



Shaping the Standard: Community Input to Inform Nevada's Problem Gambling Screening Policy

Findings and Implementation Considerations
from the 2026 Planning Initiative

August 2026



Background

The Nevada Division of Public and Behavioral Health (DPBH) is preparing to establish a problem gambling screening requirement for Behavioral Health Certifications for Excellence in Nevada (BHCEN) certified substance use treatment agencies.

The initiative is intended to improve treatment outcomes and reduce gambling-related harm by increasing recognition of gambling as a potential co-occurring behavioral health condition.

Project Purpose

Develop policies and practices from the ground-up by speaking with providers and other partners to understand their concerns and needs.

The policy is most likely improve outcomes when implemented as part of a broader system, not as a stand-alone compliance activity.

How partner input was gathered

Methods

1. Survey

BHCEN-certified agency administrators provided input on current practices, capacity, and barriers.

1. Workshops Utilizing the World Café Process

Participants rotated through small-group discussions and built on ideas across rounds.

Three workshops: Reno, Las Vegas, and virtual access across the state.

Six cross-cutting findings

What partners said

- 1 Integrated care**
Address gambling as a cooccurring behavioral health condition.
- 2 Workflow fit**
Integrate screening into existing intake and assessment processes.
- 3 Referral infrastructure**
Treat referral, consultation, and resource accuracy as core supports.

- 4 Baseline competency**
Build broad capacity without expecting every provider to specialize.
- 5 Clear next steps**
Make the response to a positive screen explicit and practical.
- 6 Sustained support**
Phase, support, and evaluate implementation beyond completion rates.

► Implication: The standard should set a clear baseline expectation while preserving pathways to specialist care.

Implementation path and decision points

Moving from input to action

Pre-launch

Finalize standard, response pathway, toolkit, referral resources, and consultation supports.

Readiness period

Train agencies, map workflows, clarify documentation, and build local referral relationships.

Initial implementation

Launch with support; monitor questions, referral barriers, and workflow problems.

Ongoing improvement

Use evaluation findings to refine toolkit, training, referral resources, and technical assistance.

Measures that matter

- Provider confidence discussing gambling
- Positive screens with documented follow-up
- Referral success and consultation use
- Agency-reported burden and training participation

► Close: the policy can create a practical gateway to integrated care - if it pairs a clear standard with support for what happens next.

See report for detailed findings

Questions?



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Purpose of this report

To synthesize partner input from the 2026 Nevada Division of Public and Behavioral Health problem gambling screening planning process and translate that input into practical considerations for standards, implementation supports, and future program development.

Prepared for

Nevada Division of Public and Behavioral Health
Problem Gambling Program

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Proposed NAC 458 Language for Screening For Gambling Related Harm

NAC 458.256 Screening for gambling-related harm.

1. As part of the initial clinical assessment, the operator of a treatment program shall ensure that each client is screened for gambling-related harm using a Division-approved, evidence-based gambling screening instrument. A positive screening result does not constitute a diagnosis of gambling disorder.
2. The operator shall ensure that the results of the screening are documented in the client's clinical record, including, without limitation:
 - (a) The screening instrument administered;
 - (b) The screening score with interpretive statement; and
 - (c) Any actions taken in response to the screening.
3. If a client receives a screening result that meets or exceeds the threshold established by the Division for a positive gambling-related harm screen, the treatment program shall:
 - (a) Provide the client with information regarding gambling-related harm and available treatment and recovery support services;
 - (b) Offer referral to a provider qualified to conduct a comprehensive gambling disorder assessment or provide gambling-specific treatment; and
 - (c) Coordinate care with the provider described in paragraph (b) when the client consents to such coordination and coordination of care is appropriate.
4. The operator shall maintain written policies and procedures governing:
 - (a) Administration of gambling-related harm screening;
 - (b) Documentation of screening results;
 - (c) Staff training regarding gambling-related harm screening;
 - (d) Referral procedures for clients who screen positive; and
 - (e) Coordination of care related to gambling-specific treatment services.