



State of Nevada

Problem Gambling Prevention

Five-Year Strategic Plan

Prepared by Problem Gambling Solutions, Inc.
for Nevada Department of Health and Human Services
February 2009

ACKNOWLEDGEMENTS

This project was developed through a grant by the Nevada Department of Health and Human Services (DHHS) under the Revolving Account for Problem Gambling. The authors gratefully acknowledge the contributions made to this project by the DHHS Problem Gambling Advisory Committee, the DHHS Grants Management Unit, and the participants of the Problem Gambling Prevention Workgroup Meeting in Las Vegas, Nevada, on March 5, 2008. These groups provided necessary input into this project:

DHHS Advisory Committee on Problem Gambling

Glenn Christenson, Chair
Bill Eadington
Ray Kendall (past)
Sean Higgins (past)
Dr. Rena Nora (past)
Carol O'Hare
Denise Quirk
Ken Templeton

DHHS Staff

Laura Hale, Chief of Grants Management Unit
Jodi Tyson, Social Services Specialist III

Participants of the Problem Gambling Prevention Workgroup Meetings

Stephanie Asteriadis	Center for the Application of Substance Abuse Technologies
Mike Bernstein	Sothern Nevada Health District
Howie Cornbleth	Nevada Problem Gambling Center
Cathy Crouch	Harrah's Entertainment
Larry Curely	Nevada Indian Health Board
Allen Flagg	Harmony Healthcare
Tricia Grisham	Area Health Education Center of Southern Nevada
Jim Hippler	Consultant
Michele Johnson	Consumer Credit Counseling of Southern Nevada
Ray Kendall	Rural Mental Health Clinics
Carolene Layugan	Harrah's Entertainment
Laurie Moore	Southern Nevada Adult Mental Health Service
Amanda Morgan	University of Nevada Las Vegas
Kevin Morss	Westcare
Carol O'Hare	Nevada Council on Problem Gambling
Steve Oster	Private-Practice Therapist
Jessica Rohac	United States Veterans Initiative

Jennifer Shatley	Harrah's Entertainment
Charlene Sloan	Salvation Army
Michael Traficanti	Nevada Federal Credit Union
Mike Tunney	Boyd Gaming Corporation
Jodi Tyson	Nevada Department of Health and Human Services
Charlotte Watkins	Area Health Education Center of Southern Nevada

Special recognition and appreciation goes to Laura Hale, Jodi Tyson, and Carol O'Hare for their contribution in meeting planning, gathering community input, and guidance in steering Nevada's strategic planning process.

This plan is dedicated to Dr. Rena Nora. A life dedicated to easing the pain of others.

Table of Contents

Executive Summary	4
Introduction	5
Purpose of the Plan	5
Rationale	6
Background	7
Scope of the Problem	10
Prevention Plan 2009 – 2014	15
Vision, Mission	16
Guiding Principles	16
Framework	18
Goals, Objectives	22
Implementation Issues/Needs/Caveats	28
Conclusion	30
References	31
Appendix: Sample Logic Models	33

Executive Summary

It is incumbent upon each State to address problem gambling with its own specific efforts.

Prevalence research suggests that Nevada has among the highest rates of adult problem gambling in the United States (Volberg, 2002). While Nevada is a leader in both gambling opportunities and rates of problem gambling, according to a survey of all U.S. states in 2006, Nevada ranked 8th in the country in terms of per capita spending on problem gambling.

The Plan includes a mission, “to support effective problem gambling prevention, education, treatment, and research programs throughout Nevada”, a 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” and a set of guiding principles against which efforts can be evaluated.

The Plan is based on prevention research and involves a roll out of efforts in the following prevention categories: Information Dissemination, Prevention Education and Workforce Development, Alternative Strategies, Community-Based Processes, Social Policy and Environmental Strategies, and Problem Identification and Referral.

Initially, general public awareness is the emphasis, along with some prevention workforce development efforts. As times goes on and those efforts are successful, attention shifts to some of the higher level prevention strategies.

Given budget and staffing constraints, much of the work identified in this Plan will initially have to be done via contracts based on Requests for Application.

Nevada is positioned to lead the nation in addressing problem gambling prevention through public-private partnerships.

It's time to “move Nevada from the back seat to the driver’s seat in responsible gambling”.

*Nevada Governor Jim Gibbons
addressing the 74th Session of the Nevada Legislature*

State of Nevada Problem Gambling Prevention Plan

INTRODUCTION

This report is the culmination of a strategic planning process by the Nevada Department of Health and Human Services (DHHS) for the development and delivery of problem gambling prevention services within the State of Nevada. For purposes of this plan “problem gambling prevention” encompasses:

- awareness efforts, which inform the public of the issues surrounding problem gambling as well as the availability of resources for help and treatment; and
- prevention activities, which include efforts such as inclusion of problem gambling in school-based health curricula, community-supported initiatives limiting the availability of gambling for minors, early case finding and referral and more.

Findings and recommendations are based on input from problem gambling prevention stakeholders within Nevada, evidenced-based practices from the field at-large, and expert analysis and opinion.

PURPOSE OF THE PLAN

This is a comprehensive strategic plan whose purpose is to provide a foundation upon which Nevada’s problem gambling prevention system, service delivery and allocation decisions can be made. The plan specifies the goals, methods and processes it will take to address problem gambling issues in Nevada and, as such, is both a roadmap and a benchmark against which legislators, agency administration, advisory boards, the public and other stakeholders can measure the effectiveness of the system as it develops.

This plan was developed via a comprehensive, thorough and structured process. A national expert on problem gambling services facilitated the project under DHHS’ direction and a large number of key stakeholders were included in the development of the plan. For a

complete description of the strategic planning process used in the development of this plan, refer to the report entitled, Strategic Planning for Problem Gambling Prevention Services in the State of Nevada: Progress Report May 2008 (1).

Prevention initiatives primarily target those who do not presently exhibit symptoms related to problem gambling. The goal of preventing gambling-related problems from developing as well as targeting those who have exhibited some problems related to their gambling but are not yet experiencing pathological gambling is an ideal and comprehensive prevention approach. A comprehensive approach includes multiple strategies across multiple domains with a special focus on high risk groups (e.g. adolescents, young adults, older adults, economically disadvantaged). These are the fundamental building blocks for Nevada's plan.

RATIONALE

Why is it important that Nevada act on this issue now? Fundamentally, the answer comes down to these factors:

It's a public health, economic, and criminal justice issue. While there has been limited research in this area, a 2002 prevalence study by Rachel Volberg (2) on problem and pathological gambling in Nevada provides some compelling data on the significance of this issue:

- Nevada has one of the highest rates of adult problem gambling in the United States.
- Problem gamblers in Nevada are more likely to come from minorities groups.
- Problem gambling prevalence rates are also higher among those employed in the gaming industry than the general population.
- Problem gambling prevalence rates are higher among Nevada's lower socio-economic groups compared to the general population.
- Problem gamblers in Nevada are significantly more likely to have been arrested and/or incarcerated when compared to the general population.
- 17% of the court cases investigated by the Clark County Bad Check Unit, involve casino markers.
- Problem gamblers in general are significantly more likely to experience a variety of mental health and substance abuse problems.

There are social costs associated with problem gambling. Given Nevada's higher than national prevalence rates of problem gambling, the social costs to the state and its citizens are likely higher than most other states. The methods for calculating social costs are the subject of much debate, but typically include those costs related to increased crime, lost work time, bankruptcies, and increased medical costs faced by problem gamblers and their families. Those costs also affect the community as a whole; for example, six percent of Clark County's approximately 11,000 homeless listed problem gambling as their primary reason for being homeless, according to a Southern Nevada Regional Planning Commission survey released in 2007 (3).

It's the right thing to do. As gambling opportunities increase, so does the potential for development of gambling problems among those who participate. The socially responsible approach, therefore, is to offset increases in gambling opportunities with services to mitigate gambling related harm. As Nevada is a leading state in both gambling opportunities and prevalence of gambling problems, so can it become a leading state in problem gambling prevention.

Across the country, states have the key role in problem gambling prevention. There is no federal program or department dedicated to problem gambling; there are no adequately funded national media campaigns; and there are no famous spokespersons in recovery, and gambling remains below the radar screen of most professionals and the public, so it is incumbent upon each State to fill the void with its own specific efforts. If Nevada doesn't bring this issue to the attention of its citizens, no one will and the potential to help prevent Nevada's citizens from developing gambling problems will be lost. If government values its duty of care for its citizens, problem gambling prevention must be held as a responsibility of the State and its partners.

BACKGROUND

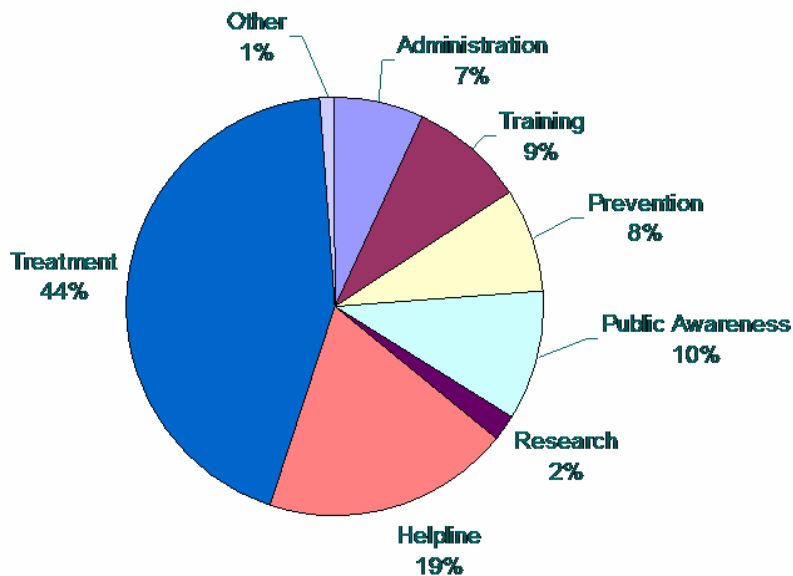
In order to fully understand Nevada's Plan, it is necessary to understand the larger context relevant to both problem gambling and problem gambling prevention on the national and statewide levels.

The National Picture

The field of problem and pathological gambling is relatively young, so the body of knowledge about problem gambling prevention is comparatively lean. As a result, neither

universally accepted “best practices” for problem gambling services, nor “model programs” specifically for problem gambling prevention exist. Fortunately, there is an extensive body of literature on prevention of other risk behaviors, and researchers are increasingly finding that what has worked to prevent substance abuse, for example, is also working for prevention of problem gambling. For more see Problem Gambling Prevention Resource Guide for Prevention Professionals <http://www.gamblingaddiction.org/Prevent/PreventGuide.pdf>.

Even less is known about large-system interventions which address problem gambling. The information about state efforts to address problem gambling is largely outside of the mainstream literature, consisting mainly of government reports and personal communication with state problem gambling services administrators. Further complicating matters is the fact that each state collects different information, has a different service structure, and different budget scenarios. The graph below shows national average percentages of state dedicated problem gambling funds allocated to various components of a problem gambling services system (4).



While Nevada is a leader in both gambling opportunities and rates of problem gambling, according to a survey of all U.S. states in 2006, Nevada ranked 8th in the country in terms of per capita spending on problem gambling (4).

Nevada’s Problem Gambling Prevention Efforts

In 2005, the Nevada State Legislature passed Senate Bill 357 to create a revolving account for the prevention and treatment of problem gambling and an Advisory Committee on Problem Gambling to advise the Department of Health and Human Services in its

administration of this account. Created from Senate Bill 357 is Nevada Revised Statute (NRS) 458A which provided the administrative structure for Nevada's publicly funded problem gambling treatment and prevention programs. The 2007 Legislature amended NRS 458A to remove a sunset provision and left the 2007 funding in place for 2008. The estimated program budget for the two-year period from July 1, 2007 through June 30, 2009 totaled \$3,400,000.

In the first funding cycle, five grantees were awarded funding for problem gambling prevention programs. In the second and current funding cycle, seven grantees were awarded funding for activities related to problem gambling prevention. These awards represent 17% of the total allocations to programs addressing problem gambling or approximately \$289,000 for the period October 1, 2007 through September 30, 2008. Target populations were varied and included:

- High-school youth: infusing the topic of gambling into the Positive Action health educational curriculum (2 distinct grantees);
- College students: information dissemination at the University of Nevada Las Vegas Campus;
- Older adults – education/information dissemination via video-presentation and structured discussion;
- Homeless veterans: information dissemination, problem identification, and referral;
- Families: youth and family awareness program via video-presentation and structured discussion;
- At-large community: general marketing campaign to increase community awareness of problem gambling and resources for help.

A DHHS Problem Gambling Prevention Sub-Committee was formed in 2006 and later recommended to the Advisory Committee on Problem Gambling the development of this strategic plan for problem gambling prevention.

In addition to DHHS funded efforts to address problem gambling, other important efforts are being made by the Nevada gaming industry to reduce gambling-related harm. The toll-free Nevada Problem Gambling Helpline number is displayed at gaming establishments and several casinos have implemented responsible gaming programs. Many of these programs include educating both casino employees and patrons about problem gambling and responsible gambling. There are also several examples of industry-driven responsible gaming programs expanding their public awareness efforts outside of the casino into the

broader community. Additionally, each year Nevada based gaming companies provide thousands of dollars of support to programs and events addressing problem gambling.

Aside from DHHS funded problem gambling programs and the gaming industry, there are no other large scale efforts to address problem gambling in Nevada. That is, there are no systematic efforts taking place to specifically address problem gambling by the Department of Education, the Department of Corrections, the Nevada Attorney General’s Office, or any known non-gaming industry groups in Nevada. Institutes of higher education, some medical centers, and others make periodic efforts to address problem gambling, but these efforts are sporadic and limited in scope.

SCOPE OF THE PROBLEM

Studies of problem and pathological gambling in Nevada paint a compelling picture of a significant problem. The “Rationale” section of this Plan offers some key statistics and the following graphs further illustrate the scope of the problem in Nevada.

Gambling Among the General Population

As Figure 1 below shows, Nevada **has among the highest gambling participation rates in the country (2)** (data reflects Nevada residents only, not transient tourist population).

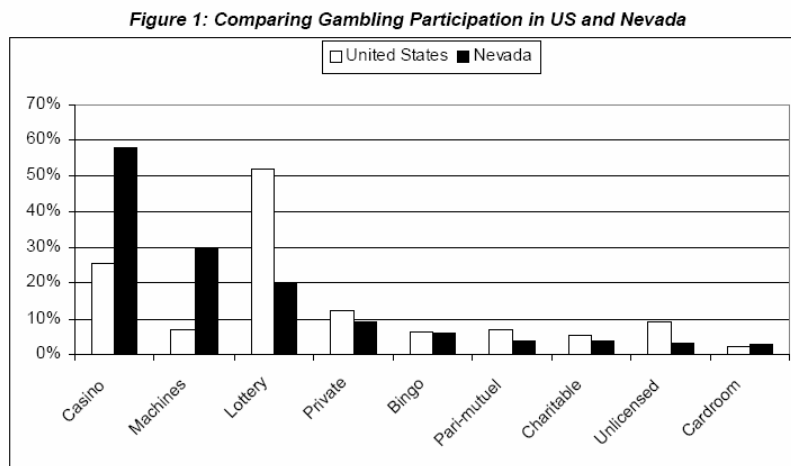
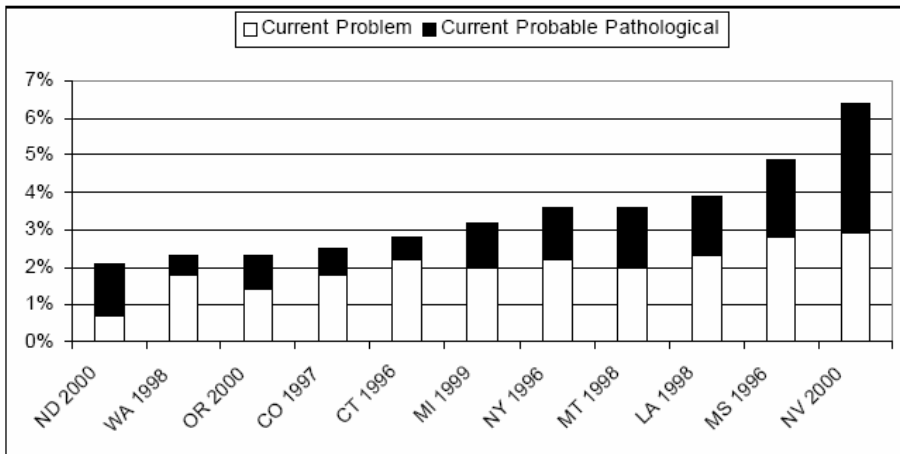


Figure 2 shows that Nevada also has among the highest rates of problem and pathological gambling in the country (2).

Figure 2: Comparing Prevalence Rates in the United States



Youth Gambling

According to Nevada’s most recent Youth Risk Behavior Survey (YRBS) a **significant number of Nevada youth are participating in gambling**, as illustrated below in Figures 3 and 4 (5).

Figure 3. Nevada youth gambling (Nevada YRBS 2005)

Percentage of students who gambled; such as betting money on cards, games of personal skills or sports teams, buying lottery tickets, or gambling in a casino; during the past 12 months:

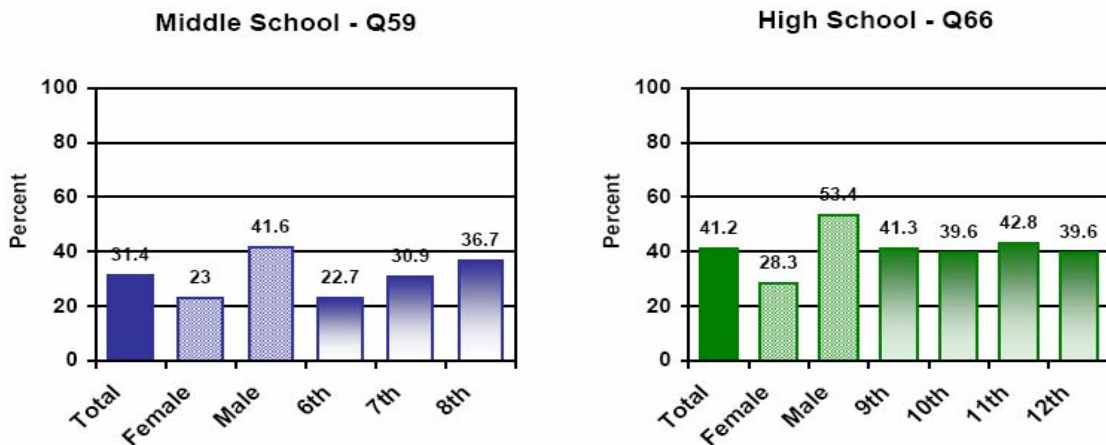
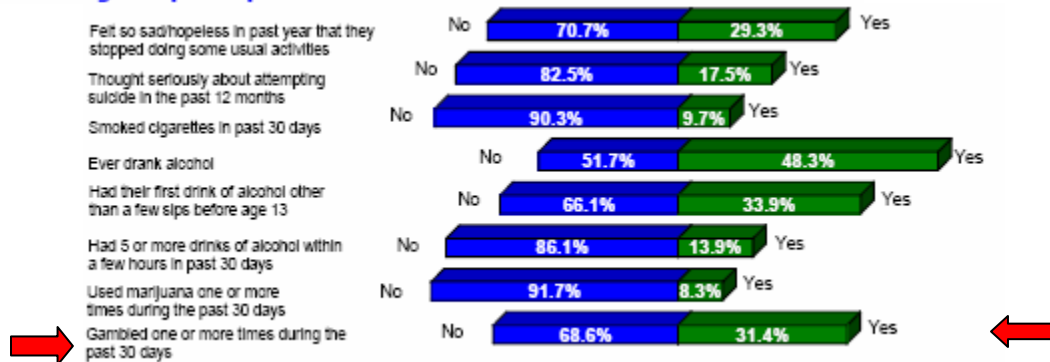


Figure 4.

Highlights of 2005 Nevada Middle School YRBS Positive vs. Negative Results

Percentage of participants who:



Thus, Nevada data verify that significant numbers of youth are gambling; this is of particular concern because research shows that problem and pathological gambling among youth results in increased delinquency and crime, the disruption of familial relationships and poor academic performance (6). As well, youth pathological gamblers are reported to have high rates of suicide ideation and suicide attempts (7) and a number of mental health and behavioral problems (8).

Other seminal studies on youth gambling reveal that:

- Prevalence rates of problem gambling among adolescents are higher than those reported by adults (6).
- Among adolescents there is a rapid movement from social gambler to problem gambler (9).
- Adolescent problem gamblers remain at increased risk for the development of multiple addictions (6).
- Like adult, children and adolescents often have a positive attitude toward gambling (10). These individuals fail to completely understand the risks or odds associated with gambling (11).

- Substance use, coping through distraction, and impulsivity are predictive of disordered gambling for males, and intensity seeking and impulsivity are predictive for females (12).

Special Populations: Seniors

Assessing the scope of gambling problems in Nevada also includes looking at the potential impact of gambling on vulnerable populations such as seniors. Nevada continues to stand out as having the **fastest growing senior population in the nation** (13).

Numerous studies have found that older Americans are less likely than younger Americans to gamble and, when they do gamble, seniors are less likely to be involved in other social activities (14). However, in fully mature gambling markets such as Nevada, **older adults (and older minority adults in particular) are actually more likely to gamble than younger adults** (2). Gambling among older adults is different from gambling in younger age groups because:

- People who are coping with significant life changes may be more vulnerable to developing a gambling problem. Many older adults face life transitions and losses, such as death of loved ones, end of career, or isolation from family and friends.
- Older adults who have lost their retirement savings through problem gambling don't have working years to make up their losses.
- Many older adults may not understand addiction, making them less likely to identify a gambling problem.
- Older adults appear less willing to seek assistance for a gambling problem than younger adults.
- Many older adults hide their gambling because of the stigma associated with it and health professionals rarely assess for problem gambling.
- Many older adults have easy access to gambling and are drawn to gambling to fill their time or to be with other people.
- Some older adults may have cognitive impairment that interferes with their ability to make sound decisions.

The Volberg study identifies other vulnerable populations as well, each of which is a potential target group for problem gambling prevention efforts; a full copy of the study is available at http://dhhs.nv.gov/PDFs/NV_Adult_Report_final.pdf . Identifying groups at heightened risk for developing or manifesting gambling problems and targeting those groups is a key prevention approach. Plan developers discussed a few potential target groups including seniors, new residents, rural residents, etc. Strategic analysis of existing data and additional ongoing data collection efforts will help Nevada more systematically identify and plan for target group efforts.

Given the scope of the problem, which is considerable, what should Nevada do to prevent problem gambling? The following section provides more detail on the proposed Plan, including goals, objectives, evaluation measures and implementation concerns.

Nevada Problem Gambling Prevention Plan

Goals, Objectives, Activities, Timeline

Nevada Problem Gambling Prevention Plan

Vision and Mission

- **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.

Guiding Principles

- The providers of DHHS funded problem gambling prevention efforts will share the Department's **neutral position in neither being for or against gambling**.
- **Providers of DHHS funded problem gambling prevention efforts must support the mission and vision** of the DHHS Problem Gambling Advisory Committee.
- **Messages to the public about responsible gambling and problem gambling awareness will be consistent, non-blaming, hopeful, and aim to reduce negative stigma** associated with obtaining problem gambling treatment.
- **Multiple prevention strategies will be utilized** (information dissemination, prevention education, alternative activities, community processes, environmental approaches and problem identification and referral) **across several domains** (individual, peer, family, school/work, community and environment/society).
- The state level will develop informational messages and social marketing campaigns through **informed collaboration** with the consumer and provider communities.
- Much of the work of message distribution and education will be done at the local/community level. **Community empowerment** is a mainstay of good prevention efforts.
- There is no need to create a new service infrastructure. **Existing service structures, community organizations and interested parties** will be helped to add prevention of problem gambling to their existing efforts and future plans.

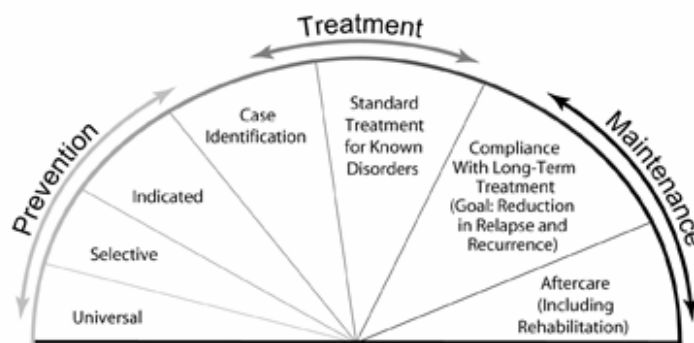
- Nurturing existing **partnerships** and developing new ones is a critical component and a high priority.
- **Best practices in prevention**, including but not limited to: proven conceptual framework, research and data driven strategies, needs assessment, measurable goals and objectives, outcome and process evaluation, long-term commitment and replicability, will guide all of the work.
- **Cultural and linguistic competency** will be the expectation and the rule.
- Prevention programs should **enhance protective factors and reverse or reduce risk factors** and shall be aimed at general populations at key transition points.
- **Individuals and communities at high risk** will be a priority.
- Maintaining **high quality and a strategic focus** of programs will be achieved by obtaining expert input at the design stage of local programs, offering DHHS approved resources kits, and bringing local coordinators together regularly.

Framework

Four conceptual models underlie the problem gambling prevention strategies in this Plan.

1. Institute of Medicine (IOM) Continuum of Care

The Institute of Medicine's (IOM) Continuum of Care offers a broad overall framework for conceptualizing prevention efforts by target audience. The model also differentiates prevention efforts from treatment approaches:



Universal Prevention: addresses the entire population with messages and programs aimed at preventing or delaying problem gambling. Example activity: broadcasting public service messages.

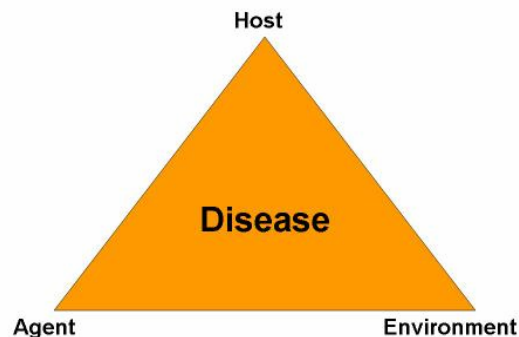
Selective Prevention: targets subsets of the total population that are deemed to be at risk for gambling problems. This strategy targets the entire subgroup regardless of individual risk. Example activity: senior education/prevention programs. Example activity: screening efforts at client's first appointment with an Employee Assistance Professional (EAP).

Indicated Prevention: designed to prevent the onset of disordered gambling in individuals who do not meet the criteria for pathological gambling but who are showing early danger signs.

Nevada's problem gambling prevention plan will focus primarily on universal strategies at the outset, evolving into increased use of selective and indicated strategies as the system matures.

2. Public Health Approach

Public health approaches incorporate prevention, harm reduction and multiple levels of treatment by emphasizing quality of life issues for the gambler, families and communities. The public health model proposes that problems arise from the interaction and relationship of three critical elements: the host, the agent, and the environment.



With regard to gambling, the host is the individual; the environment is the social and physical context in which gambling occurs; and the agent is the gambling device or game itself.

As with other prevention models, simultaneous efforts aimed at all three components are the most effective. Thus, a comprehensive approach would attempt to balance efforts at educating the gambler (i.e. the host) with efforts at minimizing the addictive potential of some of the games (i.e. the agent) and efforts at creating healthier community norms around gambling (i.e. the environment).

Shaffer and Korn (15) provide a number of recommendations for the implementation of a public health approach towards problem gambling.¹ These include the strategic goals to (a) prevent gambling-related problems, (b) promote balanced and informed attitudes, behaviors, and policies, and (c) protect vulnerable groups.

Nevada's problem gambling prevention plan will use a modified public health approach. Initial efforts will focus on interventions targeting the "host" (i.e. on current and potential gamblers). Priority will be given to empirically supported interventions, programs will be encouraged to build-in strong program evaluation methods, and consideration should be given to a program's adherence to a public health approach towards problem gambling.

3. SAMHSA's Center for Substance Abuse Prevention (CSAP) Prevention Strategies

Six strategies have been shown to be effective in the well-researched area of substance abuse prevention, and are generally used in the absence of evidence-based programs or practices specific to problem gambling prevention. Research shows that prevention programs must include strategies in **each** of the 6 areas (below) if they are going to be effective. The strategies below have been modified slightly from CSAP's original model to apply to problem gambling prevention. More information on the 6 CSAP strategies is available at: <http://www.unr.edu/westcapt/bestpractices/bpcsap.htm>.

Information Dissemination: one-way communication, from the source to the audience, providing accurate information about the nature and extent of problem gambling for individuals, families, and communities. Examples: brochures, posters, presentations.

Prevention Education: two-way communication and activities that help an individual develop interpersonal skills, clear and purposeful goals and values, self-control and the ability to build and maintain healthy relationships and make healthy choices. Example: school-based multi-series health curricula.

Alternatives: identify and make available alternatives to gambling that can meet the personal needs of the targeted audience in productive, health-promoting ways. Example: gambling-free social events.

Community-Based Processes: enhances the ability of a community to more effectively mobilize prevention, early intervention and treatment services. Includes assessment of community services and resources, risk/protective factor assessment, community action planning and team building.

Social Policy & Environmental Approaches: establishes or changes written or unwritten community laws, standards, policies, and/or norms, thereby reducing the incidence and prevalence of gambling problems. Example: social gaming ordinances.

Problem Identification and Referral: early identification of the gambling problem and referral for assessment and treatment if indicated. Example: problem gambling helpline services.

Nevada's problem gambling prevention plan includes objectives for goals built upon all six of CSAP's prevention strategies. The approaches discussed as most advantageous for Nevada were information dissemination, problem identification and referral, and prevention education with a focus on elementary and middle school youth.

4. Risk and Protective Factors

Research has identified risk factors that contribute to problem youth behavior, including substance abuse, violence, delinquency, teenage pregnancy, and school dropout (16). Recent studies in the field of gambling have established that many adolescents who engage in gambling activities are also involved in other problem behaviors (17), and research continues to develop the commonalities of risk factors for problem gambling and other problematic behaviors. While studies have not yet clearly demonstrated a link between protective factors and reduced risk for problem gambling, exploratory research suggests such a link exists (18). More detailed information can be found in Problem Gambling Prevention Resource Guide for Prevention Professionals http://www.oregon.gov/DHS/addiction/publications/gambling/prevention_guide03.pdf.

Over time, Nevada's problem gambling prevention plan directly and indirectly addresses a number of risk and protective factors.

Layout of the Strategic Plan

The pages which follow present the goals and objectives identified during the planning process, grouped according to CSAP strategy. The objectives within each grouping reflect elements of all targeted audiences according to the IOM model: universal, selected, and indicated. Strategies include interventions impacting both host and environment, per the public health model. Strategies will focus on decreasing risk factors and increasing protective factors.

Checkmarks indicate during which fiscal year the activity should take place, a defacto prioritization. The activities identified for 2009-10 should be included in the next Request For Applications (RFA) issued by the State of Nevada. All objectives listed as RFA as assumed to be specific to Prevention unless otherwise noted (for Treatment – Rx, or for Workforce Development – WD).

Specific objectives within each category are not ranked or listed in priority order. Although this strategic plan has been developed through a collaborative process, the objectives within each category must be flexible in respect to the fact that implementation of the objectives is accomplished through the work of community agencies. Organizational and program capacity of grant applicants will be a determining factor in the order that objectives are actually implemented.

Information Dissemination

Goal : To provide information regarding responsible gambling and problem gambling awareness to all residents of Nevada			
Objectives	2009-10	2011-12	2013-14
<ul style="list-style-type: none"> Distribute DHHS approved responsible gambling and problem gambling awareness pamphlets, brochures, videos and posters throughout Nevada with a focus on youth, colleges, older adults and new residents of Nevada. 	X rfa	X	X
<ul style="list-style-type: none"> Develop and conduct a mass multi-media campaign to raise awareness of problem gambling treatment availability. 	X rfa	X	X
<ul style="list-style-type: none"> Translate present DHHS approved materials into Spanish. 	X rfa	X	X
<ul style="list-style-type: none"> Inventory existing educational and outreach/awareness materials to determine gaps/needs; Develop prioritized list of materials to be developed for specific programs and activities 	X rfa		
<ul style="list-style-type: none"> Develop new problem gambling prevention awareness materials that address gambling information, risk reduction and additional populations. 	X rfa	X	X
<ul style="list-style-type: none"> Participate in health fairs and community events. 	X rfa	X	X
<ul style="list-style-type: none"> Develop and distribute electronic and print newsletters 	X rfa	X	X
<ul style="list-style-type: none"> Write and distribute op-ed pieces and informational articles regarding responsible gambling and problem gambling awareness to newspapers and agency and community newsletters. 	X rfa	X	X
<ul style="list-style-type: none"> Research the availability of problem gambling prevention materials from other states and nations and make this information available through DHHS. 	X rfa		
<ul style="list-style-type: none"> Develop and distribute appropriate prevention research summaries to inform the work of programs in problem gambling prevention. 	X rfa		X
<ul style="list-style-type: none"> Incorporate evaluation tools and protocols into all DHHS funded problem gambling prevention efforts. 	X rfa	X	X
<ul style="list-style-type: none"> Evaluate, modify and continue, where appropriate, present awareness strategies. 		X	X
<ul style="list-style-type: none"> Work cooperatively with gaming operators to place responsible gambling and problem gambling awareness materials at the majority of gambling venues. 		X	X
<ul style="list-style-type: none"> Develop and conduct a social marketing campaign, utilizing systematic application of marketing along with other concepts and techniques to achieve reduced risk gambling behaviors. 		X	X
<ul style="list-style-type: none"> Develop new awareness materials in additional languages and for additional underserved populations. 		X	X
<ul style="list-style-type: none"> Develop and disseminate information tool kits for the legal community. 		X	X
		X	

Prevention Education (and Prevention Workforce Development)

Goal : To provide training to multiple agencies, groups and communities with the primary task of raising the capacity of others to address the prevention of problem gambling				
Objectives	2009-10	2011-12	2013-14	
<ul style="list-style-type: none"> • Provide training to the substance abuse prevention infrastructure focusing on Nevada’s five regional substance abuse prevention community coalitions to build the capacity of groups to add the prevention of problem gambling to their existing services. • Train middle and high school teachers to use the Gambling Enhanced Positive Action Curriculum. • Train teams from senior communities to be educators and early referral agents in their communities. • Develop and distribute a training manual for college resident assistant staffs. • Expand the distribution of the Spanish language problem gambling awareness materials and provide training in the Latino community. • Provide training at other organizations’ health-focused conferences. • Develop a prevention of problem gambling training specific to the needs of Native American communities within Nevada. • Evaluate and modify and continue where appropriate present prevention education strategies. • Develop prevention curricula and supporting materials focused on other underserved and/or cultural and linguistic minority populations. • Develop and offer web-based training opportunities in prevention. • Develop and deliver educational opportunities to other health care providers including but not limited to primary and mental health providers in the prevention of problem gambling. • Conduct workforce development needs assessment. • Develop list of State-sanctioned trainings and potential trainers. 	X (WD rfa)			
			X	
		X rfa		
			X	
		X rfa	X	X
		X (WD rfa)	X	X
			X	X
			X	X
			X	X
			X (WD)	X
			X	X
			X	X
		X		

Alternatives

Goal : To advocate for and provide suggestions for activities other than gambling for Nevada youth			
Objectives	2009-10	2011-12	2013-14
<ul style="list-style-type: none"> • Educate appropriate groups and service providers as to the value of alternative activities. • Advocate for the inclusion of an alternative activity strategy into existing prevention programs. • Evaluate, modify and continue, where appropriate, present alternative activity strategies. • Identify and expand to additional populations. 		<p style="text-align: center;">X</p> <p style="text-align: center;">X</p>	<p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p>

Community Based Processes

Goal : To involve, empower and support all appropriate communities and collaborators in addressing the prevention of problem gambling				
Objectives	2009-10	2011-12	2013-14	
<ul style="list-style-type: none"> • Promote, support and utilize multi-agency activities and interagency coordination • Provide training, technical assistance and on-going support to colleges and universities in developing comprehensive prevention problem gambling programs. • Provide training, technical assistance, on-going support and mini-grants to appropriate high school clubs and organizations to address problem gambling issues. • Develop and pilot a peer-to-peer education and referral model for senior programs/agencies. • Develop and incorporate an on-going technical assistance and support mechanism designed to incorporate isolated efforts into community-based initiatives. • Seek to find new prevention partners beyond the substance abuse prevention community. • Evaluate, modify and continue, where appropriate, present community-based process. • Seek to create additional collaborative efforts with non-traditional prevention groups and providers including, but not limited to: Judges, corrections, youth serving agencies, senior serving agencies, etc. • Outreach specifically to underserved and/or cultural and linguistic minorities 	X rfa	X	X	
			X	X
			X	X
			X	
				X
			X	X
			X	X
		X rfa	X	X
		X	X	X

Social Policy and Environmental Approaches

Goal : To develop and advocate for policies that support the prevention of problem gambling by enhancing protective factors and deterring risk factors in the environment			
Objectives	2009-10	2011-12	2013-14
<ul style="list-style-type: none"> • Work with colleges and universities to develop gambling policies and supportive protocols. • Research existing high school and middle school gambling policies and create tools for use in developing policies. • Develop a guide for addressing gambling activities within Councils on Aging • Evaluate, modify and continue, where appropriate, present environmental approaches. • Advocate and secure stable dedicated funding for programs and services to reduce harm caused by gambling. • Expand policy development efforts to additional constituencies. • Develop a guide for the legal community to help them address problem gambling through screening, assessment, and referral to treatment. 	<p>X rfa</p> <p>X DHHS</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p>

Problem Identification and Referral

Goal : To work specifically with groups identified as high risk for gambling problems and advocate for a full array of intervention and treatment services.				
Objectives	2009-10	2011-12	2013-14	
<ul style="list-style-type: none"> • Develop a list of existing intervention and referral services available to residents of Nevada. • Include a section on intervention and treatment options in all appropriate prevention activities. • Develop questions for inclusion in existing surveys measuring risk behaviors. • Use data gathered from the biennial risk behavior survey conducted in middle and high schools to help identify high-risk youth sub-populations and plan appropriate interventions. • Advocate for the inclusion of problem gambling screening questions in other appropriate surveys. • Advocate for intervention and referral protocols as part of any comprehensive prevention of problem gambling effort. • Evaluate, modify and continue, where appropriate, present problem identification and referral strategies. • Identify the corollaries between risky gambling behavior and other risk-related behaviors and conditions. • Build collaborative relationships and programs to reduce risk and advocate for referral and treatment within co-occurring disorders • Advocate for adequate intervention and treatment services. • Enhance, through partnerships and cross-training, the link between legal professionals and treatment professionals. • Include problem gambling prevention psycho-educational class in substance disorder treatment programs. 	X rfa			
	X rfa			
			X	X
	X	X	X	X
			X	X
	X	X	X	X
			X	X
			X	X
			X	X
	X DHHS	X	X	X
			X	X
			X	

IMPLEMENTATION

DHHS and its Advisory Committee will guide the implementation of the strategic plan. The following are some key considerations and recommendations regarding the overall management of this Plan.

Implementation Goal 1: Roll-out schedule of priorities

Within the goals and objectives identified in the previous section, a timeline indicates which elements are recommended, over the course of five years. Initially, general public awareness is the emphasis, along with some prevention workforce development efforts. As time goes on and those efforts are successful, attention is given to including more of the CSAP strategies. Since budget and staffing for future years is not quantified, changes in the roll out priorities can and should be made as, and if, additional funds and/or staffing are available.

Implementation Goal 2: RFA for Plan elements

Given budget and staffing constraints, much of the work identified in this Plan will still have to be done via contracts based on RFAs. In the next RFA process, high priority should continue to be given to general awareness and universal prevention efforts, as well as to inclusion of problem gambling prevention as a focal point for additional workforce development efforts.

Implementation Goal 3: Future funding/infrastructure

Without an expanded infrastructure, the work identified in this Plan will need to be done via contracts based on RFPs. An analysis of what it would take, in terms of funding and staffing, to bring more of the elements of this plan under the auspices of one agency should be undertaken. Options to be considered include establishing a new DHHS office, using outside contractors, or operating within existing regional service districts.

Implementation Goal 4: Develop data collection tool

There are two aspects to this effort: 1) collecting data on problem gambling in Nevada and 2) collecting data on the efficacy of elements of this Strategic Plan as they are implemented.

- 1) Data on Nevada problem gambling includes efforts such as:
 - identifying public health surveillance systems into which problem gambling questions can be integrated;
 - enhancing problem gambling questions in the biennial YRBS conducted in middle and high schools;
 - identifying public opinion polls into which gambling questions may be added

- 2) Strategic Plan Evaluation includes efforts such as: establishing inter-program evaluation measures and methods based on population and specific program objectives; establishing a broad system-wide surveillance method that looks at changes in the general public's knowledge, perceptions, attitudes, and behaviors. All entities involved in implementation or oversight of this Plan should submit progress reports on a quarterly basis.

Implementation Goal 5: Public/Private Partnerships

Leverage impact through public-private partnerships; a variety of partnership projects could be undertaken from sponsoring training events, to developing industry endowed problem gambling prevention positions, to seeking out marketing expertise and technologies.

Implementation Goal 6: Plan Review and Adjustment

On an annual basis, DHHS and the Advisory Committee should assess progress in implementing aspects of the Plan and to review the Plan to make adjustments to priorities as indicated by the evidence.

CONCLUSION

Nevada's relationship to legalized gambling is unique, as is its relationship to problem gambling. Nevada is home to the largest gaming industry in the nation, has a long history of legalized casino gambling, and is heavily reliant on gambling revenues to support essential government services. Nevada is also notable for its prevalence of problem gambling, an unfortunate side effect of the prevalence of gambling opportunities. Yet, having a vibrant and vast gaming industry within its borders has several advantages for the development of a problem gambling services system. Nevada casinos have already played an important role in heightening the public's awareness of problem gambling. Several of Nevada's larger casino operators and gaming companies have demonstrated a desire to partner in efforts to reduce gambling-related harm.

Perhaps more than any other state in the nation, publicly funded problem gambling prevention efforts can be leveraged through partnerships with gaming industry companies, organizations, and groups. Nevada is positioned to lead the nation in addressing problem gambling prevention through public-private partnerships.

Governor Gibbons stated in his remarks to the 74th Session of the Nevada Legislature, that it's time to move "Nevada from the back seat to the driver's seat in responsible gambling". Towards that end, this Plan provides a comprehensive roadmap for the development of problem gambling prevention in Nevada from 2009-2011. Overall, the driving principles of the Plan include integration, collaboration, and partnerships.

This Plan also represents an important milestone in the overall Strategic Management Cycle for the administration of DHHS funded problem gambling programs. Future efforts should address other components of the overall system, assessment and adjustment of prevention strategies, and/or retooling of the vision and mission statements.

REFERENCES

1. Marotta, J., Tyson, J., Christensen, T., & Wuelfing, J. (2008). Strategic Planning for Problem Gambling Prevention Services in the State of Nevada: Progress Report May 2008. Carson City, NV: Nevada Department of Health and Human Services.
2. Volberg, R (2002). Gambling and Problem Gambling in Nevada: Report to the Nevada Department of Human Resources. Northampton, MA: Gemini Research, LTD.
3. Knightly, A (May 22, 2007). "Problem Gambling Bill Faces No Real Opposition" Las Vegas Review Journal. <http://www.lvrj.com/business/7625416.html>
4. Marotta, J.J. & Christensen, T. (2006, May). *The best places to live for problem gamblers: Survey results of publicly funded problem gambling services in the United States*. Paper presented at the 13th International Conference on Gambling & Risk Taking, Lake Tahoe, NV.
5. Nevada Department of Education Youth Risk Behavior Survey <http://nde.doe.nv.gov/YRBS.htm>
6. Gupta, R. & Derevensky, J. (1998a) An empirical examination of Jacobs' General Theory of Addictions: Do adolescent gamblers fit the theory? *Journal of Gambling Studies*, 14, 17–49.
7. Nower, L., Gupta, R., Derevensky, J. (2003, June). *Depression and suicidality among youth gamblers: An examination of comparative data*. Paper presented at the annual meeting of the National Council on Problem Gambling, Louisville, KY.
8. Hardoon, K., Gupta, R. & Derevensky, J. (2002, June). *An examination of the influence of emotional and conduct problems upon adolescent gambling problems*. Paper presented at the annual meeting of the National Council on Problem Gambling, Dallas, TX.
9. Derevensky, J.L. & Gupta, R. (1996, May). Risk-taking and gambling behavior among adolescents: An empirical examination. Paper presented to the Annual Meeting of the National Conference on Compulsive Gambling. Chicago, IL.
10. Dickson, L., Derevensky, J.L. & Gupta, R. (2002). The prevention of youth gambling problems: A conceptual model. *Journal of Gambling Studies*, 18 (2), 97–160.
11. Wood, R.T.A., Derevensky, J., Gupta, R. & Griffiths, M. (2002). Accounts of the U.K. National Lottery and scratchcards: An analysis using Q-sorts. *Journal of Gambling Studies*, 18 (2), 161–184.
12. Derevensky, L., Gupta, R., & Nower, L. (2004). The relationship of impulsivity, sensation seeking, coping, and substance use in youth gamblers. *Psychology of Addictive Behaviors*, 18, 49-55.

13. Gibbons, James (Jan. 22, 2007). The State of the State Remarks by Governor Jim Gibbons to the 74th Session of the Nevada Legislature
<http://gov.state.nv.us/PressReleases/2007/2007-01-22-StateoftheStateAddress.htm>
14. Gerstein, D. R., Volberg, R. A., Toce, M. T., Harwood, H., Johnson, R. A., Buie, T., Christiansen, E., Chuchro, L., Cummings, W., Engelman, L., Hill, M. A., Hoffmann, J., Larison, C., Murphy, S. A., Palmer, A., Sinclair, S. & Tucker, A. (1999) *Gambling Impact and Behavior Study. Report to the National Gambling Impact Study Commission.*
15. Shaffer, H. J., & Korn, D. A. (2002). Gambling and related mental disorders: a public health analysis. In J. E. Fielding, R. C. Brownson & B. Starfield (Eds.), *Annual Review of Public Health* (Vol. 23, pp. 171-212). Palo Alto: Annual Reviews, Inc.
16. Hawkins, J.D., Catalano, R.F., and Miller, J.Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112, 64-105.
17. Carlson, M.J., & Moore, T.L. (1998). Adolescent gambling in Oregon: A report to the *Oregon Gambling Addiction Treatment Foundation*. Salem, OR: Oregon Gambling Addiction Treatment Foundation. Report available online; retrieved 12/8/02, at www.gamblingaddiction.org.
18. Dickson, L.M., Derevensky, J.L., & Gupta, R. (2002). The prevention of gambling problems in youth: A conceptual framework. *Journal of Gambling Studies*, 18, 97-159. Report available online; retrieved 12/8/02, at <http://www.education.mcgill.ca/gambling/french/researche/PDF%20files/prevention1.pdf>

APPENDIX: Sample Logic Models

These logic models provide a basic template which can be added to and tailored to meet Nevada needs. For example, columns could be added which would identify specific outcome targets and means of measuring those outcomes. Likewise, the list of partners can be changed as needed, as can specific activities and goals.

Nevada Problem Gambling Prevention Plan Basic Logic Models

Nevada Problem Gambling Prevention Plan Logic Model: 1. Information Dissemination					
	Inputs	Processes	Outputs	Short-term outcomes	Long-term outcomes
1A	DHHS Prevention providers Community partners Industry partners	Distribute problem gambling awareness pamphlets, brochures, videos and posters	Pamphlets, brochures, posters, videos distributed via appropriate outlets across the state	Problem gambling prevention and awareness information is readily available to Nevadans; Awareness of risks of gambling increases; Awareness of problem gambling helpline and treatment availability increases	Increased utilization of helpline; Increased utilization of treatment services; Problem gambling awareness increases and prevalence decreases
1B	Contracted campaign developer(s) DHHS Problem gambling prevention partners Media outlets	Develop and conduct a mass multi-media campaign	Written, broadcast and electronic media products; Statewide problem gambling awareness campaign conducted	Awareness of risks of gambling increases; Awareness of problem gambling helpline and treatment availability increases	Increased utilization of helpline; Increased utilization of treatment services; Problem gambling awareness increases and prevalence decreases
1C	Target group representatives Translators/material developer(s) DHHS	Translate present DHHS approved materials into Spanish	Translated materials	Problem gambling prevention and awareness information in Spanish is readily available to Nevadans; Awareness of risks of gambling increases among Latinos; Awareness of problem gambling helpline and treatment availability increases among Latinos	Increased utilization of helpline by Latinos; Increased utilization of treatment services by Latinos; Prevalence of problem gambling decreases among Latinos and awareness increases
1D	Inventory coordinator Problem gambling prevention providers Industry partners Community partners DHHS	Inventory Nevada's existing educational and outreach/awareness materials	List of currently available materials; Prioritized list of materials developed for specific programs and activities	Providers are aware of educational outreach and awareness materials available to them; Gaps and needs are identified; Providers request and use appropriate educational materials	Problem gambling awareness increases and prevalence decreases

Nevada Problem Gambling Prevention Plan Logic Model: 1. Information Dissemination continued

	Inputs	Processes	Outputs	Short-term outcomes	Long-term outcomes
1E	DHHS Contracted material developer(s) Target group members Industry partners Prevention partners Community partners	Develop new problem gambling prevention awareness materials that address gambling information, risk reduction	Prioritized list of needed materials; Proposed topics/content/format identified ; Budget developed; Material developer(s) selected	New materials are developed to meet identified gaps/needs; Providers request and use appropriate educational materials	Nevadans are sufficiently aware of problem and responsible gambling that problem gambling prevalence rates are reduced and those who need treatment know how to obtain it
1F	Prevention partners Health fair sponsors Community event sponsors	Participate in health fairs and community events	Health fairs and community events include exhibits and problem gambling awareness materials	Nevadans are aware of the risks of gambling, responsible gambling, and how to obtain help or treatment for gambling problems	Nevadans are sufficiently aware of problem and responsible gambling that problem gambling prevalence rates are reduced and those who need treatment know how to obtain it
1G	Contracted or guest article writer(s) Newspapers Agency/community newsletters	Write and distribute op-ed pieces and informational articles regarding responsible gambling and problem gambling awareness	Op ed pieces and newspaper articles feature problem and responsible gambling information	Nevadans are aware of the risks of gambling, responsible gambling, and how to obtain help or treatment for gambling problems	Nevadans are sufficiently aware of problem and responsible gambling that problem gambling prevalence rates are reduced and those who need treatment know how to obtain it
1H	Contracted newsletter writer(s)	Develop and distribute electronic and print newsletters	Newsletter featuring problem and responsible gambling information is available throughout the state	Nevadans are aware of the risks of gambling, responsible gambling, and how to obtain help or treatment for gambling problems	Nevadans are sufficiently aware of problem and responsible gambling that problem gambling prevalence rates are reduced and those who need treatment know how to obtain it
1I	List/inventory researcher Problem gambling listservs APGSA members National/international contacts	Research the availability of problem gambling prevention materials from other states and nations	Collection of states'/nations' materials lists; Lists reviewed and items of possible interest are marked	Materials of possible relevance to Nevada are obtained, reviewed and categorized for possible future use or modification	Nevada uses, modifies or develops accurate state-of-the-art materials
1J	Research summary collector Problem gambling prevention providers Library	Develop and distribute appropriate prevention research summaries to inform the work of programs in problem gambling prevention	Prevention research summary	Problem gambling prevention providers make program choices based on what has been shown to be effective	Problem gambling prevention programs are research-based and achieve their intended outcomes

Nevada Problem Gambling Prevention Plan Logic Model: 1. Information Dissemination continued

	Inputs	Processes	Outputs	Short-term outcomes	Long-term outcomes
1K	Evaluation tool developer(s) Problem gambling prevention programs DHHS	Incorporate evaluation tools and protocols into all DHHS funded problem gambling prevention efforts	Evaluation tools developed and disseminated; Providers given orientation and instructions on use of evaluation tools	Programs make effective modifications based on evaluation data; Only effective programs receive state funding	Problem gambling awareness increases and prevalence decreases
1L	Gaming operators Material developer(s) DHHS	Place responsible gambling and problem gambling awareness materials at the majority of gambling venues	Responsible gaming materials placed	Patrons of gaming establishments have easy access to responsible gaming information and information on how to get help	Increased utilization of helpline; Increased utilization of treatment services; Problem gambling awareness increases and prevalence decreases; Increase in responsible gaming
1M	Campaign coordinator(s) Prevention partners DHHS Media outlets	Develop and conduct a social marketing campaign	Campaign conducted	Community norms around gambling are changed so gambling is seen as risky and handled in the same way other risky behaviors are	Problem gambling awareness increases and prevalence decreases
1N	Target group representatives Material developer(s) DHHS	Develop new awareness materials in additional languages and for additional underserved populations	Language and underserved population needs identified and prioritized; Materials created and disseminated	Persons whose first language is not English and members of other underserved groups have access to accurate problem gambling prevention information	For each group: Increased use of helpline; Increased use of treatment services; Problem gambling awareness increases and prevalence decreases
1O	Contracted material developer(s) Legal community	Develop and disseminate information tool kits for the legal community	Information tool kit for legal community	Attorneys, judges, parole and probation professionals more knowledgeable about problem gambling and availability of treatment	Clients in the legal system receive appropriate early intervention and/or referrals for problem gambling treatment

Nevada Problem Gambling Prevention Plan Logic Model: 2. Prevention Education and Workforce Development

	Inputs	Processes	Outputs	Short-term outcomes	Long-term outcomes
2A	Contracted trainers Coalition members DHHS	Provide problem gambling prevention training to Nevada's five regional substance abuse prevention community coalitions	All 5 coalitions receive training	Coalitions incorporate problem gambling into their existing efforts	Youth problem gambling awareness increases and prevalence decreases
2B	Middle and high school teachers Contracted trainers	Train middle and high school teachers to use the Gambling Enhanced Positive Action Curriculum	Middle and high school teacher training	Gambling Enhanced Positive Action Curriculum is used in middle and high schools	Youth problem gambling awareness increases and prevalence decreases
2C	Contracted trainers Senior educators	Train teams from senior communities to be educators and early referral agents in their communities	Educator/referral training	More seniors call the helpline; More seniors receive treatment	Seniors' problem gambling awareness increases and prevalence decreases
2D	College RAs and appropriate other college staff Contracted trainer(s)	Develop and distribute a training manual for college resident assistant staffs	College RAs trained in problem gambling	More students call the helpline; More students receive treatment; Students gamble responsibly	College problem gambling awareness increases and prevalence decreases
2E	Members of Latino community Material developer(s)	Expand distribution of Spanish language problem gambling awareness materials and provide training in the Latino community	Latino materials developed and distributed; Training provided	Latinos have culturally and linguistically relevant, accurate problem gambling prevention information	Increased use of helpline; Increased use of treatment services; Reduced prevalence of problem gambling among Latinos and increased awareness
2F	Conference speakers Exhibit developer(s) Conference sponsors	Provide training at other organizations' health-focused conferences	List and schedule of health oriented partners who have conferences; Conference and exhibiting proposals submitted	The topic of problem gambling is included in partner health organizations' conferences and meetings	Professionals in related health fields are aware of problem gambling as an issue and are able to effectively screen and refer the clients/patients
2G	Members of Native American community Material developer(s)	Develop a prevention of problem gambling training specific to the needs of Native Americans	Native American materials developed and distributed; Training provided	Native Americans have culturally and linguistically relevant, accurate problem gambling prevention information	Increased use of helpline Increased use of treatment services; Reduced prevalence of problem gambling and increased awareness among Native Americans

Nevada Problem Gambling Prevention Plan Logic Model: 2. Prevention Education and Workforce Development cont'd

	Inputs	Processes	Outputs	Short-term outcomes	Long-term outcomes
2H	DHHS Program evaluator(s) Prevention programs	Evaluate and modify and continue where appropriate present prevention education strategies	Evaluation report on prevention education strategies	Prevention education programs are effective and achieve their intended outcomes	Problem gambling awareness increases and prevalence decreases
2I	Curriculum developer(s) Members of target group(s) Prevention providers	Develop prevention curricula and supporting materials focused on other underserved and/or cultural and linguistic minority populations	Culturally and linguistically appropriate prevention curricula developed	Culturally and linguistically appropriate services are provided to the communities that need them	Cultural groups' problem gambling awareness increases and prevalence decreases
2J	Web training developer(s) Content experts Trainees	Develop and offer web-based training opportunities in prevention	Web based trainings	More interested persons take part in problem gambling prevention training	Well trained and competent workforce; Effective prevention programs offered
2K	Primary care providers Mental health providers Trainers/speakers Other health care providers	Develop and deliver educational opportunities on problem gambling prevention to other health care providers	List of target health care provider groups Training or other educational opportunities provided	Increased awareness of problem gambling among health care professionals; Increased appropriate screening and referral for problem gambling	Increased use of helpline; Increased use of treatment services; Problem gambling awareness increases and prevalence decreases
2L	Needs assessment coordinator Members of problem gambling workforce	Conduct workforce development needs assessment	Needs assessment; Workforce development plan	Well trained and competent problem gambling workforce in Nevada	Effective treatment and prevention programs; Problem gambling awareness increases and prevalence decreases
2M	List developer Problem gambling trainers Certification board DHHS	Develop list of State-sanctioned trainings and potential trainers	Training/trainers list	Providers have easy access to information on current trainings and potential trainers	Well trained and competent problem gambling workforce

Nevada Problem Gambling Prevention Plan Logic Model: 3. Alternatives

	Inputs	Processes	Outputs	Short-term outcomes	Long-term outcomes
3A	Community groups and service providers Contracted trainer(s)	Educate appropriate groups and service providers as to the value of alternative activities	List of appropriate groups and service providers; Information briefing and materials on alternative activities and problem gambling prevention	Community groups and service providers sponsor alternative activities as a problem gambling prevention strategy	Problem gambling awareness increases and prevalence decreases due in part to the use of effective alternatives to gambling
3B	Current problem gambling prevention providers	Advocate for the inclusion of an alternative activity strategy into existing prevention programs	Information briefing and materials on alternative activities and problem gambling prevention	Problem gambling prevention providers add alternative strategies to their overall efforts; Youth have a variety of effective alternatives to gambling	Problem gambling awareness increases and prevalence decreases
3C	Programs using alternative activities Program evaluator(s)	Evaluate, modify and continue, where appropriate, present alternative activity strategies	Evaluation of alternative activities; Alternative activities modified based on evaluation data	Alternative activities improve over time as data are collected and used to modify them as/if appropriate	Best or promising practice alternative activities for problem gambling are used by prevention providers; Youth have a variety of effective alternatives to gambling; Problem gambling awareness increases and prevalence decreases

Nevada Problem Gambling Prevention Plan Logic Model: 4. Community Based Processes

	Inputs	Processes	Outputs	Short-term outcomes	Long-term outcomes
4A	DHHS Agency partners	Promote, support and utilize multi-agency activities and interagency coordination	Projects and strategies involving multiple agencies	Increased awareness of problem gambling prevention; Increased collaboration and inclusion of problem gambling into existing prevention efforts	Problem gambling awareness increases and prevalence decreases
4B	Colleges and universities Training and technical assistance providers	Provide training, technical assistance and on-going support to colleges and universities in developing comprehensive prevention problem gambling programs	Training modules; Technical assistance materials; Sample comprehensive college programs	Effective and enforceable policies and procedures are in place in colleges and universities	Problem gambling awareness increases and prevalence decreases
4C	High school clubs and organizations Training and technical assistance providers	Provide training, technical assistance, on-going support and mini-grants to appropriate high school clubs and organizations to address problem gambling issues	Training modules; Technical assistance materials	Students learn more about problem gambling prevention; Schools take a more active role in problem gambling prevention	Problem gambling awareness increases and prevalence decreases
4D	Peer educators Trainers Council on Aging members	Develop and pilot a peer-to-peer education and referral model for Councils on Aging	Education and referral model; Referral guidelines; Training/information materials; Peer educator guidelines	Seniors are more aware of problem gambling and how to prevent it; Appropriate referrals are made; Council on Aging is more aware of problem gambling among seniors	Problem gambling awareness increases and prevalence decreases among seniors
4E	Current prevention providers New prevention partners	Seek new prevention partners beyond the substance abuse prevention community	List of potential partners; Initial contact strategy for each; Ideas for possible collaboration	More organizations have problem gambling prevention in their repertoire	Problem gambling awareness increases and prevalence decreases
4F	Program evaluators DHHS Program providers	Evaluate, modify and continue, where appropriate, present community-based process	Evaluation report on effectiveness of community based processes	Community based processes are refined and adjusted based on evaluation data; Effective community based processes are utilized	Problem gambling awareness increases and prevalence decreases due in part to effective community based processes

Nevada Problem Gambling Prevention Plan Logic Model: 4. Community Based Processes continued

	Inputs	Processes	Outputs	Short-term outcomes	Long-term outcomes
--	---------------	------------------	----------------	----------------------------	---------------------------

4G	Nontraditional providers Problem gambling prevention providers DHHS	Create additional collaborative efforts with non-traditional prevention groups and providers	Opportunities identified; Nontraditional prevention providers identified	Groups add prevention of problem gambling to their existing services	Problem gambling awareness increases and prevalence decreases
4H	Outreach providers Members of target groups	Outreach specifically to underserved and/or cultural and linguistic minorities	Prioritized list of underserved target groups; Outreach materials and strategies; Outreach plan	Underserved groups have access to effective problem gambling prevention programs	Problem gambling awareness increases and prevalence decreases among target groups

Nevada Problem Gambling Prevention Plan Logic Model: 5. Social Policy/Environmental					
	Inputs	Processes	Outputs	Short-term outcomes	Long-term outcomes

5A	Colleges and universities Policy developer Subject matter experts	Work with colleges and universities to develop gambling policies and supportive protocols	College policies and procedures; Staff and appropriate others familiar with the policies and procedures	Increased use of helpline; Increased use of treatment services; Increased awareness of problem and responsible gambling	College problem gambling awareness increases and prevalence decreases
5B	High school and middle schools Policy developers Subject matter experts	Research existing high school and middle school gambling policies and create tools for use in developing policies	High and middle school policies and procedures; Staff and appropriate others familiar with the policies and procedures	Increased awareness of problem and responsible gambling	Youth problem gambling awareness increases and prevalence decreases
5C	Guide developer(s) Members of target group	Develop a guide for addressing gambling activities within Councils on Aging	Guide on problem gambling and seniors; Orientation or training on how to use guide	Councils on Aging support appropriate activities and programs for seniors; Councils on Aging are active partners in problem gambling prevention	Problem gambling awareness increases and prevalence decreases
5D	Program evaluators Program providers' DHHS	Evaluate, modify and continue, where appropriate, present environmental approaches	Evaluation report on effectiveness of social policy and environmental approaches used	Social/environmental approaches are refined and adjusted based on evaluation data; Effective social/environmental approaches are utilized	Problem gambling awareness increases and prevalence decreases due in part to effective social/environmental approaches
5E	DHHS Problem gambling partners Legislators Funders Advocacy groups	Advocate and secure stable dedicated funding for programs and services to reduce harm caused by gambling	Adequate funding assessed; Funding sources and support levels identified; Agreements made among potential funders; Policy/legislative processes completed	Adequate stable funding is available for problem gambling prevention	Problem gambling awareness increases and prevalence decreases
5F	Current constituents New constituents	Expand policy development efforts to additional constituencies	Potential constituents identified; Constituent interests identified and aligned to problem gambling prevention needs; Discussions held/agreements made with new potential constituents	Increased support for problem gambling prevention from new constituencies	Problem gambling awareness increases and prevalence decreases
Nevada Problem Gambling Prevention Plan Logic Model: 5. Social Policy/Environmental continued					
	Inputs	Processes	Outputs	Short-term outcomes	Long-term outcomes

5G	Members of legal community Guide developer(s)	Develop a guide for the legal community to help them address problem gambling through screening, assessment, and referral to treatment	Problem gambling guide for legal community	Legal community is more knowledgeable about problem gambling; Appropriate referrals and assistance are made available to clients with gambling problems	Clients in legal system receive help and assistance as early as possible where problem gambling is present
----	--	--	--	--	--

Nevada Problem Gambling Prevention Plan Logic Model: 6. Problem Identification and Referral					
	Inputs	Processes	Outputs	Short-term outcomes	Long-term outcomes

6A	List coordinator Service providers	Develop a list of existing intervention and referral services available to residents of Nevada	Intervention and referral services list	Providers are able to accurately refer clients for assessment and treatment	Increased use of helpline Increased use of treatment and intervention services Problem gambling awareness increases and prevalence decreases
6B	Developer of materials/module	Include a section on intervention and treatment options in all appropriate prevention activities	Intervention and treatment module and materials	Prevention providers are more knowledgeable about problem gambling treatment	Increased use of helpline Increased use of treatment and intervention services Problem gambling awareness increases and prevalence decreases
6C	YRBS staff Youth survey and problem gambling expert(s)	Develop questions for inclusion in existing surveys measuring risk behaviors	Vetted problem gambling questions included in YRBS; Survey instrument including gambling questions	Accurate data on problem gambling among Nevada youth is available regularly; Data is used in program planning for youth; Data driven youth problem gambling prevention programs are provided throughout Nevada	Problem gambling awareness increases and prevalence decreases
6D	YRBS data Problem gambling prevention programs School and community prevention partners At risk youth programs and service providers	Identify high-risk youth sub-populations and plan appropriate interventions	Youth education session curricula and materials; Screening and referral protocols and procedures; Inservice training; Followup case management and consultation	At risk youth are appropriately identified, educated, screened and referred if appropriate for gambling problems	Prevalence of problem gambling is reduced and awareness is increased among at risk youth and other subpopulations identified by data
6E	DHHS Survey sponsors Survey question developers Prevention partners	Advocate for the inclusion of problem gambling screening questions in other appropriate surveys	List of potential surveys into which gambling questions could be added; List of sample vetted questions; Agreements with survey sponsors about inclusion of gambling questions; Survey instruments	Appropriate problem gambling questions are added to ongoing surveys; Accurate data on problem gambling shapes program planning; More effective programs and services are provided	Prevalence of problem gambling is reduced and awareness is increased

Nevada Problem Gambling Prevention Plan Logic Model: 6. Problem Identification and Referral continued

	Inputs	Processes	Outputs	Short-term outcomes	Long-term outcomes
--	---------------	------------------	----------------	----------------------------	---------------------------

6F	Program evaluators Program providers DHHS	Evaluate, modify and continue, where appropriate, present problem identification and referral strategies	Evaluation report on effectiveness of problem identification and referral strategies used	Identification and referral strategies are refined and adjusted based on evaluation data; Effective identification and referral strategies are utilized	Problem gambling awareness increases and prevalence decreases due in part to effective identification and referral strategies
6G	Researchers Program providers DHHS	Identify the corollaries between risky gambling behavior and other risk-related behaviors and conditions	Literature review shared with providers	Providers are better able to develop or select programs that affect problem gambling prevalence	Problem gambling awareness increases and prevalence decreases
6H	Mental health providers Addiction treatment providers Clients	Build collaborative relationships and programs to reduce risk and advocate for referral and treatment within co-occurring disorders	Co-occurring treatment model; Agency cooperative agreements	Co-occurring treatment models are followed and clients receive care for the full spectrum of issues they are experiencing	Client's co-occurring addictions are treated effectively and harm is minimized; clients return to healthy participation in society
6I	DHHS Providers Advocacy groups Recovering community Funders Legislators	Advocate for adequate intervention and treatment services	Assessment of and report on need for intervention and treatment services and current gaps; Recommendations on how to meet service level needs	Adequate intervention and treatment services are available throughout the state	Reduced harm from problem gambling; Recovery from gambling problems for individuals
6J	Legal professionals Treatment professionals Facilitators	Enhance, through partnerships and cross-training, the link between legal professionals and treatment professionals	Projects involving legal and treatment professionals	Legal and treatment professionals work together regularly on problem gambling issues	Seamless interface between legal and treatment systems provides early referral and effective treatment
6K	Substance abuse treatment providers Problem gambling specialists Clients	Include problem gambling prevention psycho-educational classes in substance disorder treatment programs	Gambling included in all substance abuse treatment psychoeducation classes	Clients and substance abuse treatment providers aware of gambling as potentially serious cross addiction and possible contributor to relapse; Treatment and recovery plans address gambling	Substance abuse treatment clients do not experience gambling problems