Oregon Health Authority

Health Systems Division

Problem Gambling Services

Problem Gambling Services in Oregon

2016 – 2020 System Improvement Plan

December 2015

Oregon Health Authority

This project has been funded by the Oregon Health Authority (OHA), Health Systems Division (HSD).

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Suggested Citation:
Oregon Health Authority (2015). Problem Gambling Services in Oregon: 2016 to 2020 System Improvement Plan. Salem, OR: Author.

Introduction

This system improvement plan for problem gambling services in Oregon relied on the assistance and collaboration of many individuals. The result of this collaboration is a shared vision for improving and expanding an integrated, coordinated and culturally competent problem gambling service system.

An estimated 81,800 adult Oregonians have problems with gambling (2.7%: 1 in every 37 adults) along with approximately 4,000 Oregon adolescents. Gambling disorders carry widespread physical, social and financial consequences for individuals, their families and communities. These preventable problems result in millions of dollars each year spent on health care, criminal justice and social welfare systems. In addition to these measureable costs, the human costs are immeasurable.

This work and our continued efforts to reduce gambling related harm has important implications for creating a healthier Oregon by reducing human suffering, reducing economic costs related to problem gambling, and improving public health.

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Acknowledgements

Survey, Interview & Forum Participants

The Oregon Health Authority would like to extend our gratitude to all those involved in this project including consumers, advocates, peer organizations, prevention providers, treatment providers, county government administrators, tribal representatives, community mental health program administrators, coordinated care organization administrators, and many other stakeholders. Through surveys, interviews, and a series of community forums, these interested parties identified needs, generated ideas on how to meet those needs, and discussed how to best align problem gambling services within Oregon's larger health system. Your dedication to improving problem gambling services and supporting the health of individuals, families, and communities has been demonstrated by all the effort you put forth. Our effort has produced a system improvement plan that builds upon our accomplishments and steers us to ever improving outcomes.

Oregon Health Authority Project Executive Team

The production of this System Improvement Plan would not have been possible without the members of the Project Executive Team who spent countless hours organizing information and strategizing in order to produce this comprehensive plan.

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Work that Informed the System Improvement Plan

Understanding that Oregon's Problem Gambling Services exists within the context of broader healthcare systems, as well as within the larger problem gambling field, efforts were made to incorporate knowledge, structure, and strategies from authoritative works. The following documents most notably informed the System Improvement Plan:

- Oregon Health Authority 2015–2018 Behavioral Health Strategic Plan;

- Substance Abuse and Mental Health Services Administration, Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015 – 2018;

- Division of Alcohol and Substance Abuse (DASA), Adolescent Strategic Plan; and

- Moore, T. (2014). Oregon gambling treatment programs evaluation update 2014. Salem, OR: Oregon Health Authority, Addictions and Mental Health Division, Problem Gambling Services.

Table of Contents

Problem Gambling Services in Oregon
2016 – 2020 System Improvement Plan

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December 2015

Introduction to the System Improvement Plan

The Oregon Problem Gambling Services Program (PGS) is within the Heath Systems Division (HSD) of the Oregon Health Authority (OHA). The mission of the Oregon Heath Authority is helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality affordable health care.

To accomplish this mission, OHA developed a specific 2015-2018 Behavioral Health Strategic Plan to enhance the state mental health, substance abuse, and problem gambling service system. As an extension of the 2015-2018 Behavioral Health Strategic Plan, the present Problem Gambling Services 2016–2020 System Improvement Plan serves as a program-specific blueprint to enhance the state's problem gambling prevention, treatment, and recovery system.

The PGS System Improvement Plan summarizes what has been learned from a number of resources: consumers, treatment providers, prevention providers, gaming industry collaborators, consumer advocacy groups, state and county behavioral health program administrators, a review of OHA supported research, and a project executive team.
The PGS System Improvement Plan includes:

Section I: A snapshot of the existing problem gambling service system,

Section II: A summary of the problem gambling service system's strengths and limitations as identified in the statewide needs assessment,

Section III: A synthesis of stakeholder priorities as determined by a series of regional Problem Gambling Service Improvement Community Forums,

Section IV: A vision and mission statement for Oregon Problem Gambling Services,

Section V: A description of a philosophical paradigm, a health promotion model, service strategies, and a process framework that guide the development of the statewide problem gambling service system, and

Section VI: A set of goals and activities, both enhancements to current programs and new initiatives, for infrastructure and problem gambling service improvement.

This System Improvement Plan was developed to provide a high level summary of improvement efforts to take place between 2016 and 2020. This Plan will be used as a roadmap for OHA to develop a PGS staff work plan that will detail the action steps to be taken to achieve the goals and guide initiative development from one point to another.

I. Capacity of the Problem Gambling Service Delivery System

Oregon's Problem Gambling Services are guided by a public health paradigm and approach that takes into consideration biological, behavioral, economic, cultural, and policy determinants influencing gambling and health. It incorporates prevention, harm reduction and multiple levels of treatment by placing emphasis on quality of life issues for gamblers, their families, and communities. By appreciating the multiple dimensions of gambling, Oregon's Problem Gambling Services incorporates strategies that minimize gambling's negative impacts while recognizing the reality of gambling's availability, cultural acceptance, and economic appeal.

A. Funding

In 1992, the Oregon State Lottery was legislatively authorized to offer video lottery games. By law a portion of those proceeds were designated to fund problem gambling treatment. After a period of program instability, in 1999 the State of Oregon enacted SB118, which designated one percent of Lottery revenues to be allocated to a Problem Gambling Treatment Fund to address problem gambling (ORS 409.435). All moneys in the Problem Gambling Treatment Fund are continuously appropriated to the Oregon Health Authority to be utilized for programs for the prevention and treatment of gambling addiction and other emotional and behavioral problems related to gambling, and for the administration of the programs. During the first year SB118 was implemented, 2001, the annual problem gambling program budget was approximately $2.5 million. That amount has increased to approximately $5 million annually (+/- $0.5 million) since the introduction of lottery video line games in fiscal year 2005.

The most recent survey of all U.S. states problem gambling services took place in 2013. At that time, Oregon had the second largest per-capita public fund investment in problem gambling services after Delaware. The average per capita allocation of public funds for problem gambling services in the 39 states with publicly funded services was $0.32; Oregon's per capita public investment was $1.31. There are several factors that contribute to Oregon's need for greater resources. Compared to most other states, Oregonians have easier access to slot machine style gambling; the service area is expansive (95,988 square miles); and under Oregon's "home rule" system of governance, there is a greater need to sufficiently fund each Oregon County to provide local problem gambling treatment and prevention services. Even with these challenges, Oregon has developed one of the most comprehensive problem gambling prevention and treatment systems in the United States and is recognized as a model program.

B. **Oregon Problem Gambling Helpline and Oregon Problem Gambling Resource (OPGR.org)**
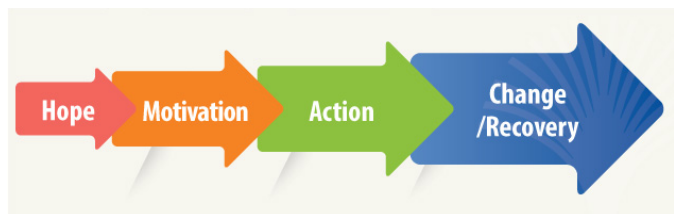
Historically, the most frequent access point to treatment is a call made to the state's Problem Gambling Helpline (877-MY LIMIT), which was established in 1995. The Helpline is staffed 24 hours every day of the year by professional counselors with problem gambling expertise. Callers are informed that problem gambling treatment services in Oregon are at no cost to them or their families and are confidential. When appropriate, counselors conduct brief assessments and motivational interviews with callers. The counselor then makes referrals based on screening information, clinical judgment, and available resources. To facilitate a successful referral, Helpline counselors can use three-way calling to place the caller in contact with the treatment agency and offer follow-up calls to provide further support. In 2009 a web-based, real-time chat capability was introduced and is maintained by the Helpline staff. In 2014, the Helpline expanded to include texting options and an additional phone number that was easy to recall for Spanish language media: 844-TU VALES.

Recognizing the public's shift away from seeking information over the telephone to utilizing web based technologies and wanting a website address with easier recognition and recall, in 2014 OHA collaborated with the Oregon State Lottery to revamp the former Helpline website and develop a modern and appealing website entitled Oregon Problem Gambling Resource (OPGR.org). OPGR.org was specifically designed for Oregonians in English and Spanish languages to offer general information about problem gambling and problem gambling help services including gambling treatment and Gamblers Anonymous locations within the state. The website also featured risk quizzes and video testimonies from Oregonians in recovery.

C. **Oregon Problem Gambling Treatment System**

Philosophically the treatment system design follows a level of care approach so that the most effective yet least restrictive treatment is delivered to consumers first; only 'stepping up' to intensive/specialist services as clinically necessary. The treatment system's least restrictive level of care begins with the statewide Gambling Education and Reduction Program (GEAR), consisting of a change workbook that is designed to be completed at home with telephone support from a professional change coach. Originally designed as a minimal intervention for those with less severe gambling problems, the effort has proven to be effective for many clients with disorder severity similar to those entering traditional outpatient programs. Enrollment numbers for GEAR have increased over the past years, serving those with transportation, time and language barriers.

The core component of the gambling treatment system consists of outpatient treatment provided

at 45 locations distributed throughout the state. These services are provided under contract with 30 licensed mental health and/or addiction treatment agencies. Each program is required to comply with OHA administrative rules and outpatient problem gambling treatment standards. There is one short-stay respite program located in Grants Pass, Oregon with treatment durations typically five or less days. There is also a social model residential treatment program located in Salem, Oregon. Length of stays at this residential facility typically ranges from 30 to 40 days. As the respite program and residential programs are funded as statewide resources, transportation to and from these programs can be paid by problem gambling funds.

To facilitate timely and convenient care from the traditional outpatient programs, field tests were successfully undertaken to determine the efficacy of technology-based counseling sessions (telephone and web-based [e.g., Skype]) that have become institutionalized but are currently only rarely utilized. Efforts continue to be made to provide culturally specific treatment with Asian, Latino, Native American, and Black/African American programs or program components. In the spirit of developing a recovery oriented system of care, the PGS system has enabled providers to submit billing claims for recovery support services including peer mentor services. Although providers are able to submit claims for peer delivered services, very few programs employ peer support specialists (e.g., peer mentors). A formal assessment into the lack of adoption of these services was undertaken that resulted in a grant to a recovery community organization to further develop Oregon's capacity for problem gambling peer delivered services.

D. Prevention Efforts

The problem gambling service system was reorganized in 2001 to more closely follow a public health approach toward mitigating problem gambling related harm. With this reorganization, problem gambling prevention efforts greatly expanded. Problem Gambling Services delivers prevention and outreach services via three separate, yet related administrative bodies:

- The Oregon Health Authority, Health Systems Division, Problem Gambling Services unit develops and maintains policies, promotes collaborative relationships between various stakeholder groups, provides technical assistance, and provides local governments with funds to develop and implement county-specific prevention plans. Problem Gambling Prevention Services collaborates at the state level with the substance abuse prevention efforts which allows for facilitation of problem gambling being included in overall prevention efforts.

- County/Local governments develop and implement county-specific problem gambling prevention plans that are based on the Center for Substance Abuse Prevention's (CSAP) six strategies and the strategic prevention framework model (*see Section V for a description of this prevention framework*). Local government plans include measurable goals and objectives, and integrate with their local substance abuse prevention efforts.

- In 2014, the Oregon State Lottery adopted a Responsible Gambling Code of Practice to guide the development of safe, socially responsible and supportive gambling environments where the potential for harm associated with gambling is minimized and

people can make informed decisions about their participation in gambling. Included in this effort are public awareness and education programs designed to provide clear and consistent messages regarding healthy and unhealthy gambling behavior. The lottery campaigns use a variety of media, including TV, radio, internet, social media and print to help increase awareness of problem gambling and to encourage Oregonians to utilize OPGR.org and the Problem Gambling Helpline if needed. The Lottery typically invests approximately 10% of their overall marketing budget in responsible gambling and problem gambling awareness campaigns.


II.   Needs Assessment Findings

To ascertain the needs for system improvement, PGS conducted an extensive problem gambling services needs assessment, with assistance from Problem Gambling Solutions, Inc. Information from stakeholders was gathered utilizing in-person and telephone semi-structured interviews, reviewing reports and program documents, and fielding a stakeholder survey for distribution to problem gambling service partners.

One hundred and twenty-nine (129) persons participated in the interviews and ten (10) surveys were collected. Interview and survey participants represented a wide range of stakeholder groups including treatment consumers, representatives from state agencies, county agencies, treatment and prevention providers, and others involved in the OHA problem gambling service system. Care was taken to include participants from different geographical regions within Oregon and from persons representing some of Oregon's larger ethnic groups including Hispanic, Asian, and Native American populations. The survey, interviews, and review of reports and program documents detailed a set of strengths and a set of limitations of the existing system.

System Strengths: PGS's leadership has provided strong support and direction for problem gambling services over the years. Problem Gambling Services program staff are passionate about improving services, accessible to community providers, knowledgeable, and held in high regard among the stakeholder community. The provider network includes several very experienced problem gambling treatment and prevention professionals, as well as persons newer to the field who are motivated and committed to exploring ways to better serve their clients and communities. As a whole, the provider network is collaborative and supportive with good relationships between treatment providers, prevention providers, administrators, and community organizations.
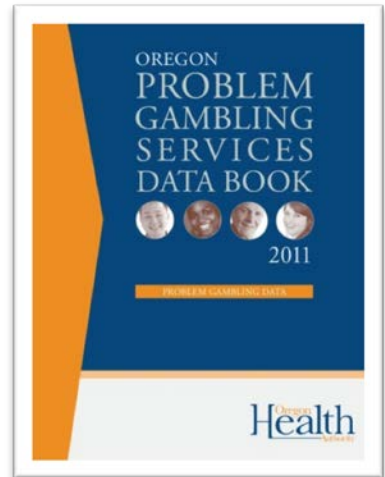
The problem gambling service system is reasonably well funded compared to other states, requiring no out of pocket costs for services for both the problem gambler and significant others. The service system provides a comprehensive array of services from prevention, early intervention, and varying levels of treatment and recovery support. Efforts are being made to address diverse communities through the development of specialized services and utilization of a Problem Gambling Services Multicultural Advisory Committee, which consists of Latino and Asian problem gambling service providers and will expand to include African American and Native American population specific providers.

The service system is supported with workforce development activities, program evaluation, and collaborative activities with stakeholders. These include the following:

· Coordinating at least one statewide problem gambling providers conference each year;
· Regularly scheduled webinar meetings and trainings;
· Providing opportunities to receive technical assistance;
· Collecting program evaluation measures including:
  • a strong gambling treatment evaluation system;
  • integrating gambling related questions within statewide youth behavior surveys;
  • conducting statewide problem gambling prevalence studies;
· Holding partner meetings to help facilitate good relationships with the Oregon Lottery and other key stakeholders; and
· Offering statewide responsible gambling and problem gambling awareness campaigns through collaboration with the Oregon Lottery.

System Limitations: A number of gaps were found as a result of the needs assessment. Limitations to system effectiveness included:

· Treatment enrollments have declined over the past several years leading to loss of program staff and treatment program infrastructure;
· Providing problem gambling services in rural communities presents a number of challenges that are not being met under the current system;

- There is a lack of housing support for problem gamblers in recovery; impacting the ability to discharge residential gambling treatment clients successfully back into their communities;
- Problem gambling community readiness is low resulting in difficulties engaging community organizations in problem gambling awareness efforts;
- Cross-system coordination in addressing problem gambling between justice systems, mental health, and other behavior health serving agencies needs to be stronger;
- Recovery support resources are not well developed;
- For the majority of problem gamblers in treatment, family involvement within the treatment program is minimal;
- There are very few providers offering culturally specific services and services in non-English speaking languages;
- Problem gambling prevention services are underfunded;
- Many problem gambling counselors and prevention workers have other program responsibilities that often result in problem gambling service provision becoming secondary; and
- The problem gambling services workforce needs targeted knowledge and skill development.

III. Community Forum Stakeholder Identified Priorities

The needs assessment identified several critical issues challenging the performance of Oregon's Problem Gambling Services system. The next step in the improvement plan process was to solicit possible solutions for PGS to consider when addressing identified problem gambling prevention and treatment system needs. Possible solutions were solicited through conducting a series of Problem Gambling Service community forums.

Four Problem Gambling Service community forums were conducted in differing regions of the state in the spring of 2015. Based on PGS's desire to obtain viewpoints and recommendations from well informed stakeholders, active problem gambling service providers and administrators were invited to participate in these community forums. The forums were structured as workshops designed to foster solution-based discussions by incorporating a "world cafe" process into the workshop's design, a practice that utilizes a series of small group discussions on pre-selected topics. As a final workshop exercise, participants were tasked with prioritizing items. The priority areas identified by community forum participants included:

- Develop provider resources including best practice guides and increased technical assistance;
- Increase recovery support services for clients;
- Expand services into mainstream mental health and addiction service programs;
- Develop better client finding procedures and programs;
- Improve collaboration between stakeholders;
- Increase efforts and programs to raise community readiness;
- Expand efforts to measure and monitor program success and community changes; and
- Develop better systems to address problem gambling in rural areas.

IV. Vision and Mission for Problem Gambling Services in the State of Oregon

Vision

The Oregon Health Authority's Problem Gambling Services (PGS) envisions a healthy Oregon where problem gambling is prevented through a comprehensive system of programs and services.

Mission

The mission of Oregon Health Authority's Problem Gambling Services (PGS) is to support effective culturally appropriate problem gambling prevention, education, treatment and recovery programs and supports to reduce the impact of problem gambling on individuals, families, and communities.

The mission is accomplished by working in partnership with individuals and their families, counties, other state agencies, providers, advocates and communities to support the triple aim of Oregon's health system transformation:

1. Better health – improve the lifelong health of all Oregonians

2. Better care – increase the quality, reliability and availability of care for all Oregonians

3. Lower cost – reduce or contain the cost of care so it is affordable for everyone

V. Framework for Problem Gambling Services

The Oregon Problem Gambling Services System Improvement Plan was developed on a framework that includes a philosophical paradigm, a health promotion model, service strategies, and a process framework. At the foundation, Oregon's Problem Gambling Services are guided by a public health paradigm where gambling and problem gambling are viewed within a broad context including the interaction between the gambler, the environment, and the gambling devices. Within a public health approach, the goal is to improve the quality of life for gamblers, their families, and communities. Fitting within a public health approach is the Institute of Medicine's (IOM) Behavioral Health Continuum of Care Model. The Behavioral Health Continuum of Care model offers a broad framework for conceptualizing how a system of care can be developed to offer interventions across the lifespan and targeted to meet varying needs of individuals. The Behavioral Health Continuum of Care framework emphasizes the need for prevention services, treatment services, and programs to support ongoing recovery.

Oregon Problem Gambling Services (PGS) comprehensive prevention programming uses six strategies that are recognized by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) as best practices in the prevention field. These strategies are Information Dissemination, Education, Environmental/Social Policy, Alternatives, Community-Based Process, and Problem Identification and Referral. Local governments and other problem gambling service grantees are encouraged to utilize a planning process like the Strategic Prevention Framework (SPF) to assess need, readiness and capacity to implement the most appropriate prevention interventions for their populations. Moving along the Continuum of Care, planning for improvements to the treatment and recovery system will be in the service of further developing Recovery-Oriented Systems of Care (ROSC). The ROSC approach emphasizes the need to develop a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life. A ROSC approach to developing treatment and recovery services further strengthens PGS effort to better integrate and coordinate services across the Behavioral Health Continuum of Care.

Further details on the conceptual basis of Oregon Problem Gambling Services are provided below.
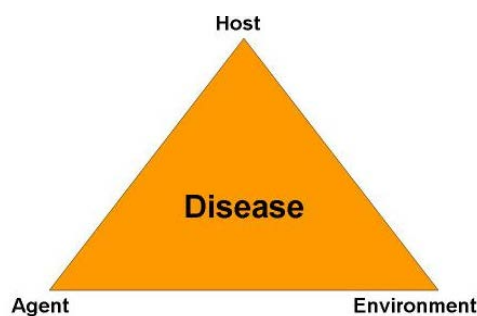
1. Public Health Approach

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.

Figure 1: Public Health Triangle

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[1] provide a number of recommendations for the implementation of a public health approach towards problem gambling.[2] These include the strategic goals to (a)

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[1] 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.

prevent gambling-related problems, (b) promote balanced and informed attitudes, behaviors, and policies, and (c) protect vulnerable groups.

2. **The Behavioral Health Continuum of Care Model**

The Behavioral Health Continuum of Care Model helps us recognize that there are multiple opportunities for addressing behavioral health problems and disorders. Based on the Mental Health Intervention Spectrum, first introduced in a 1994 Institute of Medicine report, the model includes these components:

*   Promotion: These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.

*   Prevention: Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem.

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

*   Recovery: These services support individuals' compliance with long-term treatment and aftercare.

Figure 2: Behavioral Health Continuum of Care
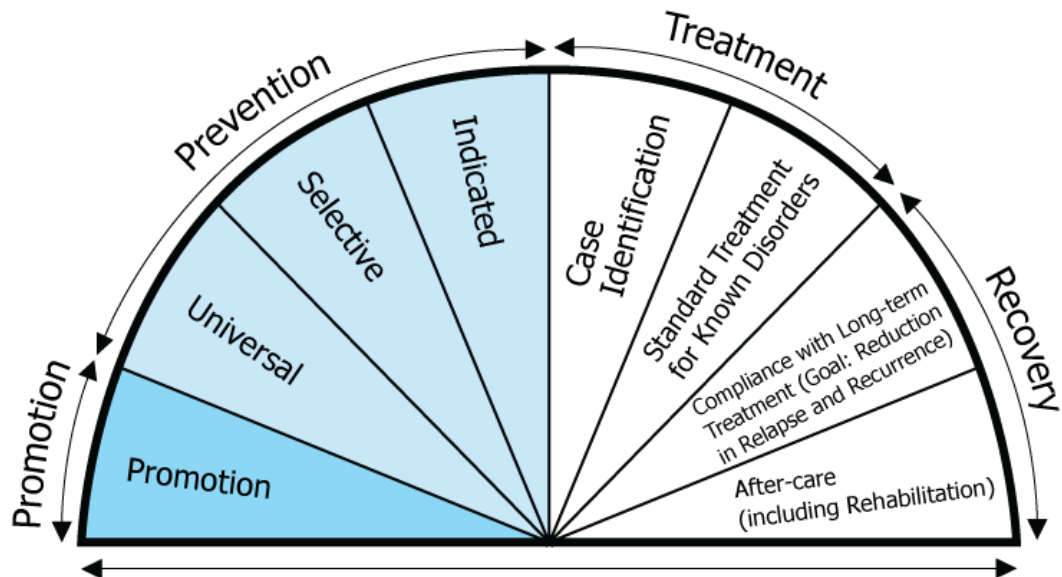
3. **SAMHSA's Center for Substance Abuse Prevention (CSAP) Prevention Strategies**

Six strategies have been shown to be effective in the well-researched area of substance abuse prevention, and have been adapted for programs and practices specific to problem gambling prevention.   The Center for Substance Abuse Prevention's (CSAP) strategies most commonly endorsed by Oregon Problem Gambling Services for problem gambling prevention efforts

include information dissemination, prevention education, community-based processes, and policy change.

- 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. Example: Multi-agency coordination and collaboration (developing strategic partnerships).

- 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.

4. Strategic Prevention Framework (SPF)

Local governments and problem gambling service grantees are encouraged to utilize a planning process like the Strategic Prevention Framework (SPF) to assess need, readiness and capacity to implement the most appropriate problem gambling prevention interventions for their populations.

The SPF uses a five-step planning process in the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities.

The idea behind the SPF is to use findings from public health research along with evidence-

IS YOUR LOVED ONE A PROBLEM GAMBLER?

THERE'S HOPE

Treatment is available to you and it is free, confidential and it works.

based prevention programs to build capacity and sustainable prevention efforts. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.

The SPF utilizes the following five-step planning process:

Step 1. Assess population needs (nature of the problem, where it occurs, whom it affects, how it is manifested), the resources required to address the problem, and the readiness to act;

Figure 3: Strategic Prevention Framework

Step 2. Build capacity at State and community levels to address needs and problems identified in Step 1;

Step 3. Develop a comprehensive strategic plan. At the community level, the comprehensive plan articulates a vision for organizing specific prevention programs, policies, and practices to address addictive disorders locally;

Step 4. Implement the evidence-based programs, practices, and policies identified in Step 3; and;

Step 5. Monitor implementation, evaluate effectiveness, sustain effective activities, and improve or replace those that fail.

Throughout all five steps, implementers of the SPF address issues of cultural competence and sustainability. Cultural competence is important for eliminating disparities in services and programs offered to people of diverse racial, ethnic, and linguistic backgrounds, gender and sexual orientations, and those with disabilities. Cultural competence will improve the effectiveness of programs, policies, and practices selected for targeted populations. Sustainability of outcomes is a goal established at the outset and addressed throughout each step of the SPF. Prevention planners at both State and local levels need to build systems and institutionalize the practices that will sustain prevention outcomes over time, beyond the life of any specific program.

5. Recovery Oriented Systems of Care (ROSC)

The Recovery Oriented Systems of Care is an approach originally developed to advance health systems addressing alcohol and other drug problems. As systems embraced the integration of ROSC within public health models, it has since been adopted and applied to the full range of addiction disorders, including Disordered Gambling. A ROSC is a "coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health,

wellness, and quality of life for those with or at risk of alcohol and drug problems."[3]

The central focus of a ROSC is to create an infrastructure or system of care with the resources to effectively address the full range of addiction problems within communities. The specialty addiction disorder field provides the full continuum of care (prevention, early intervention, treatment, continuing care and recovery) in partnership with other disciplines, such as mental health and primary care. A ROSC encompasses a menu of individualized, person-centered, and strength-based services within a self-defined network. By design, a ROSC provides individuals and families with more options with which to make informed decisions regarding their care. Services are designed to be accessible, welcoming, and easy to navigate. A fundamental value of a ROSC is the involvement of people in recovery, their families, and the community to continually improve access to and quality of services.

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[3] William White Papers. Definition of Recovery Oriented System of Care. Downloaded 10/1/15 from
http://www.williamwhitepapers.com/pr/CSAT%20ROSC%20Definition.pdf

One percent of Oregon State Lottery revenues are dedicated to a Problem Gambling Treatment Fund administered by the Oregon Health Authority. These resources support a comprehensive service system including community based problem gambling prevention programs, a problem gambling helpline, outpatient and residential treatment.

Problem Gambling Services in Oregon
2016 – 2020 System Improvement Plan

December 2015

Goals, Enhancing Current Activities, and Developing New Initiatives for Improving Problem Gambling Services

The improvement plan goals and actions described below are aimed at enhancing an infrastructure that supports effective problem gambling services. Realization of the entire set of goals will take time, resources, and supportive institutional conditions. With adequate funding, staffing, and other supportive conditions, PGS will make a commitment to the below infrastructure improvement process by continuing to administer programs and features widely viewed as system strengths while embarking on new initiatives that will result in a sustainable improvement in effective problem gambling prevention, treatment and recovery. The actions summarized below conform to the PGS vision, mission, and practice guidelines contained within the conceptual frameworks previously described.

1. Collaboration

Goal:

Increase collaborative partnerships with individuals and their families, counties, other state agencies, providers, advocates and communities to help increase efficiency and support the PGS system mission.

Enhance Current Activities:

a. Coordinate quarterly Problem Gambling Service Partner meetings with members representing a cross-section of stakeholder groups including the Oregon Council on Problem Gambling, Voices of Problem Gambling Recovery, and the Oregon State Lottery.

b. Support and participate in problem gambling service advisory committees including the Problem Gambling Services Multicultural Advisory Committee.

c. Continue to support meeting and webinar opportunities for providers to network, to form partnerships, and to share successes.

d. Explore and implement changes to meeting schedules and venues to promote increased levels of participation and sharing while striving to improve efficiency by reducing redundancy across meetings and cumulatively lessening time spent in meetings.

New Initiatives:

a. Develop and implement technical assistance and education on effective collaboration methods and best practices.

b. Create collaborations to insure prevention, treatment and recovery services are available at the community level throughout the continuum of care.

c. Hold regional meetings with problem gambling service providers and other stakeholders to better address regionally specific issues and offer increased opportunities for linkages to be made between key people within the same region.

d. Reach out to representatives of state agencies and explore opportunities to partner on common ground initiatives where addressing problem gambling supports fellow state agency's goals.

2. Workforce Development

Goal:

Recruit, develop and sustain a qualified problem gambling services workforce.

Enhance Current Activities:

a. Partner with colleges and institutions to offer specialty education and training in the knowledge, skills and attitudes essential to provide effective gambling disorder prevention and treatment.

b. Expand web accessible resources for problem gambling services providers through the creation of a new provider specific website for problem gambling services providers.

c. Improve and make available continuing education events on a regular basis throughout the state that enhance the knowledge and skills of problem gambling service providers at all levels, as well as behavioral health and social service providers and other stakeholder partners.

d. Maintain an ongoing annual schedule of continuing education events for a variety of professionals.

New Initiatives:

a. Collaborate with professional credentialing/licensing bodies to require a minimum number of problem gambling education hours for certification and licensing of behavioral health professionals.

b. Meet with behavioral health and education associations to explore where and how the topic of problem gambling can be incorporated into trainings, curricula, testing, and certifications.

c. Develop technical assistance services to offer support and training to new problem gambling treatment and prevention staff working within OHA funded problem gambling treatment and prevention programs.

d. Form a Problem Gambling Workforce Development Advisory Committee to provide ongoing input and recommendations for meeting workforce development needs.

e. Establish standards for student placements and internships focused on developing competence in problem gambling prevention, early intervention and treatment services.

f. Revise clinical supervision standards within the OHA outpatient mental health and addictions services rule to increase qualifications for providing clinical supervision to problem gambling treatment counselors.

3. Integration

Goal:

Foster integration of problem gambling interventions into core elements of behavioral health, social support, and prevention systems.

Enhance Current Activities:

a. Explore opportunities and implement when feasible, Gambling Screening, Brief Intervention, and Referral to Treatment (SBIRT/GBIRT) model programs to identify, reduce, and prevent problematic gambling behaviors.

b. Expand materials and initiatives to support a gambling informed behavioral health system. This could include evidence supported processes and practices for educating, assessing, referring, and treating problem gamblers, family members and the community.

c. Develop and disseminate educational materials to behavioral health professionals to increase the integration of problem gambling services into the behavioral health system of care.

d. Where determined feasible, add problem gambling items into standardized reporting systems and revise OHA, HSD rules and contracts to encourage agencies to integrate problem gambling interventions into behavioral health services.

New Initiatives:

a. Explore the revisions of Oregon Administrative Rules and HSD contract conditions to require state funded programs to add education about problem gambling into appropriate educational curricula (e.g. DUII diversion programs).

b. Explore the development of a problem gambling endorsement that identifies treatment professionals who are best qualified to cover for problem gambling counselors when temporarily unavailable and those problem gambling counselors in training.

c. Explore the development of a Problem Gambling Treatment Center of Excellence endorsement and develop technical assistance programs and other incentives for agencies to obtain the endorsement.

4. Prevention, Treatment and Recovery System

Goal:

Support effective problem gambling prevention, treatment and recovery programs to reduce the impact of problem gambling on individuals, families, and communities.

Enhance Current Activities:

a. Conduct Adult and Adolescent replication studies on the prevalence of gambling, to include emerging issues (e.g. impact of online gaming and gambling).

b. Further develop the Oregon Problem Gambling Resources (OPGR) website and the OregonPGS.org web site as resource tools for prevention, client finding outreach, and treatment providers.

c. Raise awareness of problem gambling through problem gambling prevention activities.

d. Employ principles of effective prevention, treatment and recovery practices through technical assistance, resource development, and improved monitoring and communication systems.

e. Explore and evaluate process and protocol of the Problem Gambling Helpline to ensure that most efficient and effective practices are being implemented.

f. Continue to explore the use of social media and new technologies to promote problem gambling prevention and treatment, and implement when indicated and feasible.

g. Provide technical assistance to problem gambling service providers on implementing effective client finding/referral pathways outreach activities.

h. Explore developing services to fill gaps within a level of care treatment system, and implement when feasible.

i. Develop and expand peer delivered services.

j. Expand problem gambling client finding outreach projects that are culturally and linguistically appropriate for identified high-risk populations.

New Initiatives:

a. Develop an orientation protocol for new staff working and funded through the problem gambling service system.

b. Implement an improved data system to monitor and track problem gambling prevention activities through utilization of the Oregon Prevention Data System (OPDS).

c. Develop materials and initiatives to support a gambling informed behavioral health system that provides evidence supported processes and practices for problem gambling prevention and treatment services.

d. Establish protocols for ongoing measurement and improvement of business processes, and outcomes among prevention and treatment providers.

e. Develop evaluation systems to examine the effectiveness of recovery management services within the problem gambling services system.

f. Explore the adoption and use of a feedback informed treatment and outcomes management system (i.e. ACORN).

g. Explore the use of a unified level of care screening tool among all treatment providers.

h. Enhance prevention, client finding outreach, and treatment services to underserved populations (e.g. older adults, culturally specific, veterans).

i. Explore offering problem gambling pilot grants and provide technical assistance for the adoption and implementation of innovative prevention, client finding outreach, and treatment practices.

j. Explore collecting and tracking a greater number of indicators of problem gambling social impacts through evaluation systems.

k. Ensure the gambling treatment system is prepared to serve adolescents with gambling disorders through developing strategies and reimbursement mechanisms for gambling treatment providers to partner with adolescent treatment providers.

l. Explore and, if feasible, evaluate the effectiveness of selected treatment methods and protocols that facilitate client recovery and improve functioning.

m. Identify state-level changes and improvements that will impact the problem gambling prevention and treatment system.

n. Develop and implement strategies to increase family involvement within the gambling treatment system.

o. Implement measures to develop a trauma informed system of care.

p. Explore funding models to support problem gambling research and, if feasible, develop research grant programs to advance the knowledge of the problem gambling field in support of developing more effective and/or efficient services.

5. Rural Services

Goal:

Implement an efficient and effective problem gambling service delivery system for rural Oregon communities.

Enhance Current Activities:

a. Expand methods to better mobilize the rural communities to raise awareness and enhance availability of prevention, treatment, and recovery services.

b. Expand upon the use of program development consultants or another form of technical assistance for providers serving rural communities.

c. Continue to work with the Oregon Lottery on better meeting the needs of rural communities when developing and implementing problem gambling awareness campaigns.

New Initiatives:

a. Explore the expansion of a regionalized problem gambling treatment system in some rural regions of Oregon.

b. Establish additional supports for rural problem gambling prevention and treatment providers, such as designated rural provider webinars and consultation group conference calls.

c. Explore revisions to existing policies to allow for a more flexible approach to offering problem gambling services in rural communities.

d. When necessary, establish a set of policy exceptions or region specific policies for delivering services in rural communities.

e. Explore developing the capacity to offer short-term stay treatment and/or respite care in Eastern Oregon, implement if deemed feasible.

f. Explore and implement, when feasible, innovative intervention approaches designed to meet the needs of persons living in rural communities.

6. Funding and Reimbursement

Goal:

Implement an efficient and effective funding and reimbursement system within the problem gambling service system.

Enhance Current Activities:

a. Reinstate the problem gambling treatment specialist position within OHA to ensure that clinical expertise and technical assistance is provided to problem gambling treatment providers.

b. Examine existing funding structures, allocations and outputs to determine necessary funding reallocations and make changes based on identified needs and resources.

c. Review and periodically adjust service reimbursement rates to more closely correspond with Oregon Health Plan mental health service rates.

New Initiatives:

a. Explore and implement restructuring the funding system to improve efficiency and effectiveness of problem gambling services.

b. Explore and implement, when feasible, direct contracting with all problem gambling service providers for greater accountability and funding flexibility.

c. Explore feasibility to support a minimum of a 0.5 FTE Problem Gambling Prevention Coordinator in each Oregon county or region.

d. Explore and implement alternative funding models for client finding outreach.

e. Develop code categories for utilization of flex funding and improve data collection and evaluation.

f. Consider developing and/or supporting legislation necessary to increase funding for the problem gambling service system.

g. Explore and implement, when feasible, differential service reimbursement rates based on provider credentials.

"There is always space for improvement, no matter how long you've been in the business."

— *Oscar De La Hoya*