2014

Nevada
Department of Health and Human Services

Problem Gambling Services

Meeting Proceedings: Strategic Planning Think Tank

April 9, 2014

Sponsored by the Nevada Department of Health and Human Services

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ACKNOWLEDGEMENTS

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Problem Gambling Service
Strategic Planning Think Tank

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Problem Gambling Service

April 9, 2014

I. INTRODUCTION

Purpose

Prompted by a commitment to continually improve problem gambling services in Nevada, the Nevada Department of Health and Human Services (DHHS) partnered with the Nevada Council on Problem Gambling and Problem Gambling Solutions, Inc. to deliver a five-hour think tank workshop designed to solicit input and ideas to consider when drafting a strategic plan for DHHS Problem Gambling Services.

The resulting strategic plan is envisioned as providing a high level view of all of DHHS supported problem gambling services. This high-level plan will complement the DHHS Problem Gambling Treatment Strategic Plan by providing a more complete strategic approach to reducing gambling related harm and will replace the current Problem Gambling Prevention Strategic Plan.

Methods

Based on DHHS' desire to obtain diverse viewpoints and recommendations, the think tank fostered productive discussions by incorporating a "world café" process into the workshop's design; a practice that utilizes a series of small group discussions on pre-selected topics. The workshop organizers identified a limited number of individuals to invite to the workshop. Development of the workshop invitee list began by identifying stakeholder groups and organizations who serve populations with heightened risk for problem gambling or are otherwise critical for the development of problem gambling services. Next, individuals in leadership positions within groups and organizations where identified and invited. The number of workshop participant invitations was limited to 35 in order to facilitate discussion. Invitations resulted in eighteen workshop participants representing various organizations and stakeholder groups including higher education, social service agencies, treatment agencies, advocacy groups, and consumers.

Stakeholders at this event were tasked with addressing five program areas, accompanied by questions designed to facilitate the discussions to identify system challenges and brainstorm possible solutions. The small group discussion topics were: Geographic Considerations; Cultural Diversity; Collaboration & Coordination; Gambling Treatment Services; and Awareness & Prevention. As a

final workshop exercise, participants were provided with several adhesive dots and asked to review all the identified issues and possible solutions/strategies/tasks then place an adhesive dot next to those statements they viewed as a "priority item" (see Appendix A for Workshop Agenda and Appendix B for the PowerPoint slides presented at the beginning of the workshop).

Next Steps

Guided by the discoveries documented within this think tank proceedings report and further work from the project team, in SFY 2015 a draft DHHS Problem Gambling Services Strategic Plan will be developed and presented to the DHHS Advisory Committee on Problem Gambling (ACPG).

II. MEETING PROCEEDINGS

The body of this report provides key discussion points that occurring during the workgroups, as noted by the facilitators of the small group discussions. The report is structured by topic areas where for each discussion group the questions proposed to the discussion participants is provided followed by an outline of identified issues and possible solutions. The issues and possible solutions are listed in rank order of popularity, as voted on by workshop participants. The numbers with the parentheses to the right of the statement represent the number of votes cast by participants as a priority item.

A. GEOGRAPHIC CONSIDERATIONS

Questions proposed to discussion tables:

1. What are the issues?
2. How can we address these issues?
3. Where are the priorities?

Workgroup list of issues concerning geographic considerations:

- Population density of regions. (3)
    - Greater population in the South.
        - If all the funding goes to the South, not enough funding will be available to support the North.
    - Rural/frontier communities are under served. (2)
        - Identify data to support greater need in the rural areas in order to generate support.
        - Perception that there are no rural communities in the South. (1)

- Cultural and Political Regional Influences. (3)
    - Identify and address cultural barriers to better serve the Native American Communities. (3)
    - North/South perception differences.
    - High political influence in the South.
- Accessibility to Resources (2)
    - Transportation
        - Distance between clients and resources. (2)
        - Resources to help with transportation to get clients to available services.
    - The only residential treatment centers are in the North.

Solutions and suggestions proposed by workgroups on how each issue concerning geographical considerations can be addressed.

- Increase and allocate funding appropriately. (26)
    - Develop a more dynamic plan to grow our current funding base, be more proactive. (15)
    - Better utilize our current resources/Family Resource Centers or 211.
    - Include rural needs in funding consideration/line item transportation. (8)
    - Utilize non-state funded programs state wide. (3)
    - Look outside of State geographical area for cost effective residential treatment.
- Make treatment programs more accessible to everyone, regardless of geographic location. (24)
    - Central resource connection point.
    - TeleMed/Skype. (3)
    - Fund transportation to residential treatment from South to North. (1)
    - Seed a residential treatment center in the South. (5)
    - Open a residential treatment in the South. (14)
    - NCPG resources or representation in the North (1)
- Identify the need for services (13)
    - Conduct a new Prevalence Study to see where we stand now. (13)
    - Margin of error in data needs to reflect local vs. tourist gamblers.

B. CULTURAL DIVERSITY

Questions proposed to discussion tables:

1. What are the issues?
2. How can we address these issues?
3. Where are the priorities?

Issues identified by workgroups:

- Professional (27)
    - Dearth of qualified providers vis a vis cultural diversification and peer services/workforce development…not enough providers that "look like me" to serve affected populations (26)
    - Disparities in language used in professional culture (ie., the differences in terminologies between addiction professionals and other mental health providers makes it difficult to collaborate). (1)
- Social (21)
    - Stigma may be highly variable among various sub-cultures, and needs to be recognized and addressed accordingly (e.g., ethnic---Asian, Hispanic, African American; veterans; LGBT; aging population; youth population). (7)
    - Absence of language-appropriate services/materials (6)
    - Lack of culturally-appropriate services, in terms of both treatment options/cultural sensitivity and competence training (6)
    - Workplace stigma (disparities in institutional culture and how institutions view the issue of problem gambling and response to those that may need/seek help) (2)
    - Geographical disparities in cultural thought/resources, between north and south, urban, rural, remote, tribal areas was discussed, but received no votes
- Political (5)
    - Nevada certification barrier (seen as a barrier to achieving a culturally diverse workforce (above), when state standards are much more rigorous than elsewhere, and other state/national standards don't completely transfer over---may make it difficult for those who would otherwise be interested in practicing in Nevada (4)
    - Integration of expertise within legal/justice system (family, criminal, substance attorneys)…explanation of why they need to know about problem gambling diversion opportunities (1)

Solutions and suggestions proposed by workgroups:

- Research (20)
    - Need for a new prevalence study to understand gambling-specific demographics and real and perceived gaps, and to have comparable data with other states that have addressed the issue (14)
    - Research existing resources such as other health surveys that we may be able to add gambling-related questions to (e.g., Behavioral Risk factor Surveillance System) at little cost to the state (6)
- Community Outreach (20)
    - Engage wider recovery community to a greater extent (GA, IOPs, other recovery organizations) (6)
    - Develop a collaborative approach w/communities and organizations at a highly local level (8)
    - Show value of treatment/recovery to the affected audience by reaching out in a culturally-relevant way (6)
- Professional Advancement (7)
    - Develop a culturally-competent workforce/diversify workforce/identify, recruit and develop human resources/provide regular continuing education (7)

C. COLLABORATION & COORDINATION

Questions proposed to discussion tables:

1. What are the issues?
2. How do we improve collaboration and coordination?
3. What are the priorities?

Issues identified by workgroups:

- Interdisciplinary Collaboration (26)
    - Lack of Collaboration among disciplines (7)
    - Successful Alternative Sentencing Programs study (4)
    - Lack of trust among the stakeholders.
    - Insurance Parity for TX funds with Mental Health and Addiction (2).
    - Addiction is not rested as a mental health disease by 3rd party payers (4)
    - Problem Gambling should be in SAPTA (9)
        - But they aren't ready because of bureaucracy and uninformed decision makers

- Physical and Social Accessibility to Patients (8)
    - North/South Geo-cultural divide. (1)
    - Stigma of Problem Gambling (7)
    - Competing priorities to professional development.
    - "Screen in" targeted advocacy
- Expanded treatment options (5)
    - Holistic recovery (1)
    - Emphasis on Family Dynamics of Addiction/Mental Health Recovery, holistic approach to recovery including individual, family, friends, and community (4)
    - Services are limited by lack of funding
- Provider/Patient Relations (4)
    - "Separation of Church and State" "Us vs. Them" mentality; meaning that recovering people do not integrate well with treatment providers and treatment providers do not interact with recovering people.
        - Treatment sends out and recovery does not 'send' back. (1)
        - Treatment people are losing long term 'success' stories and recovery people are not aware of other treatment resources.
    - "Language Barrier" - Among treatment providers, i.e., Mental Health TX providers use language like "recurrence" when referring to Mental Illness, and words like "relapse" for addiction. This indicates a bias in the terminology when there should be integrated language.
    - More focus on positive outcomes; focus on the good of recovery (3).

Improvements proposed by workgroups:

- Interdisciplinary Collaboration (19)
    - Collective mission statements, integrated advocacy at state and local level. Create a factually based statement with focus on recovery (over disease) "Treatment works…recovery is possible". (3)
    - Interagency collaboration
    - Invitations like the think tank, State coordination (5).
    - Integration of Problem Gambling via the ACPG and NCPG into coalitions (3)
    - Statewide collaboration increased by bringing stakeholders together
        - State wide SUMMIT (6)
        - Lead by a trusted person (like Kevin Quint)
        - Sponsored attendance

        - Participants need to be vested in the outcome
    - Problem Gambling professionals need to integrate with other Work Force Development Opportunities (2)
- Interdisciplinary (18)
    - Instead of another coalition, consider the formation of an "Association" of prevention and treatment professionals (15).
        - This organization would be non-profit, but different from the traditional non-profit model. This would appeal to a broader support base (1).
        - This association would correct the "limitations of organizational structure.
    - Before creating a new entity, consider the strengths and weaknesses of the current coalitions or collaboration efforts (2).
- Expanded Treatment Options (8)
    - Integration model of mental health (2)
    - Inform Decision makers. (6)
    - Compliment private insurance reimbursement with state funds to 'free up' more dollars. The effect would increase successful treatment outcomes.
- Physical and Social Accessibility (2)
    - Singular Referral resource "hub" (2)
        - Challenge of this is to ensure that the referral hub is "Vetted" and Trust worthy.
- Provider/Patient Relations
    - The why of participation would need to be addressed to focus on "relevant engagement"

D. GAMBLING TREATMENT

Questions proposed to discussion tables:

1. What are the issues?
2. How can we address these issues?
3. What are possible actions?
4. Where are the priorities?

Issues identified by workgroups:

- Accessibility (17)
    - No residential in the south (7)

    - Insurance and Medicaid issues (2)
    - Barriers to treatment like transportation, money, grants, shame (8)
- Target Groups (16)
    - Suicide (11)
    - College gambling (3)
    - Elderly gambling (2)
- Social Support (9)
    - Family involvement (4)
    - Ignorance that gambling is a problem (3)
    - Client motivation (1)
    - Client retention (1)
    - Peer support
- Interdisciplinary Problems (6)
    - DSM-5 implementation (4)
    - Work force development (2)
    - Separation of government funding
- Prevention & Treatment Options (2)
    - Intervention/prevention early (2)
    - Only providing one option for recovery
    - Cookie cutter treatment
    - Long term recovery issues
    - The disease model

How the workgroups suggest addressing the issues

- Target Groups (15)
    - Training suicide prevention counselors and advocates (11)
    - Willingness to discuss suicide (4)
    - Who is the public?
- Social Support (12)
    - Address the stigma with education (12)
- Interdisciplinary Problems (7)
    - Funding issues and grants (4)

    - Collaboration among all funding sources (3)
    - Strategic plan advocates
    - Outreach and work force development
- Accessibility (6)
    - Education(4)
    - Helpline (1)
    - Increase residential beds (1)
- Prevention & Treatment Options (1)
    - Aware of the alternatives (1)
    - Evidence based treatment.
- Education (4)
- Funding issues and grants (4)

Actions proposed by workgroups

- Meidcaid to pay for gambling treatment (13)
- Funding education (6)
- Funding telemedicine (4)
- More intern incentives (4)
- Political action committees (4)
- Collaboration of funding, insurance, Medicaid, grantees (3)
- Media involvement
- Educate on gambling counseling within universities

E. AWARENESS & PREVENTION

Questions proposed to discussion tables:

1. What are the issues?
2. How can we address these issues?
3. What are possible actions?
4. Where are the priorities?

Issues identified by workgroups:

- Education Issues (2)
    - What does prevention mean (1 dot)
        - People do not have a shared understanding of what "prevention" means; some think it is preventing the problem from developing while others view problem gambling prevention as raising awareness of treatment availability or screening for problems.
        - Prevention could be viewed negatively
        - Need to better inform people
    - Lack of understanding what treatment is and what recovery is (1)
    - Difficult to demonstrate effectiveness
    - People may not recognize certain forms of gambling as gambling
- Environmental and Social Issues
    - PG has negative connotations
    - No famous spokesperson
    - Larger issues in play
        - i.e. short on money→stress→gambling

          -if economy better→ Prevents some problems
    - Emerging Technologies-
        - Difficult to keep up with changing environment

Strategies, solutions and tactics proposed by the workgroups:

- **Collaboration (43)**
    - Include PG into broader recovery services (15)
    - Partner with industry (7)

- Integration & Collaboration is part of the answer
    - DHHS can mandate all of their grantees to obtain education about problem gambling (6)
- Collaborate with other areas of health care
    - Empower problem gambling grantees and others working within the DHHS problem gambling service system to function as Problem Gambling Ambassadors where they reach out and inform others about problem gambling. (5)
    - Provide workforce development grants that create Problem Gambling Ambassadors
        - Create toolkit for ambassadors (6)
- Relationship building & making connections (4)
- Work with criminal service system (1)
- Message from credible organizations
    - Collaboration between non-profits
    - Help organizations better understand how addressing problem gambling ties into their mission statement.
- DHHS Grants Management Unit could do more to collaborate with other state agencies or other programs under DHHS to integrate problem gambling topics and interventions into other state services.

- **Public Education (31)**
    - Target New Comers to NV with PG awareness materials (13)
        - Work with the DMV to acquire a list of persons who have applied for NV driver's license and sent problem gambling information to them.
        - Employee orientation
        - Work with school districts so that families of new students from out of state receive information about gambling and problem gambling
        - Landlord info for new tenants
    - ↑PG awareness to public (4)
        - Door hangers
        - Online marketing
        - Commercials
    - Target New College Students (4)
        - Include discussions of gambling and problem gambling into new student orientation curriculum (2)

        - Talk about the difference between going to a school in Nevada vs one in a state without ready access to casinos.
    - Promote Prevention Works (3)
        - Good Parenting is prevention
    - Help people make the link between PG and Other Issues (1)
        - Form problem gambling advocacy groups such as a problem gambling provider trade organization to lobby in support of problem gambling treatment and prevention programs.
    - Overcome negative stigma with P.G.
        - Create campaign to ↓ stigma (3)
    - ↑PSAs (3)
        - Normalize help seeking (1)
    - Prioritize Awareness over prevention in schools
    - ↑Recovery Awareness
    - Focus efforts on seniors
        - Create better/healthier alternatives for seniors
- **Refine Programs (20)**
    - Fund local prevention coordinators (10)
    - Change conversation to recovery (4)
    - Conduct a gambling behavior & attitude survey (2)
        - use to create social norming campaign
    - Conduct need assessments (1)
    - Conduct a community readiness study to better understand the communities readiness for addressing problem gambling and target intervention accordingly (1)
    - ↑responsible gaming regulation (1)
        - i.e. pop ups on machines
    - Reconsider how much money going to TX
        - Invest more money into prevention; the chunk of the DHHS problem gambling budget that goes toward treatment is too large. (1)
    - Differentiate PG prevention from gambling prevention
    - Capitalize on Problem Gambling Awareness Month; "piggy back" on national efforts
    - Improve overall quality of life
        - need to address larger "root" issues

- **Health Care Provider Education (3)**
    - Need to educate workforce (2)
        - message to allied health care and public health workers that addressing problem gambling is cost effective & helps your clients
        - Incentivize referrals to gambling treatment providers
        - Incentive problem gambling treatment providers to enroll more clients
            - new enrollment incentive
    - ↑awareness among service providers (1)

APPENDIX A: WORKSHOP AGENDA

PROBLEM GAMBLING SERVICE
STRATEGIC PLANNING THINK TANK

APRIL 9, 2014

10:30 am ***Welcome; Purpose & Introductions***
- Why we undertook this project; our hopes for the results.
- How the information gathered today will be used; steps in process.

11:00 am ***Background: DHHS Problem Gambling Services***
- Description of Services
- Problem gambling facts and figures
- Past and current efforts to address problem gambling in Nevada

11:45 am ***The World Café Process***
Participate in four of the following five group discussions: *Geographic Considerations; Cultural Diversity; Collaboration & Coordination; Gambling Treatment Services; and Awareness & Prevention.*

Noon ***LUNCH***

1:00 pm ***Round 1 - Small Group Discussion***
1:30 pm ***Round 2 - Small Group Discussion***
2:00 pm ***Round 3 - Small Group Discussion***
2:30 pm ***Round 4 - Small Group Discussion***

3:00 pm ***BREAK***

3:20 pm ***Report out (10 minutes per table/program area)***
- Work groups report out on their top priorities for action.
- Synthesize small group discussions.
- Debrief work group recommendations.
- Are any recommendations missing or critical?

4:00 pm ***Next Steps & Prioritization***
- Next steps in this process; questions or input on process.
- Indicate individual priorities of work group recommendations.

4:30pm ***ADJOURN***

APPENDIX B: SLIDES

Introduction to DHHS Problem Gambling Services Think Tank

Nevada's Problem Gambling Services

Problem Gambling Facts and Figures
Past & Current Efforts

Jeff Marotta, PhD
ProblemGamblingSolutions@comcast.net

Problem Gambling Service Strategic Planning Think Tank

Reno, Nevada

April 9, 2014

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- Data to be shared largely drawn from the following studies:

Overview

- Legislative History of State-funded Problem Gambling Services in Nevada
- Program Background
  - Mission and Vision
  - Past strategic planning
  - Funding instability
  - Problem gambling prevention
  - Problem gambling treatment
- Problem Gambling Treatment Data
  - Demographics
  - Gambling behaviors
  - Personal Losses and Comorbid Addictions
- Nevada PGS within a National Context
- System Assets and Challenges

Legislated Response to PG

- In 2005, the Nevada State Legislature created an account for the prevention and treatment of PG
  - Approved a $2 quarterly fee on each electronic gaming machine
  - DHHS Grants Management Unit tasked with administrative oversight for these funds
  - Governor appointed Advisory Committee on Problem Gambling (ACPG) was created to advise DHHS

Program Background

- After the first round of awards it became clear to the ACPG that a strategic plan was needed.
- In 2009, a statewide problem gambling **prevention** strategy was adopted by DHHS following ACPG approval (two year process).
- In 2011, a statewide problem gambling **treatment** strategic plan was adopted by DHHS following ACPG approval (two year process)

Mission and Vision

- 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.

Strategic Planning Methodology: Drucker Process

- Phase One: Preparing
  - Form project team, develop project plan, gain ACPG approval, conduct environmental scan
- Phase Two: Self-Assessment
  - Gather information from key stakeholders
  - Hold group discussion on high level questions
  - Prepare and distribute report
- Phase Three: Completing the Plan
  - Develop objectives and action steps
  - Vet plan with stakeholders
  - Revise until approved by ACPG

Funding Instability

- In 2011, Assembly Bill 500 temporarily reduced the amount of the slot tax revenue directed to problem gambling services from $2 per machine to $1 per machine.
  - Only treatment and treatment supports were funded in SFY 2012 and SFY 2013. After just one year of implementation, the problem gambling prevention strategic plan was suspended.
- In 2014 funding was restored to original level.
  - Treatment cost containment measures were relaxed, service reimbursement rates increased.
  - Two prevention grantees.
  - Workforce development efforts resumed with one WD grantee and WD funds provided to each PG treatment provider.
  - Program evaluation and consultation increased to original levels allowing for client follow-up research, improved system information, and increased quality control.

Problem Gambling Prevention Guiding Principles

- Providers will hold a neutral position (neither for or against gambling).
- Providers must support the mission and vision
- Messages will be consistent, non-blaming, hopeful, and aim to reduce negative stigma
- Multiple prevention strategies will be utilized
- Statewide efforts will utilize consumers & providers as collaborators

Problem Gambling Prevention Guiding Principles

- Efforts will be based upon best practices
- Utilize existing infrastructure & resources
- Much of the work at the community level
- Partnerships are critical and given a high priority
- Cultural and linguistic competency is expected
- Efforts will enhance protective factors & reverse or reduce risk factors
- Individuals and communities at high risk a priority
- Effort maintain high quality and a strategic focus

Example

Problem Gambling Prevention Implementation : Progress to date

- With two year suspension of problem gambling prevention activities there was a loss of continuity.
- Currently some exciting problem gambling prevention projects underway. SFY 2014 invested in project planning and development, SFY 2015 will fully implement granted projects.
- ACPG with DHHS recognized need to revisit problem gambling prevention planning. Today is part of that process.

The Nevada Problem Gambling Study: Snapshot of a Treatment Population in Nevada

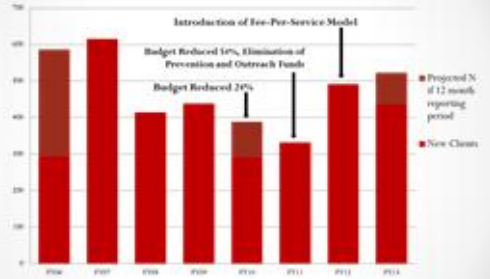
Sarah A. St. John, MA
Raeven Faye Chandler, MA
Bo J. Bernhard, Ph.D.

UNLV | INTERNATIONAL GAMING INSTITUTE
WILLIAM F. HARRAH COLLEGE OF HOTEL ADMINISTRATION

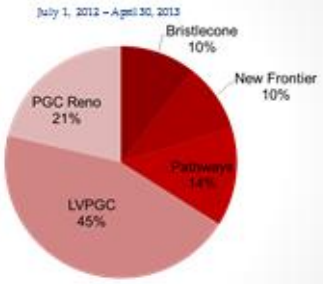
Nevada Problem Gambling Treatment System

- DHHS funded residential treatment at 2 facilities in northern Nevada, and outpatient treatment at 3 facilities in northern and southern Nevada.
- UNLV-IGI gathers information on every encounter treatment providers have with clients and analyzes data regarding overall service provision performance.
- PGS in collaboration with DHHS conducts annual gambling treatment program reviews and offers technical assistance to areas identified as in need of attention.

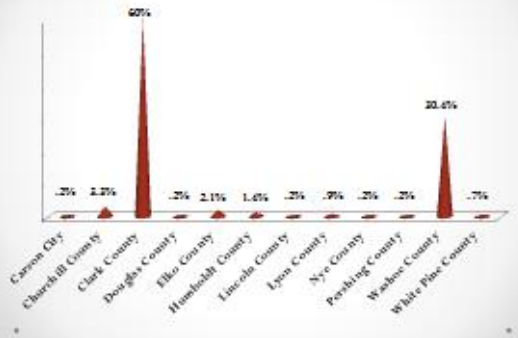
Gambling Treatment Enrollments by Fiscal Year

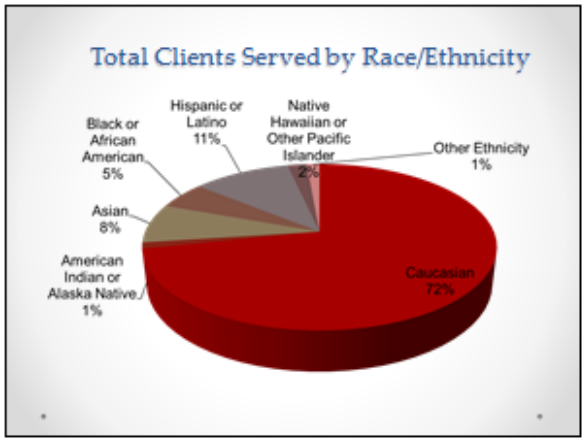


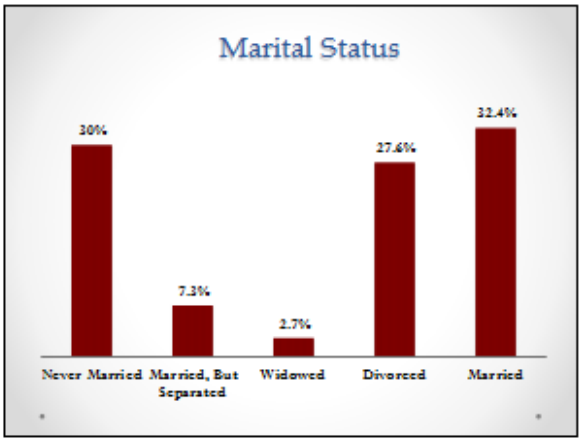
Clinic

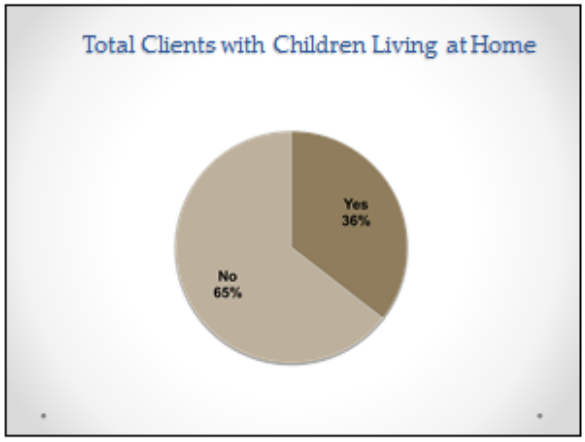


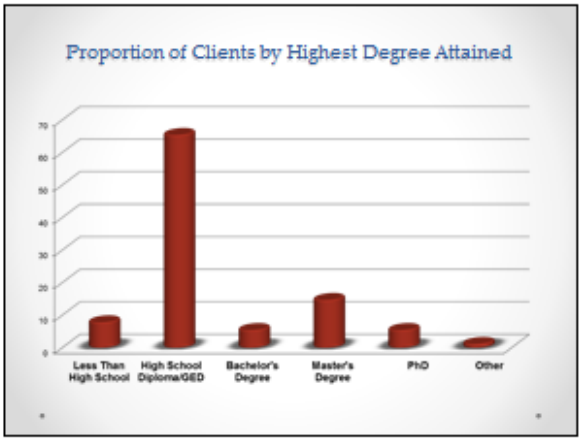
Clients' County of Residence

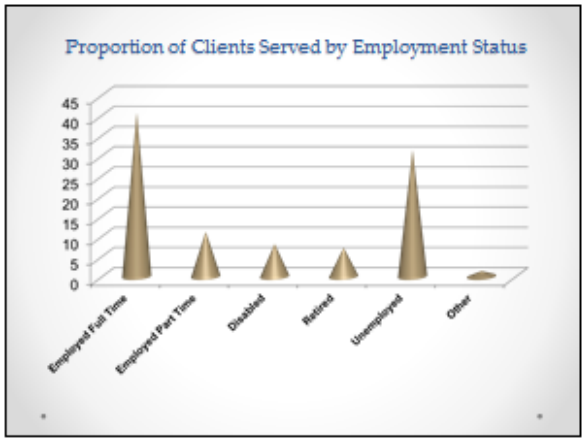



Total Clients Served by Race/Ethnicity
Hispanic or Latino 11%
Native Hawaiian or Other Pacific Islander 2%
Black or African American 5%
Other Ethnicity 1%
Asian 6%
American Indian or Alaska Native 1%
Caucasian 72%

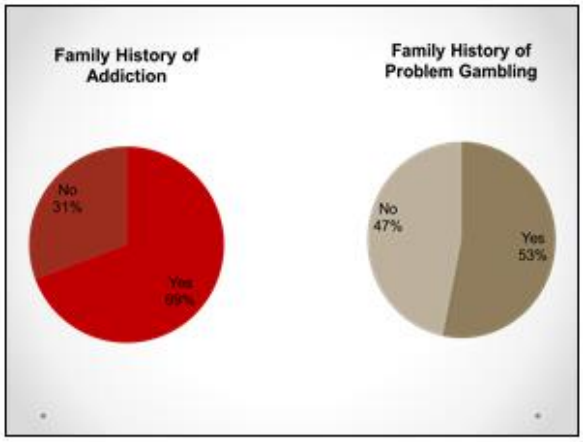

Marital Status
30%
7.3%
2.7%
27.6%
32.4%
Never Married
Married, But Separated
Widowed
Divorced
Married

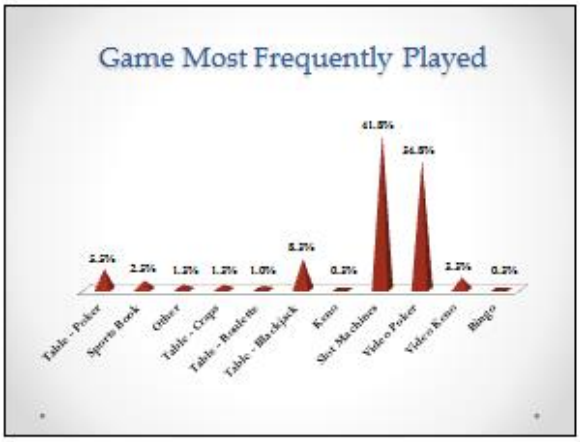

Total Clients with Children Living at Home
Yes 36%
No 65%


Proportion of Clients by Highest Degree Attained
Less Than High School
High School Diploma/GED
Bachelor's Degree
Master's Degree
PhD
Other


Proportion of Clients Served by Employment Status
45
40
35
30
25
20
15
10
5
0
Employed Full Time
Employed Part Time
Disabled
Retired
Unemployed
Other


Clients Served by Total Household Income
22.7%
1.3%
8.6%
10.8%
12.6%
15.2%
14.0%
6.2%
2.7%
2.2%

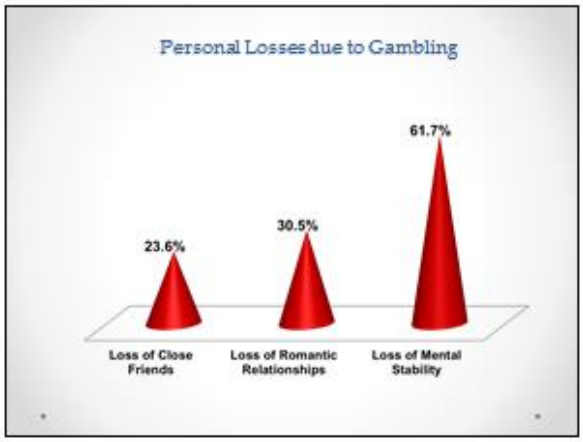




Gambling Behaviors of the Average Client

* 6 months prior to treatment

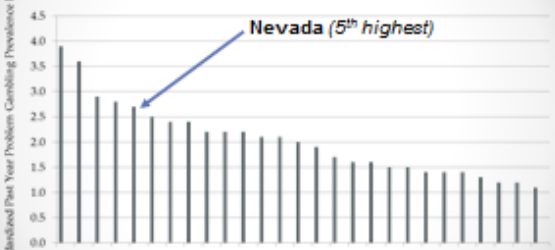
- 4.15 days per week
- 5.12 hours per session
- .24 Treatment programs started in past
- .14 Treatment programs completed in past



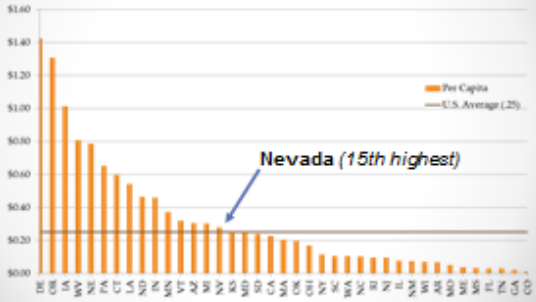
A National Perspective

Nevada compared to other U.S. state funded problem gambling services

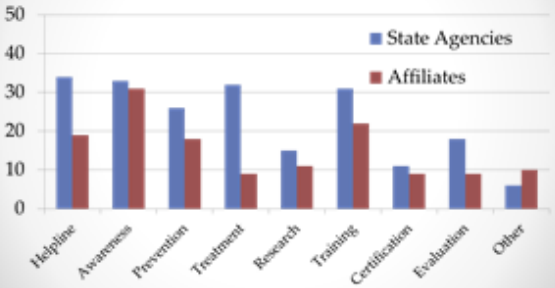
Past Year Problem Gambling Prevalence Rates



2013 Per Capita Problem Gambling Services Allocation by U.S. States

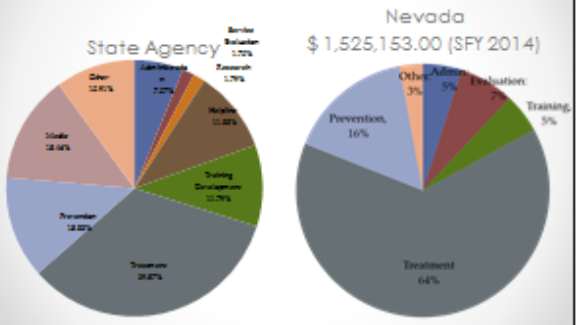


Problem Gambling Services Offered in Publicly Funded States



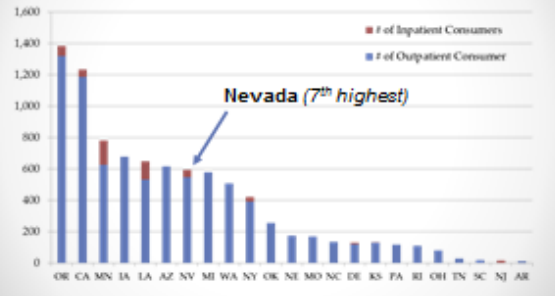
Allocation by Service Category

U.S. Aggregate Compared to Nevada



Numbers Treated with State Funding

(SFY 2012)



Lessens Learned From Field At-large

- Each state is unique
  - Need to tailor services accordingly
- Problem gamblers are not heavy utilizers of gambling treatment services
- Treatment system works best when other parts of the system are working well
- Problem gambling prevention best practices:
  - Strive for Optimal Design and Evaluation of New Initiatives
  - Employ a Wide Array of Educational and Policy Initiatives
  - Coordinate Multiple Educational and Policy Initiatives
  - Impart Knowledge, Attitudes, and Skills to Gamblers
  - Keep Prevention Initiatives in Place for a Sustained Period

Improving Nevada's Gambling Treatment System

- Fortunate to have a strong foundation to problem gambling services in Nevada
  - Dedicated state budget
  - Skilled and dedicated workforce
  - Good infrastructure with ACPG, DHHS, strategic plans, industry partners, strong recovery community, NCPG, etc.
- Challenges
  - Limited number of providers
  - Integration into service areas and education system not well developed
  - Unclear how to increase impact of efforts and best place efforts on how to further reduce gambling related-harm

We need your help in writing the next chapter.

Now the fun begins!

Small Group Discussions

Think tank exercise designed to focus conversations on specific topics to:

- Identify issues;
- Brainstorm solutions; and
- Discuss possible actions and priorities.

Table Discussion Topics:

Problem Gambling Services Strategic Think Tank

Topic 1:	Geographic considerations
Topic 2:	Cultural diversity
Topic 3:	Collaborations & coordination
Topic 4:	Gambling treatment
Topic 5:	Awareness and prevention

Report –out

(following break)

- Each table host reports out key discussion points.
- Identifies what solutions appeared to have most support from participants.
- Discuss as large group any recommendations missing or critical.

Prioritizing

- At the end of the day you will be provided several dot stickers and asked to visit the summary note sheets from the discussion tables and identify those points, strategies, and/or actions that you feel are most important.
- From counting the "dots" we'll have another way to gauge what you all (collectively) view as the priority areas.