entity may apply for problem gambling treatment grants. This has resulted in some providers being Certified Community Behavioral Health Clinics, while others are classified as accredited substance abuse treatment agencies, some being exclusive problem gambling treatment centers, some holding non-profit status, and others of these do not. The grant selection process has emphasized qualifications and experience in treating problem gamblers to reflect a quality over quantity approach.

In FY2023, 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 (LVPGC) located in Las Vegas. Each year the LVPGC enrolls approximately 300 individuals with the majority participating in its Intensive Outpatient Program (IOP). IOP programs are defined as those programs providing 9 hours or more of treatment services per week. The other Southern Nevada gambling treatment grantee, Mental Health Counseling and Consulting, located in Henderson, provides mainly outpatient gambling treatment where most clients receive one to two hours of treatment services per week. Mental Health Counseling and Consulting, 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 University of Nevada, Reno, The Downing Counseling Center is the newest gambling treatment provider. The Downing Counseling Center was initially established to address a gambling treatment workforce shortage by offering a problem gambling treatment specific training program, where counseling education students can obtain practicum experience working with clients diagnosed with gambling disorder. The Downing Counseling Center provides gambling treatment services to both UNR students and members of the larger community. The more established gambling treatment programs in Northern Nevada are Bristlecone Family Resources' Gambling Addiction Treatment and Education (GATE) program which primarily provides residential gambling treatment services, and New Frontier Treatment Center located in Fallon where residential gambling treatment services and outpatient gambling treatment services are offered.

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 people living outside of the residential treatment centers' geographic area utilize this level of service. Both residential gambling treatment programs are embedded in larger addiction treatment agencies. These agencies provide problem gambling screening to all clients and those needing gambling treatment are referred into their gambling treatment program.

Over the period that the UNLV Nevada Problem Gambling Study has been tracking DHHS gambling treatment enrollments, beginning in 2012, enrollments into problem gambling treatment programs followed an upward trend through 2015, declined over fiscal years 2016 and 2017, followed by growth in fiscal years 2018 then entered a downward trend. Contributing to the downward trend were program budget fluctuations and the negative impact of the pandemic on the treatment system, including the broader behavioral healthcare workforce. As the system recovers from pandemic related effects and the public is exposed to new forms of mobile gambling, the need for gambling treatment is expected to grow.

Total Enrollments by Fiscal Year



With so few individuals seeking gambling treatment at one of the DHHS supported gambling treatment specialty programs, a new initiative was launched in 2022 entitled the Problem Gambling Integration Project. This effort was aimed at increasing the capacity of Substance Abuse Prevention and Treatment Agency (SAPTA) certified programs to address gambling and problem gambling. During the FY2022 and FY2023 biennium, a SAPTA Certification Problem Gambling Endorsement was created along with a toolkit and process for agencies to obtain a Problem Gambling Endorsement. Five pilot SAPTA Certified agencies were enrolled into the program and began the process of increasing their capabilities to address problem gambling. The aim of the program is to prevent high-risk individuals from developing a gambling disorder and to identify and address gambling related problems among individuals in care for other addictions or mental health issues. Data is being collected to assess the impact of this initiative and drive program development as more addiction and behavioral health agencies enter the Problem Gambling Integration Project.

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

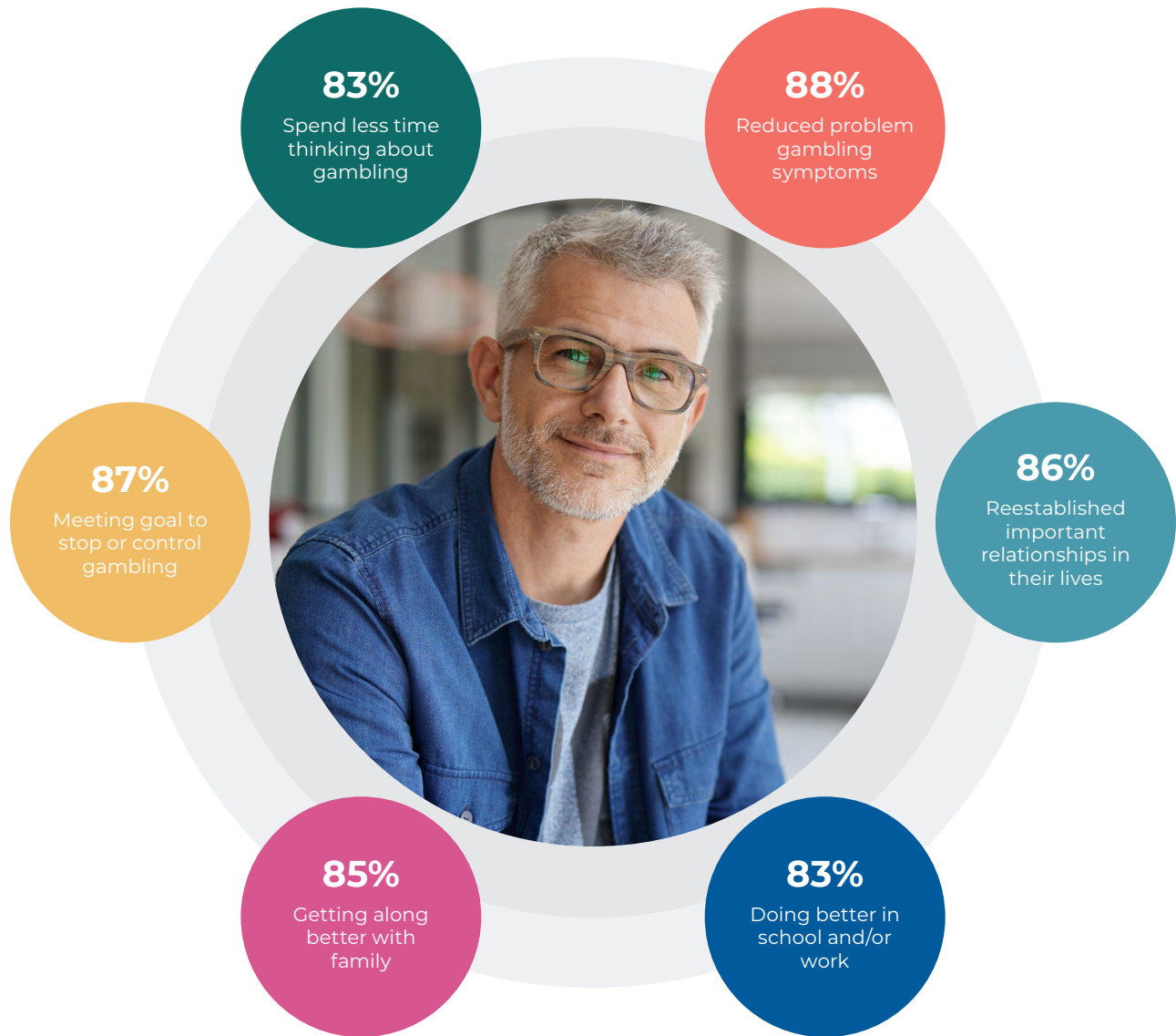
E. Nevada Problem Gambling Treatment Information Management and Research System

DHHS funded problem gambling treatment in Nevada is informed by one of the nation's premier 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 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 current 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 current Provider Manual for Nevada Problem Gambling Treatment Services for detailed program standards).
4. **Research.** The IGI administers a small research grant program to stimulate problem gambling related research among Nevada scholars and conducts in-house research to inform the DHHS gambling treatment and prevention system. The longest standing IGI research program is the Gambling Treatment Client Follow up Study. Approximately 70% of all Nevada gambling treatment clients voluntarily participate in this study where they are contacted 30 days, 90 days, and 12-months after their enrollment date to assess treatment outcomes along several domains (see page 22 for example domains).

Treatment Works

Responses from the Gambling Treatment Client Follow up Study show that receiving help is viable, and that treatment can help individuals find a path toward a life free from the negative impacts of gambling. The results shared below are based on surveys conducted 12-months post enrollment with individuals who obtained DHHS supported problem gambling treatment.



* Dassopoulos, Andrea, Marta Soligo, Jared Weissman and Bo Bernhard, 2022. "Nevada Gambling Treatment System Annual Performance Report." Produced by the International Gaming Institute, University of Nevada, Las Vegas for the Nevada Department of Health and Human Services.

F. Prevention and Public Awareness Efforts

Efforts to promote problem gambling prevention and raise public awareness have not been as successful as the infrastructure 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 to 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 FY 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 to the same level as demand for treatment services was 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 academic prevention course for Nevada colleges and universities and piloted that program at UNR targeting pre-service counseling, criminal justice, nursing education and public health focused students. This left the NCPG as being the primary provider of problem gambling prevention activities for the rest of the state. During the SFY 2018 and 2019 budget cycle, concerns over weakening problem gambling prevention grantee's 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 needed 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.

Problem Gambling Prevention Program Guidelines

DHHS contractors of problem gambling prevention efforts develop their programs under the following guidelines:

- 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.
- Evaluate and adjust as the work progresses; make data driven decisions.
- Messaging to the public about responsible gambling and problem gambling awareness using person first language 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.
- Develop and implement projects by leveraging resources, nurturing existing partnerships, and developing 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).

DHHS Problem Gambling Services

Section II: Strategic Planning Process



Section II:

Strategic Planning Process

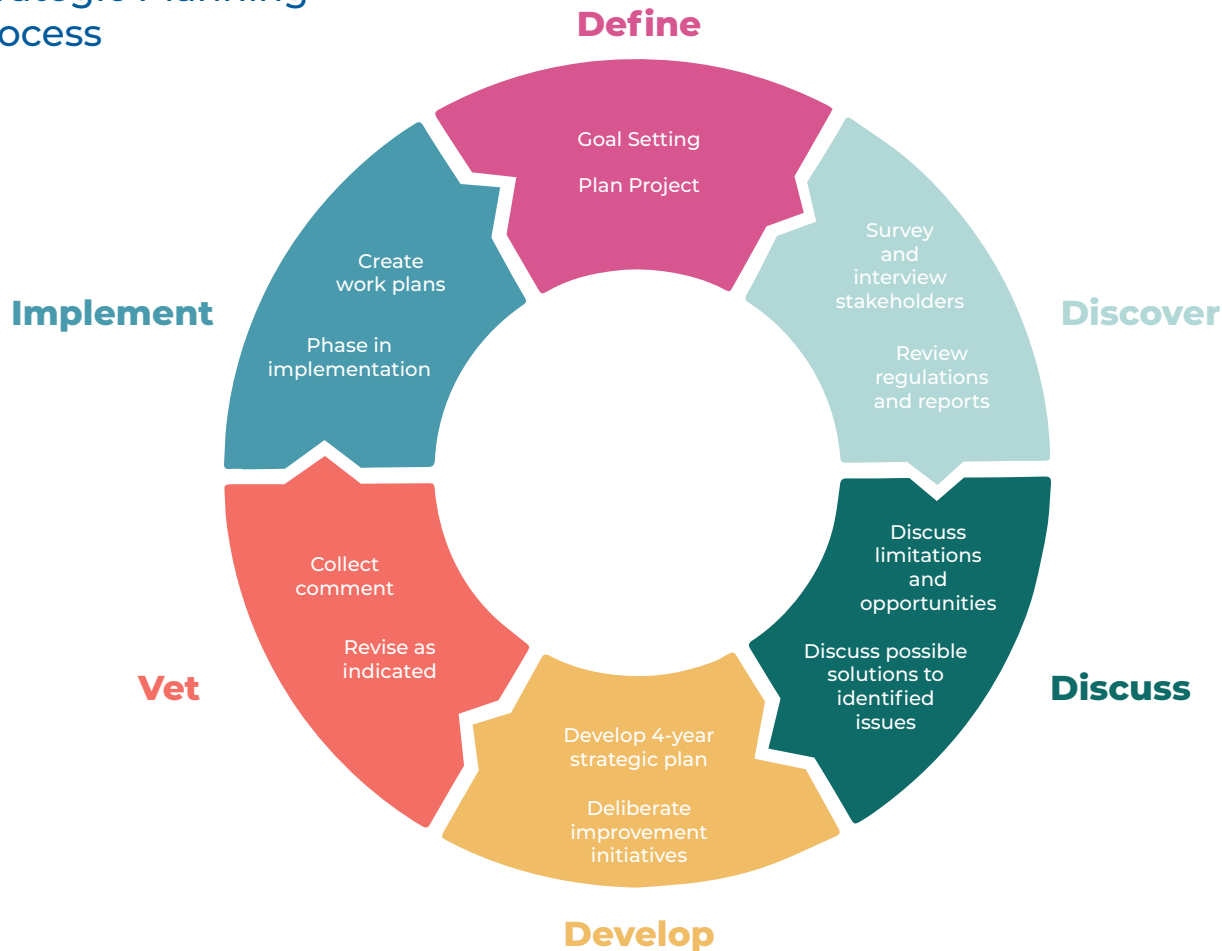
Section II: Strategic Planning Process

Planning Process

In 2008, the ACPG advised DHHS to regularly engage in strategic planning for their problem gambling programs. A contract was developed with the consulting firm, Problem Gambling Solutions, Inc. to work with the ACPG and DHHS in constructing a strategic planning process and plan. The strategic planning consultancy and general strategic planning process, as depicted below, has remained relatively unchanged over the past 15 years. The “Discovery” phase of the planning process includes an assessment conducted in conjunction with ACPG guidance and participation. These re-occurring system assessments are considered an integral component of the efforts to continually improve services as they inform all the other phases of the strategic planning process.

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.

Strategic Planning Process



Situational Assessment

The 2023 strategic planning process included a situational assessment. This assessment included a SWOT (strengths, weaknesses, opportunities, and threats) analysis and a program budget analysis presented on page 30.

The 2023 SWOT analysis of Nevada Problem Gambling Services was informed by a 10-item survey sent to over 500 stakeholders and a semi-structured interview with 21 key informants including ACPG members, problem gambling services contractors, and consumers. The following SWOT analysis represents responses provided on these surveys and interviews and ordered according to popularity.

2023 SWOT Analysis of Nevada Problem Gambling Services

S

Strengths

- Well-developed gambling treatment system (building blocks are in place)
- Advisory Committee on Problem Gambling
- Good advocates for the system
- Administration of DHHS Problem Gambling Services
- Marketing contract to raise awareness of problem gambling and resources for help
- Continuing education training and other problem gambling workforce development opportunities
- New collaborations with SAPTA certified agencies (integration project & Gambling Endorsement)
- Research and evaluation efforts
- Community of providers working within Nevada's problem gambling service fields

W

Weaknesses

- Insufficient funding
- Public readiness to address problem gambling is low
- Lack of culturally and linguistically appropriate services
- Not enough collaboration with gaming industry or regulators
- Not enough collaboration with other state agencies to integrate the topic of problem gambling into their efforts
- No ability to quantify how many Nevadans are receiving services in the private sector
- We need updated prevalence data
- Need more research
- Not enough outreach to primary care and behavioral health providers
- Lack of problem gambling providers
- Insufficient DHHS staffing over problem gambling services

O

Opportunities

- Integration more widely accepted within broader healthcare system
- Medicaid integration should produce cost-savings
- Legislative workgroup looking into increased program funding
- Telehealth developments
- Collaboration of Nevada's institutions of higher education
- Agility Grants (NCPG)
- New certification for Peer Recovery Support Specialists and a new SAPTA Certification Endorsement for agencies that are capable of integrating the topic of problem gambling into their services
- Changes in who can provide supervision for CPGC-I should create more opportunities for CPGCs to grow
- Integration project produces opportunities to further engage SAPTA certified agencies

T

Threats

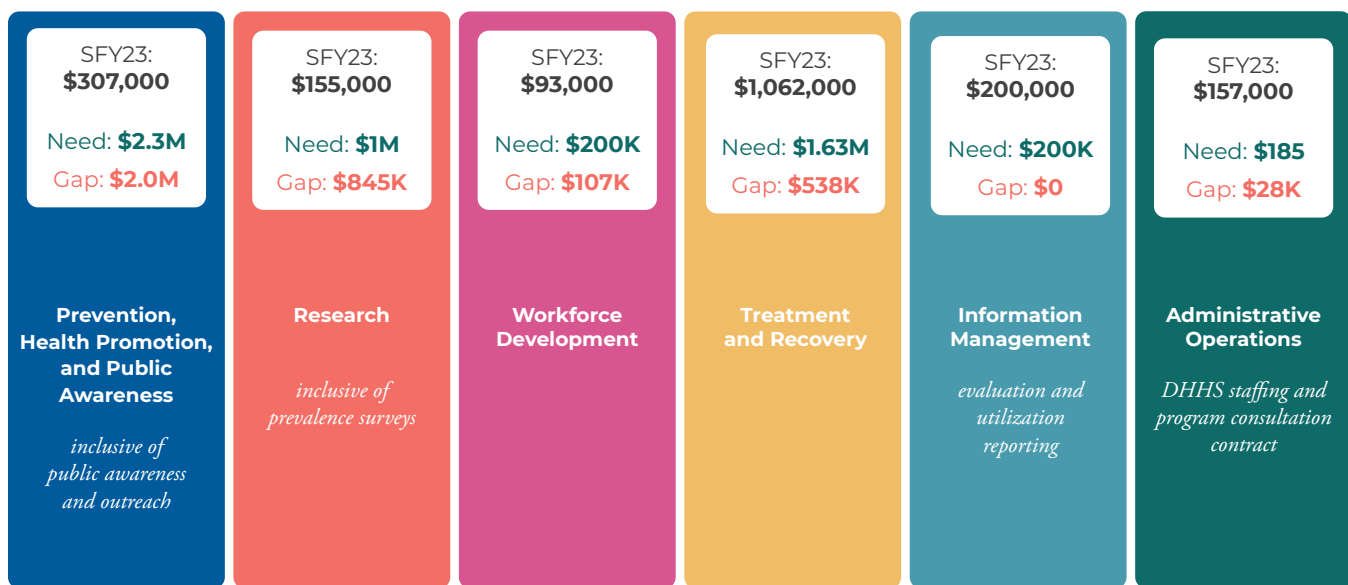
- Sports and mobile betting expansion expected to lead to increased prevention and treatment needs
- Dependency on General Fund funding source
- Low treatment seeking
- Workforce crisis across health systems, impacting problem gambling services and integration efforts
- Lack of recognition and support for prevention services
- Developing rural behavioral health services is challenging which is amplified within problem gambling services
- Multiple barriers for obtaining certification as a problem gambling counselor (CPGC)

Program Budget Analysis

The strategic planning process' "Discovery" phase included a problem gambling program budget analysis that compared the SFY23 program budget to need estimates. A macro view of system gaps is depicted in the figure below where the problem gambling service system is represented along six core program areas. Along these program areas the FY23 program area budgets are provided, the budget "need" is provided, and the budget gap between FY23 contractual obligations (as of April 2023) 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 four 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".

Problem Gambling Service Components:

Budget, Need, Funding Gaps by Category



◀ The entire system is impacted by the performance of each system component. ▶

"Need" 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. SFY 23 allocations are subject to change based on emerging needs & grantee spending

DHHS Problem Gambling Services

Section III: Framework, Continuum of Care, and Logic Model



Section III:

**Framework, Continuum of Care,
and Logic Model**

Section III: Framework, Continuum of Care, & Logic Model

This section introduces a framework, principles, and logic model that have guided the development of this plan and will serve as signposts for Nevada's journey in developing services to reduce gambling related harm.

A. Framework

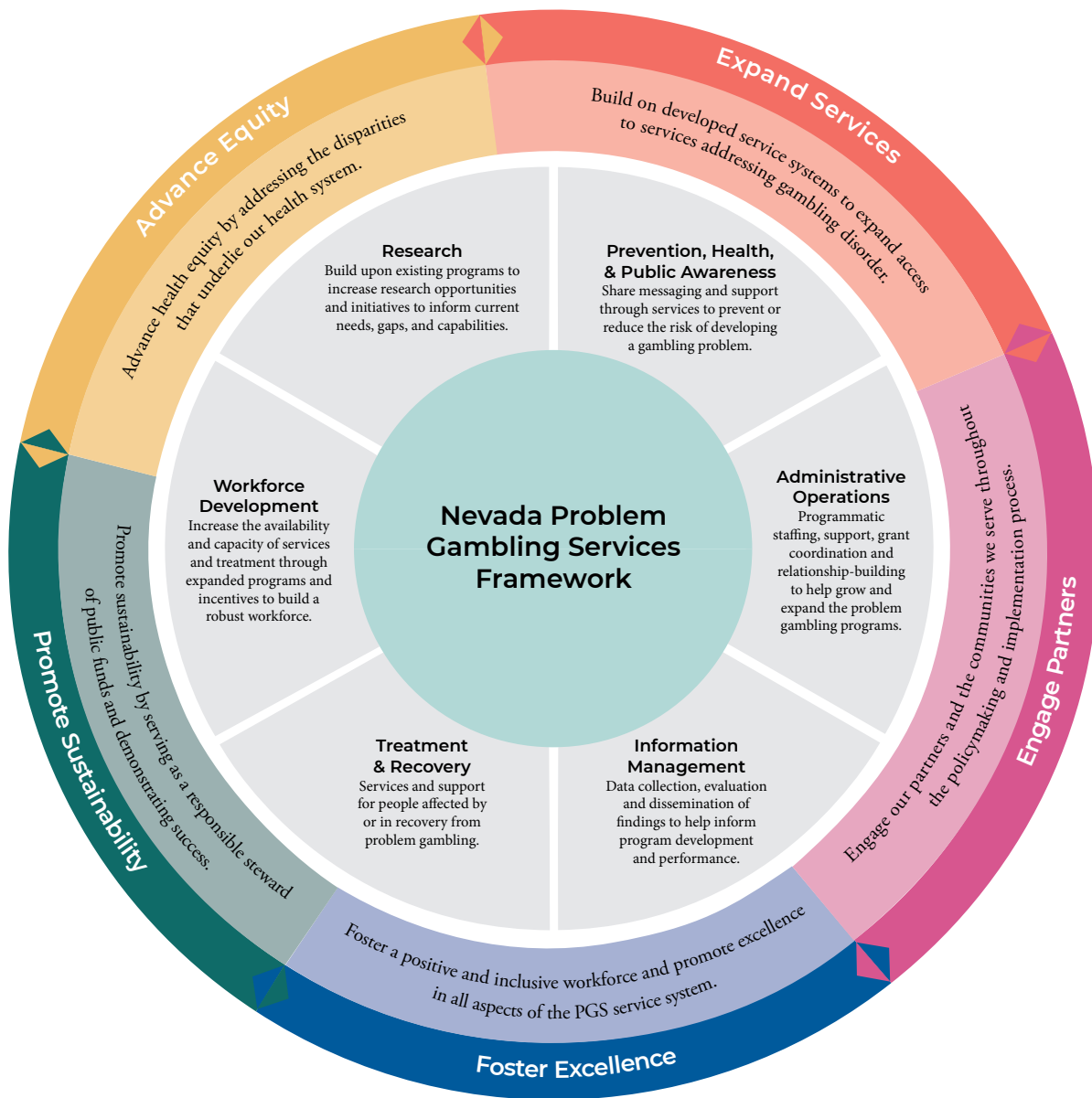
The Nevada Problem Gambling Services Framework represents a comprehensive approach to problem gambling services that identifies six program components (Prevention, Health Promotion, & Public Awareness, Research, Workforce Development, Treatment & Recovery, Information Management, and Administrative Operations) which are driven by key priorities. These key priorities include:

- I. **Advance Equity:**
Advance health equity by addressing the disparities that underlie our health system.
- II. **Expand Services:**
Build on developed service systems to expand access to services addressing problem gambling.
- III. **Engage Partners:**
Engage our partners and the communities we serve throughout the policymaking and implementation process.
- IV. **Foster Excellence:**
Foster a positive and inclusive workforce and promote excellence in all aspects of the PGS service system.
- V. **Promote Sustainability:**
Promote sustainability by serving as a responsible steward of public funds and demonstrating success.

The illustration on page 33 shows how these priorities, such as advancing behavioral health equity, an issue which the pandemic brought to the forefront in new ways, crosscut throughout each program component.

Nevada Problem Gambling Services Framework

DHHS Problem Gambling Services' strategic plan sets forth a comprehensive approach to problem gambling services that identifies six program components (Prevention, Health, & Public Awareness, Research, Workforce Development, Treatment & Recovery, Information Management, and Administration Operations) that are driven by key priorities. The illustration below shows how these priorities, such as advancing behavioral health equity, an issue which the pandemic brought to the forefront in new ways, crosscut throughout each program component. The diagram also highlights how service expansion, partnerships, fostering excellence and sustainable development are necessary ingredients to make progress on the key service components of the plan.



Each of the five key priorities found on the outer ring serves as the focal points for their corresponding strategic goals. The innermost circle represents the DHHS Problem Gambling Service system's six core service domains and their role in supporting each of our priorities and goals.

B. Continuum of Care

While the Nevada Problem Gambling Services Framework provides the overarching system design and set priorities, the Behavioral Health Continuum of Care offers a model of how prevention, treatment, and recovery services are conceptualized along a continuum. This model describes how Nevada's service system is organized and provides a vision for a comprehensive service approach for addressing problem gambling. The Behavioral Health Continuum of Care included the following service areas:

I. **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.

II. **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.

III. **Outreach and Engagement:**

These services are for untreated persons with behavioral health problems.

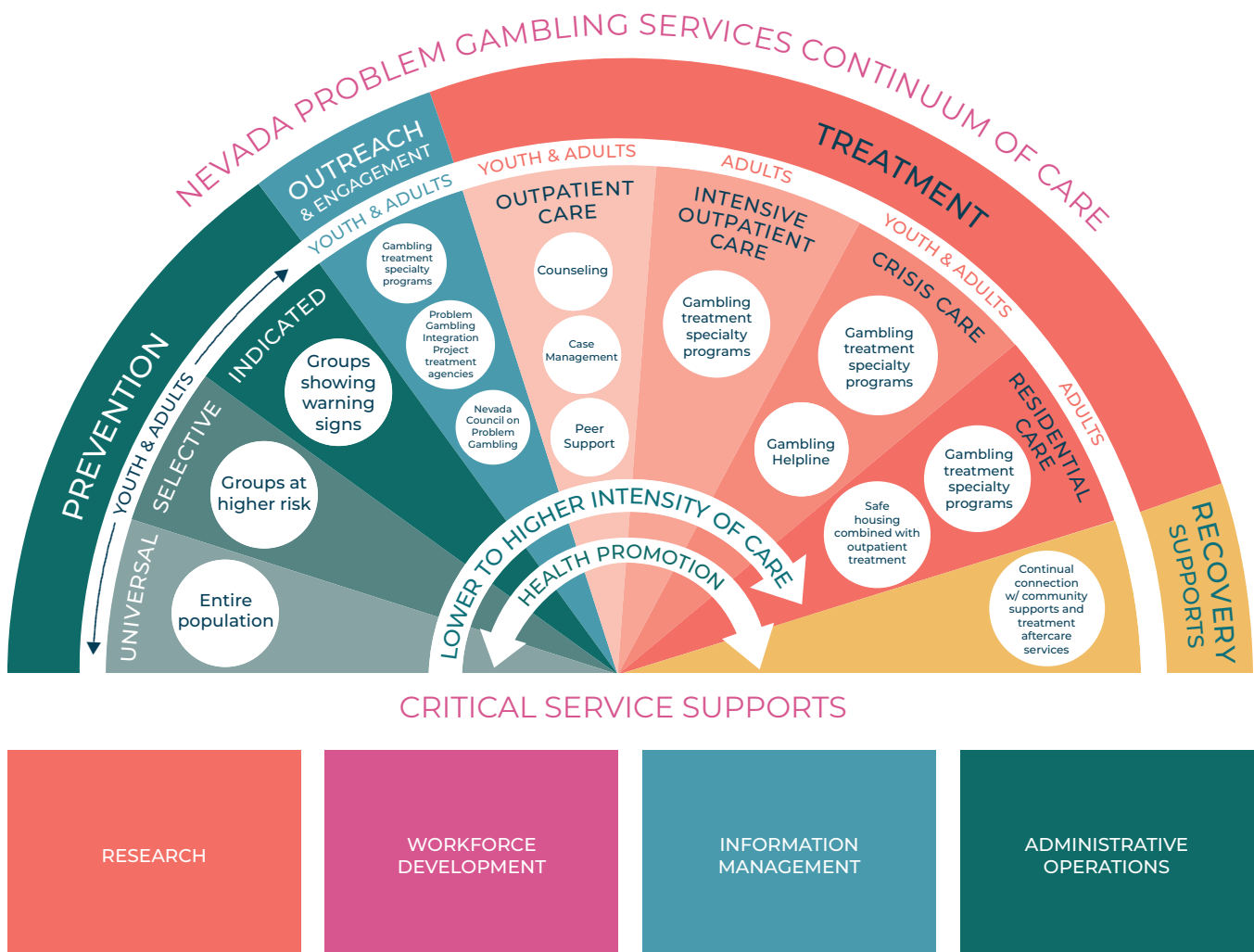
IV. **Treatment:**

These services are for people diagnosed with a behavioral health disorder.

V. **Recovery Support:**

These services support individuals' recovery while in treatment and after.

Nevada Problem Gambling Services Continuum of Care and Service Supports



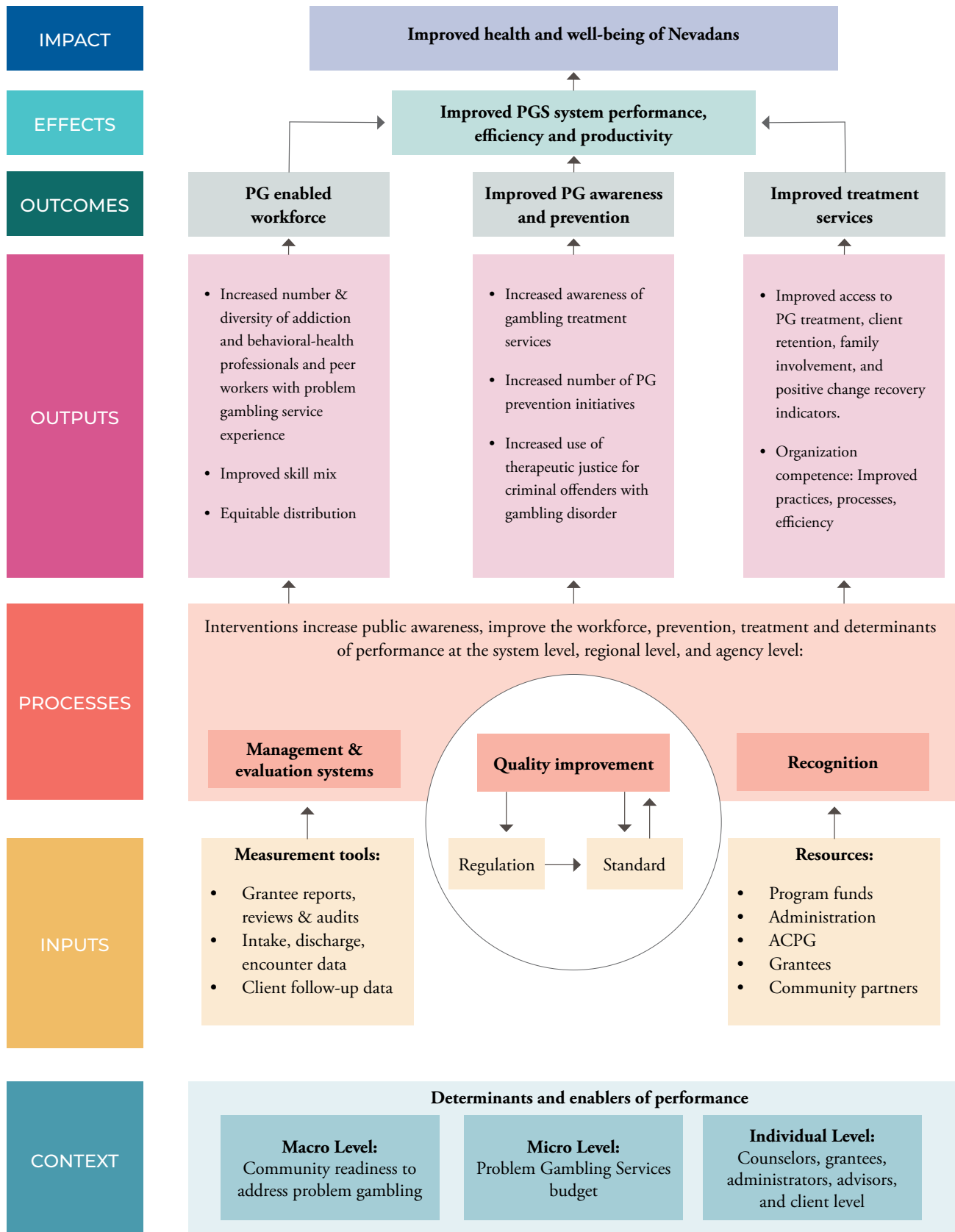
Ideally, the Continuum of Care will aid people at all levels of need, from prevention and health promotion for those who do not gamble or who gamble only recreationally to efforts that include screening and referral for at-risk individuals and brief interventions for those in the early stages of problem 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 function most effectively, 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.

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 that 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 maker's 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 Problem Gambling Services 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 page 35). The model focuses on system development, defined here as the DHHS Problem Gambling Service system as historically developed and funded.

DHHS Problem Gambling Services Logic Model



DHHS Problem Gambling Services

Section IV: Priorities, Goals, Tactics



Section IV:

Priorities, Goals, Tactics

Section IV: Priorities, Goals, Tactics

Improving DHHS Funded Problem Gambling Services

DHHS Problem Gambling Services serves the public as a trusted partner and steward, dedicated to supporting effective problem gambling prevention, education, treatment, and research programs throughout Nevada. Our plan to meet DHHS Problem Gambling Services' mission is ambitious, organized and managed along five key priorities that promote the establishment of broad programmatic goals. Under each of these broad goals are the six service domains that correspond with the DHHS Problem Gambling Services system's historical conceptualization. These system domains represent program components, funding designation categories, and service procurement categories. These domains are; Prevention, Health, & Public Awareness; Research; Workforce Development; Treatment & Recovery; Information Management; and Administration Operations.

Within this strategic plan, each of our five key priorities serve as the focal point and section header, followed by our strategic goal. Each strategic goal is accompanied by a list of tactics to make progress toward that goal. These tactics are organized along the DHHS Problem Gambling Service system's six core service domains.

The tactics highlighted below are not exhaustive as they represent how DHHS, ACPG, and other key problem gambling services stakeholders will continue to evolve the problem gambling service system described earlier in this document. The tactics outlined do not typically reflect existing activities and are called out to reflect future growth. The tactics that follow include both those that we can accomplish given a program budget that remains relatively stable (\$2.2 million annual budget) along with those that would be made possible with a budget commensurate to program needs as identified by the Governor's Problem Gambling Advisory Committee (\$5.5 million annual budget). Those tactics presented within this strategic plan that are in gray boxes are those considered aspirational and contingent on a program budget consistent with ACPG identified needs.

A. Advance Equity

Goal: Advance health equity by addressing the disparities that underlie our systems.

Health equity means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. DHHS Problem Gambling Services is joining the Centers for Medicare & Medicaid Services in working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.

Administrative Operations

- I. Address the disparities that underlie problem gambling services. This includes building service capacity in rural areas of the state and advancing initiatives designed to improve culturally and linguistically appropriate services.
- II. Strive to create administrative teams that reflect the diversity of the communities served by Problem Gambling services including membership on the Advisory Committee on Problem Gambling and on ad-hoc workgroups.

Information Management

- III. Develop evaluation protocols designed to measure how persons receiving gambling treatment experience the cultural and linguistic responsiveness of their treatment providers.
- IV. Utilize enrollment and encounter data to detect where health disparities may exist based on client report of their race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, and preferred language.

Prevention, Health Promotion, & Public Awareness

- I. Promote access to prevention, health promotion, and public awareness messaging for all people served by our programs in rural and frontier communities including Tribal communities.
- II. Expand the number of languages and cultural appropriateness of materials. Ensure all materials, assets and services meet CLAS standards.

Treatment & Recovery

- I. Increase the number of gambling treatment providers who provide services in Spanish language.
- II. Support a gambling treatment and recovery system where care is attainable for all income levels by designing, implementing, and operationalizing policies and programs that support care for all treatment enrollees.
- III. Expand the Integration Project by inviting SAPTA certified agencies to join that serve rural communities, tribal communities, and other culturally specific communities.

Workforce Development

- I. Develop incentive programs designed to encourage persons representing underserved communities into the gambling treatment and peer support specialist workforce.

Research

- I. Continue the research mini-grant program with priority given to topics that have the potential to reduce health care disparities.
- II. Fund research to learn more about cultural differences that will inform programs regarding topics such as culturally specific communication strategies, gambling player risks, cultural differences influencing help seeking, etc.

B. Expand Services

Goal: Build on developed service systems to expand access to services addressing gambling disorder.

Administrative Operations

- I. Maintain and enhance human and programmatic capacity to implement this strategic plan.
 - i. Explore with the Advisory Committee on Problem Gambling (ACPG) measures DPBH Bureau of Behavioral Health Wellness and Prevention (BHWP) can take to support ACPG efforts to increase funding for the problem gambling service system.
 - ii. Examine existing funding structures, allocations, and outputs to determine necessary funding reallocations and make changes based on identified needs and resources.
- II. Increase Problem Gambling service staffing to support growth of Problem Gambling service programs.

Information Management

- I. Conduct a review of the Problem Gambling services information management system and utilize information to refine existing processes and develop new ones to address identified needs.
- II. Increase the use of qualitative data gathering and reporting within the gambling treatment program evaluation system.
- III. Expand the gambling treatment evaluation contract to include the development and deployment of a problem gambling prevention evaluation and reporting system.

Prevention, Health, & Public Awareness

- I. Engage faith-based leaders to increase problem gambling awareness within their communities.
- II. Continue to utilize data to refine public awareness messaging and methods to create the greatest impact given available resources.
 - i. Expand the use of social media to increase problem gambling awareness.
- II. Develop and implement a comprehensive statewide health promotion communications strategy focused on preventing the development of gambling problems.
- III. Develop a problem gambling prevention grant program designed to mobilize existing health promotion programs to include the topic of gambling and problem gambling into their efforts.
- IV. Explore working with the Nevada Department of Education to integrate the topic of gambling and problem gambling into existing health and wellness program curriculum.

Treatment & Recovery

- I. Expand the use of problem gambling peer support specialists within gambling treatment programs.
- II. Expand the use of modern technologies to supplement treatment as usual and/or provide new mediums to promote positive change.
 - i. Increase the use of telehealth to expand access to varied services.
 - ii. Explore the use of health apps or other new tools that are designed to promote recovery.
- III. Increase residential gambling treatment system capacity by establishing a residential gambling treatment program in southern Nevada and expanding client benefit levels to support a minimum 30 day stay.
- IV. Develop a system of housing supports to assist unhoused persons seeking recovery from gambling disorder.
 - i. Increase the number of transitional housing programs designed for persons in recovery from gambling disorder.
 - ii. Develop a housing support fund that gambling treatment providers can access to assist their clients with housing support.

Workforce Development

- I. Establish policies and offer programs designed to develop and promote provider competencies and foster a supportive and collegial workforce made up of sufficient numbers.
- II. Expand upon the number of continued education opportunities and coursework developed to increase the competency of providers of problem gambling prevention, treatment, and recovery support services.
 - i. Develop a new continuing education opportunity and subsequent continuing education models for supervisors of problem gambling counseling interns.
 - ii. Develop continuing education learning opportunities and coursework on how to integrate the topics of gambling and problem gambling into substance use disorder and co-occurring disorder treatment programs.
 - iii. Develop continuing education learning opportunities for persons seeking to serve as problem gambling peer support specialists.
 - iv. Develop continuing education learning opportunities and coursework for problem gambling prevention professionals.
- III. Increase the number of Certified Problem Gambling Counselors.
 - i. Create incentive programs for persons to obtain status as a Certified Problem Gambling Counselor Intern.
 - ii. Work in collaboration with the Nevada Board of Examiners for Drug, Alcohol and Gambling Counselors to develop continuing education opportunities for Licensed Clinical Drug and Alcohol Counselors (LCADCs) to supervise problem gambling interns to create a new pipeline for supervision and contribute to the development of competent and compassionate problem gambling counselors in Nevada.

- IV. Develop Continuing Education Programs: create continuing education programs specifically tailored for LCADCs who wish to supervise problem gambling interns. These programs should cover topics such as:
 - i. Understanding problem gambling and its impact on individuals and communities.
 - ii. Effective strategies for assessment and treatment of problem gambling.
 - iii. Supervision techniques and best practices for working with problem gambling interns.
 - iv. Ethical considerations in problem gambling supervision.
- V. Increase the number and use of problem gambling peer recovery support specialists.
 - i. Develop and promote problem gambling endorsement credential for certified peer recovery support specialists.

Research

- I. Utilize data from multiple sources to increase problem gambling surveillance capabilities and reporting.
- II. Explore creation of a post-doctoral research fellowship.
- III. Field a problem gambling prevalence study that includes over-sampling among communities under-represented within our gambling treatment system.
- IV. Develop a research agenda and fund projects within that agenda.

C. Engage Partners

Goal: Engage our partners and the communities we serve throughout the policymaking and implementation process.

Administrative Operations

- I. 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.
- II. Expand efforts to share Problem Gambling service program information with other entities engaged in efforts to address public health.
- III. Seek out opportunities to integrate the topic of problem gambling awareness into other BHWP programs. Support those efforts with research reviews that demonstrate that by addressing gambling and/or problem gambling the target program will be expected to produce better outcomes.

Information Management

- I. Explore ways to share evaluation and research findings with a broad audience of stakeholders.
- II. Utilize third party program evaluation data to inform data-driven program development.
- III. Partner with problem gambling subject experts to inform BHWP Problem Gambling service development.

Prevention, Health Promotion, & Public Awareness

- I. Explore collaborations with the gaming industry to increase problem gambling awareness.
 - i. Provide social media copy and assets to gambling operators to include in their social media efforts.
 - ii. Develop gaming employee problem gambling awareness materials for use within Nevada gaming facilities.
- II. Explore collaborations with the Nevada Resiliency Project to integrate the topic of gambling and problem gambling awareness and treatment options into materials and efforts.
- III. Explore collaborations with Nevada sport franchises to promote positive sports betting and increase awareness of problem gambling help resources.
 - i. Seek sports personality to serve as problem gambling awareness spokesperson.
- IV. Explore collaborations with financial service entities in Nevada, such as CPA association, to launch initiative to increase awareness of problem gambling including help resources.
- V. Seek opportunities to revise State of Nevada requirements for alcohol awareness training to include information on problem gambling awareness training.
- VI. Increase client finding outreach funding to all problem gambling treatment providers.
- VII. Increase funding for community-based problem gambling prevention and awareness activities through a grant program focused on empowering existing public health promotion programs to integrate the topic of problem gambling into their existing efforts.

Treatment & Recovery

- I. Utilize the Problem Gambling Integration Project to engage the broader behavioral health treatment and recovery community and educate them on the importance of attending to gambling and problem gambling behaviors among their clients.
- II. Expand therapeutic justice approach to persons with gambling related criminal offenses.
 - i. Outreach to local specialty courts to explore feasibility and appetite of applying a therapeutic justice approach to persons with gambling related criminal offenses.
 - ii. Seek opportunities to present Clark County Gambling Court experience at specialty court conferences to encourage expansion into new districts.

Workforce Development

- I. Continue to collaborate with the Board of Examiners to reduce barriers to obtaining a CPGC while maintaining a high degree of quality assurance.
- II. Expand the number of CPGC Supervisors (CPGC-S) by actively outreaching to behavioral health professionals qualified to become CPGC-S.
- III. Encourage the expansion of CPGC-S by developing programs and methods to provide compensation for time spent supervising CPGC-Is.
- IV. Increase the capability for behavioral health professionals to assist individuals with gambling problems by continuing to grow the Problem Gambling Integration Project by adding five new SAPTA certified agencies each year into the project.
- V. Increase the capability of the broader behavioral health community to address gambling related harms by working with universities and colleges within Nevada to infuse the topic of gambling and problem gambling into their counseling and mental health curriculums; targeting pre-service students.
- VI. Expand the network of CPGC-I placement sites by developing a workforce development grant program where sites may obtain funding for establishing DHHS approved CPGC-I training program sites.

Research

- I. Develop initiatives to increase the use of data sharing between entities.
 - i. Develop reporting systems that present gambling and problem gambling related surveillance data into a consolidated report.
- II. Add gambling behavior questions to the YRBS and BRFSS.
- III. Collaborate with Nevada colleges and universities to develop and deploy a college student gambling behavior survey.
- IV. Focus more research on Nevada's gambling industry and use that research to demonstrate the value of addressing gambling disorder from an industry perspective.

D. Foster Excellence

Goal: Foster a positive and inclusive workforce and promote excellence in all aspects of the PGS service system.

Administrative Operations

- I. 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.
- II. Conduct program reviews of service grants to support and monitor grantee progress in meeting grant conditions.

Information Management

- I. Utilize problem gambling subject experts to inform BHWP problem gambling service development.
- II. Choose information management contracts based on demonstrated excellence in the field and high regard among their peers.
- III. Collect robust program data to inform data driven decisions.

Prevention, Health Promotion, & Public Awareness

- I. Increase the use of evaluation methods when designing and implementing problem gambling prevention and public awareness programs.
- II. Utilize evidence-based methods and procedures when implementing prevention, health promotion, and public awareness programs
- III. Monitor contract performance to ensure contract conditions and high standards are met.

Treatment & Recovery

- I. Annually assess and revise the problem gambling treatment provider manual as needed to reflect best practices in providing gambling treatment.
- II. Design gambling treatment performance measures and establish performance benchmarks to promote and demonstrate service excellence.
- III. Promote the use of established gambling treatment best practices by providing annual gambling treatment reviews and audits.

- IV. Increase service rates utilizing reimbursement rate studies to inform service procedure rate decisions. Offering competitive rates will strengthen the workforce by decreasing turnover and increasing the acquisition of new talent.

Workforce Development

- I. Utilize established gambling treatment provider core competencies to develop gambling counselor training programs.
- II. Develop problem gambling peer support specialist core competencies to drive the training and development of the problem gambling peer support workforce.

Research

- I. Develop a research agenda to make more informed policy decisions based on data and drive innovation and person-centered care through the seamless exchange of data.
- II. Research treatment needs and barriers to accessing treatment for underserved communities then utilize the information to develop an informed plan.

E. Promote Sustainability

Goal: Promote sustainability by serving as a responsible steward of public funds and demonstrating success.

Administrative Operations

- I. Examine existing funding structures, allocations, and outputs to determine necessary funding reallocations and make changes based on identified needs and resources.
- II. Maintain and enhance human and programmatic capacity to implement this strategic plan.
- III. 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.
- IV. Activate the ACPG Legislative Workgroup earlier so they are active during interim session and can expand their efforts to promote a sustainable and adequate problem gambling service system to meet Nevada's needs.

Information Management

- I. Utilize data to demonstrate the importance of addressing problem gambling to promote the social and economic health of Nevada.

Prevention, Health Promotion, & Public Awareness

- I. Seek opportunities to leverage Problem Gambling services funds by building off existing programs and infrastructures where common goals are present.

Treatment & Recovery

- I. Seek opportunities to support gambling treatment and recovery services through collaborative funding efforts.
 - i. Continue to remove barriers to using federal funds, including Medicaid /Medicare funding, to help support Nevada's gambling treatment needs.
 - ii. Develop policies and procedures that encourage private sector donations and charitable contributions dedicated to supporting gambling treatment and recovery.

Workforce Development

- I. Pre-service curriculum development and delivery. Prepare for the next generation of problem gambling prevention, treatment, and recovery support specialists by working with Nevada colleges and universities to include the topic of problem gambling into public health, counseling, prevention, and substance use disorder treatment and recovery support service course curriculum.
- II. Conduct a workforce survey to better understand the health and educational needs of the problem gambling services workforce and use the information to develop initiatives to sustain the current workforce and plan for tomorrow's workforce.

Research

- I. Invest in research to help understand difficulties in recruiting and maintaining a diverse workforce.
- II. Utilize research findings to demonstrate the need to address problem gambling to promote a healthy Nevada.



“I felt like they were invested in the people there. And they truly cared and they really wanted people to start recovering. And they really wanted to get to some of the problems that you had and they wanted to make a difference.”

- Anonymous Client

Nevada Department of Health and Human Services

Department of Public and Behavioral Health

Bureau of Behavioral Health Wellness and Prevention

Problem Gambling Services



Department of Health and Human Services

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