

GAMBLING RESOURCES AND SUPPORT PROGRAM

Opioid Treatment Program Implementation Guide

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

This manual is considered a living document. As the project progresses and new implementation needs are discovered, this document will be updated and relabeled as a new version.

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Program Overview



Need Statement:

In a recent study from a methadone maintenance facility, as many as 46 percent of patients fulfilled criteria of past-year gambling disorder.[i] However, gambling behaviors are rarely addressed in opioid treatment programs (OTPs)[ii] leading to undesirable outcomes.[iii]

Gambling Resources and Support Program (GRASP):

GRASP is a large system effort to increase the capability and capacity of OTPs in Nevada to identify and address problematic gambling among their patients. The program includes digital health interventions to reduce gambling harm among individuals with Opioid Use Disorder (OUD) and contains robust evaluation efforts with an aim to disseminate findings and produce positive impacts within the larger substance use treatment field.

Project Goal:

Improve OTP patient outcomes by addressing gambling-related clinical issues that may impact success.

Project Objectives:

Enhance the ability of OTPs to prevent and reduce patient harm from gambling problems.

Identify OTP patients who manifest a co-occurring gambling problem and assist them in integrating interventions addressing problem gambling into their recovery plan.

Project Tactics:

- **Patient education:** Help patients be aware of and evaluate the risks and benefits that gambling can bring to their recovery and assist them in making informed decisions regarding the role of gambling in their lives and recoveries
- **Workforce education:** Train and consult with OTP agency staff to integrate problem gambling interventions and policies into operational practices.
- **Digital intervention:** Deploy the Evive app, a digital health platform designed to reduce gambling harm through education, behavioral tracking, personalized wellness tools, and access to a community of individuals struggling with gambling. The use of Evive provides complementary OTP services that may reduce the burden of an already strained OTP workforce by providing healthcare workers with a means to address gambling issues among their patients without having to develop expertise in gambling treatment or acquire additional certifications.
- **Treatment culture change:** OTPs will work toward obtaining a Gambling Endorsement to add to their BHCEN Certification. In order to obtain this certification endorsement an agency has to meet and maintain defined criteria reflective of an agency that is capable of addressing gambling related issues as reflected in their policies, practices, and procedures.
- **Evaluation:** The project incorporates a robust evaluation effort performed by a team of evaluators from the University of Nevada, Las Vegas, International Gaming Institute.



Partnership Approach:

- **America Healthy Again (AHA):** Previously known as the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), provided an opportunity for Single State Agencies (SSAs) to participate in a State Opioid Response grant program. The SOR program aims to help reduce unmet treatment needs and opioid-related overdose deaths across America.
- **BBHWP:** Nevada's Bureau of Behavioral Health Wellness and Prevention (BBHWP) applied and received a three-year SOR Grant (Federal Fiscal Years 2025, 2026, 2027) to support a large system effort to increase the capability and capacity of OTPs in Nevada to identify and address problematic gambling. Project development included building a support team to perform vital project roles:
 - Project coordination and training: **Problem Gambling Solutions, Inc.**
 - Technology-first solutions: **Evive Digital Health**
 - On-location patient education: **Nevada Council on Problem Gambling**
 - Program evaluation: **UNLV, International Gaming Institute**
- **OTPs:** Nevada accredited and certified Opioid Treatment Programs (OTPs). The project was designed to be a collaborative process between the project support team and individual OTP clinics. The project premise is built on the understanding the project teams need to learn from the OTPs to design project supports and tools to meet their needs.

Costs, Benefits, Limitations:

- Each participating OTP clinic will receive up to \$45,000 annually to subsidize program implementation costs related to project coordination and clinical staff training. The breakdown of this benefit is as follows:
 - Each *clinic* is asked to assign or hire a staff person to be the designated GRASP Coordinator, reimbursed at \$25/hour up to 15 hours per week.

- Each clinic may claim training expenses for up to 10 staff members at \$500 per staff person per quarter.
- A 15% indirect fee may be added to all allowable training and project coordination expenses.
- Training, consultation, and evaluation services will be provided to participating agencies through programs subsidized by the Nevada Department of Human Services (DHS), Division of Public and Behavioral Health (DPBH), Bureau of Behavioral Health Wellness and Prevention.
- Agency program participation will benefit clients by improving long-term treatment outcomes. Staff will benefit from increased support and expanded knowledge. Agencies with Gambling Endorsements may be eligible for future funding opportunities and be provided with a competitive advantage over agencies without this endorsement.
- GRASP OTP project participation is limited to Nevada BHCEN certified OTPs, consisting of up to fifteen participating clinics.

Services to Participating OTPs:

- OTPs will receive funding to help support staff training on how to integrate the discussion and documentation of gambling-related issues into their clinical processes.
- OTPs will receive funding to support a project lead who will support the adoption, implementation, and ongoing project evaluation. This champion will work with all relevant parties from the beginning to ensure that the project and its use of technology reflect the needs and perspectives of all.
- OTPs will receive support for their work toward achieving a “Gambling Endorsement” attached to their BHCEN certification.
- OTPs will be provided access to the technology needed to implement this project including tablets for patients to conduct self-assessments, access to the Evive Digital Health Platform including an app-based intervention and web-based OTP staff resource site.

OTP Clinic Implementation Steps

→ Step 1: Program Introduction

Objective: This meeting will provide an opportunity for OTP administrators to ask questions and obtain answers to make an informed decision regarding Gambling Resources and Support Program (GRASP) participation.

Participants: OTP Executive Director, other OTP staff at OTP Executive Director's discretion, Kim Garcia, the project lead with the Division of Public and Behavioral Health (DPBH), Dr. Marotta, GRASP Support Team Project Consultant and Glenn Yamagata, GRASP Support Team Project Coordinator.

Description: One-hour meeting to introduce GRASP, respond to questions, and invite program participation.

Requirements: Kim Garcia will schedule one-hour web-based meeting





Step 2: Contracting

Objectives: Establish contract between DPBH and participating OTP. To ensure OTPs can claim eligible program expenses from DPBH, such as obtaining reimbursement for staff training time, completing the contracting process is viewed as an important early step.

Participants: OTP Executive Director and/or their designee. Ms. Garcia will serve as the DPBH lead in developing these contracts.

Description: Nevada OTPs with an interest in partnering with DPBH on the Gambling Resources and Support Program (GRASP) are presented with a contract opportunity to join the project. Ms. Garcia will send contracting forms, including a Statement of Work, to the OTP Executive Director or their designee. Ms. Garcia will answer any resulting contracting questions and guide the agreement through the DPBH contracting process.

Requirements: Signed agreement

Nevada OTPs with an interest in partnering with DPBH on the Gambling Resources and Support Program (GRASP) are presented with a contract opportunity to join the project. Ms. Garcia will serve as the DPBH lead in developing these contracts.

Ms. Garcia will send contracting forms, including a Scope of Work, to the OTP Executive Director or their designee through the Revitalized & Optimized Contract System (ROCS). Ms. Garcia will answer any resulting contracting questions and guide the agreement through the DPBH contracting process.

To ensure OTPs can claim eligible program expenses from DPBH, such as obtaining reimbursement for staff training time, completing the contracting process is viewed as an important early step.





Step 3: Assign Project Coordinators

Objectives: Identify OTP clinic GRASP Coordinators

Participants: Appropriate OTP Human Resource staff

Description: OTP clinics are required to identify clinic GRASP Coordinators. This includes a GRASP Program Coordinator and a GRASP Administrative Coordinator. The Program Coordinator's time is reimbursed through the grant (up to 15 hours per clinic per week). This person will be tasked with day-to-day operations relating to the program. The Administrative Coordinator's role is viewed as much less time intensive and is not directly reimbursed. The Administrative Coordinator oversees the Program Coordinator and serves as the main point of contact for contract-related matters. These two individuals, along with others identified by the clinic, serve as the point of contract between the GRASP Support Team and the clinic.

Requirements: OTP to send Ms. Garcia an email with the names and contact details of the clinic GRASP Coordinators



Step 4: Onboarding

(This step may precede steps 2 & 3 if more info is desired on the front end)

Objectives: The objective of the onboarding meeting is twofold (a) to orient and explain GRASP to the OTP clinic's administrative staff and (b) for the GRASP Support Team to understand clinic operations to customize the program to best meet the needs of the clinic's staff and patients.

Participants: OTP clinic administrative staff, selected at the discretion of the Executive Director

Description: The project onboarding process consists of a meeting between members of the GRASP Support Team (inclusive of members of the UNLV evaluation team, the Problem Gambling Solutions training team, the Evive digital health platform team, and a DPBH representative) with members of the OTP clinic administrative staff. This discovery meeting enables OTP administrators to develop a greater understanding of the GRASP program and enables the GRASP Support Team to discover what is needed to optimize the initial program design to fit the needs of the clinic.

Requirements: This meeting's recommended length is 2 to 3 hours, and it is preferable to meet in person at the clinic



Step 5: Pre-Implementation Staff Survey

Objectives: Gather information on the staffs' level of readiness to address co-occurring gambling issues among their patients. Information will be used to inform clinical training and measure change between program pre-implementation and post-implementation.

Participants: OTP clinic staff

Description: Prior to clinical staff receiving training on the project, members from the UNLV evaluation team will email clinic staff with a link to a survey. The online survey should take about 10 minutes to complete and will serve as both the clinical training pre-test and an evaluation of the staffs' level of readiness to address co-occurring gambling issues among their patients. Survey responses will help to customize the clinical training based on needs identified by the respondents.

Requirements: List of clinic staff emails.



Step 6: GRASP Implementation Training

Objectives: Provide clinical staff with information needed to address problem gambling as a cooccurring issue to their opioid use disorder (OUD) including the resources and supports available within the Gambling Resources and Support Program (GRASP) .

Participants: Clinical staff, most importantly counselors and peer support specialists.

Description: This training will focus on how counselors and peer recovery support specialists can improve client outcomes by integrating the topic of gambling into their clinical processes. Participants will learn about the Gambling Resources and Support Program (GRASP) including the use of the Evive digital health platform. By using digital therapeutics to address gambling issues as a secondary diagnosis or area of concern, clinical staff do not need to be experts or certified problem gambling counselors to effectively address gambling related problems among their patients. This training will provide practical solutions for clinicians to use in identifying and responding to gambling issues among patients.

Requirements: Workshop length of four-to-six-hours with exact time based on OTP request, provided in-person whenever possible, at a location chosen by the OTP.



Step 7: New Patient Program Enrollment

Objectives: Enroll new patients into GRASP by introducing the program to all newly enrolled patients within the first 30-days following OTP intake.

Participants: New OTP patients and their counselors and/or GRASP Program Coordinator.

Description: New patients enrolling into the OTP will be provided with a description of GRASP and handed a GRASP tablet. The tablet contains a program participation consent form and a problem gambling risk assessment. The counselor or designated OTP staff will assist the patient in completing the required information asked on the tablet, including whenever possible, downloading the Evive app onto the patient's smartphone and entering their Evive provided I.D. into the tablet. The entire GRASP patient enrollment process should take approximately 15 minutes to complete.

Requirements: Charged and working GRASP Tablets



Step 8: Clinic Specific Preliminary GRASP Implementation Outline

Objectives: Development of clinic specific protocols for implementing the full program. This protocol is expected to be adapted based on early program implementation experience.

Participants: GRASP Program Coordinators and GRASP Support Team Members.

Description: The GRASP Support Team will work with the clinic's GRASP Program Coordinators to develop a program implementation protocol detailing processes, personnel assignments, and patient program procedures. The development of the protocol will be facilitated by an Implementation Checklist outlining critical steps involved with patient enrollment, staff support, and work toward obtaining an agency Gambling Endorsement.

Requirements: Two to three one-hour meeting between GRASP Support Team members and GRASP clinic Program Coordinator(s).



Step 9: Current Patient Program Enrollment

Objectives: Enroll current patients into GRASP by introducing the program to all patients whose intake date preceded the launch of the new patient GRASP enrollment.

Participants: OTP patients and their counselors and/or GRASP Program Coordinator.

Description: OTP patients will be provided with a description of GRASP and handed a GRASP tablet on a schedule determined during the preliminary implementation outline planning (Step 8). The tablet contains a program participation consent form and a problem gambling risk assessment. A counselor or the Program Coordinator will assist the patient complete the required information asked on the tablet, including whenever possible, downloading the Evive app onto the patient's smartphone and entering their Evive provided I.D. into the tablet. The entire GRASP patient enrollment process should take no longer than 15 minutes to complete.

Requirements: Charged and working GRASP Tablets



Step 10: Program Improvement and Reporting

Objectives: Continually work on program development, evaluation, and improvement.

Participants: OTP staff and the GRASP Support Team

Description: Several ongoing activities will take place to facilitate program evaluation, reporting, and continuous improvement. These include: (a) once monthly meetings between Program Coordinators and members of the GRASP Support Team and, as needed follow-up, meetings; (b) staff will be offered the opportunity to participate in twice monthly GRASP consultation meetings where questions will be addressed, case studies will be presented and discussed, and program updates will be provided; (c) UNLV evaluators and other members of the GRASP Support Team will make regularly scheduled visits to collect evaluation data from patient file review and staff interviews; (d) as requested or needed training, patient educational groups, and consultation will take place based on identified and emerging program needs.

Requirements: Regularly scheduled meeting and appropriate GRASP members, based on activity



Step 11: Gambling Endorsement

Objectives: By the third year of the three-year grant program each participant OTP will have obtained a Gambling Endorsement

Participants: OTP administrative staff, GRASP Support Team, CASAT program reviewers

Description: Nevada Revised Statutes (NRS) 458.025 requires that any alcohol and drug abuse program that receives state and/or federal funds through BHCEN must be certified by BHCEN. Nevada Administrative Code (NAC) 458.103 outlines the requirements necessary to obtain program certification, and NAC 458.113 and 458.118 allows BHCEN to inspect each program that is certified to determine if state certification should be continued. CASAT is the contractor that reviews programs to determine if certification requirements are being met. These reviews occur no less than once every two years for each BHCEN certified agency. Agencies may choose to seek out service endorsements and by doing so elect to be evaluated against criteria designating if the agency meets the service endorsement requirements. A new “Gambling Endorsement” has been created. During regularly scheduled program certification reviews, those agencies seeking this new certification endorsement will be evaluated, using the Problem Gambling Capability in Addiction Treatment Toolkit (PGCAT 3.0). Those meeting criteria will obtain this new service endorsement. It is anticipated that agencies with a “Gambling Endorsement” will be uniquely eligible for future funding opportunities designed to expand services to prevent and reduce gambling related harm.

Requirements: Completion of the PGCAT pre-assessment (year 1 or 2), increasing problem gambling capability (year 2 and or 3), scheduling and passing CASAT Gambling Endorsement review (year 2 or 3).



GRASP IMPLEMENTATION CHECKLIST

1.) NEW PATIENT ENROLLMENT

- Determine who will be enrolling new patients
- Determine when new patients will be enrolled (GRASP launch date)
- Determine how to onboard patients into Evive when they do not have a smartphone

2. CURRENT PATIENT ENROLLMENT

- Determine who will be enrolling new patients
- Determine when new patients will be enrolled
- Identify barriers to enrolling current patients
- Develop a protocol for enrolling new patients

3. EVALUATION DATA

- Send a list of staff emails to the GRASP Program Support Team

- Schedule dates and times with the UNLV program evaluator to conduct a review of previous patient data

4. STAFF TRAINING & CONSULTATION

- Send a list of staff containing any professional licenses or certifications they have

- Determine which staff will be participating in regularly scheduled consultation meetings

- Identify staff who desire to obtain a Co-occurring Gambling Counselor Certificate (30 hours of education, including 10 hours participating in consultation groups)

- Identify staff that desire to become or already are a Certified Problem Gambling Counselor

5. PROGRAM FIDELITY MONITORING & IMPROVEMENT

- Identify, hire, if necessary, a GRASP Program Coordinator

- Develop a monthly meeting schedule between GRASP Program Coordinator and GRASP Support Team

6. OTHER

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References

Gambling Integration Pilot Project Implementation Plan V.2

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[iii] Ledgerwood, D. M., & Downey, K. K. (2002). Relationship between problem gambling and substance use in a methadone maintenance population. *Addictive Behaviors*, 27(4), 483-491.