Oregon Health Authority

Problem Gambling Services

Residential Treatment

Transitions Toolkit

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The Oregon Problem Gambling Services system is proud of the fact that Oregon is home to one of only three problem gambling specialty residential programs in the United States. Bridgeway Residential Services – Santiam House – is an eight bed, co-ed all encompassing residential program for problem gambling treatment and recovery. The program is staffed by professionals – certified recovery mentors and certified gambling addiction counselors. Clinical staff are trained and certified in Gambling Treatment, Substance Use Treatment, and Mental Health Treatment.

The program's structure makes it ideal not only for clients dealing with severe gambling addiction but also clients who have had recent positive impact on gambling behavior change and would benefit from a structured and focused treatment and recovery environment. The environment, in addition to offering a place to focus on reflection and recovery, offers programming tailored to the needs of people dealing with the challenges of gambling addiction and early recovery.

The Bridgeway Problem Gambling Residential Treatment Program at Santiam House is a flexibly structured program. Time in program is dependent on reaching treatment goals and recovery milestones per an individually tailored treatment plan. Treatment planning is informed by current research and expertise in the gambling treatment field. Typically, completing treatment per the above guidelines and practices takes about sixty days.

The following pages consist of a toolkit designed as a guide for counselors in the Oregon Problem Gambling Services System (PGS). The tools in this toolkit offer insight, practice ideas, resources, information on referral process, collaboration best practices and process around transitions from outpatient treatment, to residential treatment, and back into the community and ongoing outpatient treatment.

This toolkit is part of the OHA PGS set of toolkits created collaboratively as part of a continuous improvement process. As such, OHA PGS is open to feedback at any time, and will utilize that feedback as appropriate in periodic revisions. Feedback can be sent via email to pgs.support@dhsoha.state.or.us.

Toolkit Contents

Assessing for Appropriateness for Referral to Residential Treatment

Severity Orientation. OHA PGS provides assessment and screening tools to ascertain acuity of gambling disorder, co-occurring disorders, and whole life issues. A level of care tool is built into the OHA PGS Problem Gambling Assessment. Independent of using the full assessment tool, this toolkit includes a level of care tool that can be utilized for assessing severity and appropriateness for referral to residential treatment.

Recovery Orientation. The level of care structure per (American Society of Addiction Medicine) is based on the principle of least "restrictive" treatment environment possible based on severity. This principle is rooted in a theoretical assumption that residential treatment is "restrictive" in nature, and therefore inappropriate if severity of the disorder is mild or moderate. OHA PGS holds that while severe gambling disorder does qualify clients for residential treatment, there are other conditions in which residential treatment may be appropriate, when not viewed as being a more "restrictive" level of care. These conditions would consist of:

1) Recent positive impact on gambling behavior that creates a feeling of empowerment towards change for the client.
2) A high motivation to engage in a structured and focused recovery environment.
3) Home, community, and/or social environment does not support gambling recovery lifestyle.

Houselessness and Unstable Housing

Many individuals dealing with moderate to severe gambling disorder also deal with houselessness or unstable housing situations. Outpatient counselors need to be aware of the challenges with considering unstable housing as a driving factor for deciding to refer to residential treatment. The driving factors for referral should be motivation and readiness to engage in intensive treatment. Additionally, Bridgeway is no better equipped than outpatient programs for resolving housing crises. For this reason, OHA PGS advises that outpatient programs begin working on housing related issues as soon as possible and recognize that referring an individual to residential treatment due to a housing crisis only delays the crisis and does not resolve it.

Co-Occurring Disorders

Historical and recent research demonstrates that the prevalence of co-occurring mental health and/or substance use disorders and gambling disorder is high. OHA PGS system embraces the need to address co-occurring disorders using integrated treatment best practices while maintaining the priority of gambling disorder treatment. Co-occurring disorders are treatable within gambling treatment programs in Oregon, including at Bridgeway Residential Services – Santiam House. While integrated treatment is possible, gambling disorder must remain the treatment priority and co-occurring disorders that create barriers to gambling disorder treatment are best treated in other settings.

Considerations for co-occurring physical health conditions that may interfere with gambling disorder treatment include: individuals who have significant medical issues which require lengthy and/or frequent appointments with medical providers; and individuals who require medical treatment that requires significant preparation or recovery time. Major and/or frequent appointments such as surgeries, colonoscopies, or dialysis would create considerable barriers to participation in treatment and would not be appropriate for residential gambling treatment.

Considerations for co-occurring mental health conditions that may interfere with gambling disorder treatment include: antisocial personality traits, recent history of violence towards others, difficulty with behavioral containment around symptoms of depression, anxiety, or trauma, and non-compliance with prescribed psychiatric medications. These considerations are less about specific diagnoses, but rather the behavioral containment and ability to manage mental health symptoms in order to actively engage in gambling disorder treatment.

OHA PGS has created a co-occurring disorders severity tool for use in both residential and outpatient settings. This tool, which consists of evidence based and researched screening tools, may be helpful as part of the referral to Bridgeway Residential Services – Santiam House.

Co-Occurring Disorders in mental health, substance use, and physical health must be considered when referring to Bridgeway Residential Services Santiam.

Medical/Physical health conditions must be maintainable without regular medical professional intervention or care while in treatment at Santiam. If a physical health condition requires ongoing specialty care or appointments during the treatment period, it is not recommended that individual participate in residential treatment until condition is stabilized or there is an achievable plan to manage the condition utilizing outside resources.

Client Barriers to Admission to Residential Treatment

Often, people that are good candidates for residential treatment have barriers to participating in the program. Some barriers are due to external factors or circumstances, some are internal, emotional, or life concerns. Some examples of external factors include pet care, child care, transportation to treatment, and others. Internal factors may include perceived role abandonment in family units, concern regarding missing events, and/or anxiety around environment changes. Some factors include both external and internal pieces – such as work related abandonment concerns (concerns employer would have negative reaction, loss of income, loss of job security).

External Factors. When considering external factors/barriers, OHA PGS recommends that outpatient clinicians work with their program manager on feasibility of utilizing FLEX funding available. Programs can use their FLEX funds to assist with transportation to treatment, medication costs, pet care, short term housing costs, and more. For questions about utilizing these funds, contact the OHA PGS Treatment & Recovery Specialist or Problem Gambling Services Manager.

Internal Factors. Internal factors can be worked within therapy. Often, individual's concerns about residential treatment are displaced fear about change or beliefs about social/interpersonal roles that are deeper issues in their lives. These factors can be identified through counseling and worked through utilizing psychotherapeutic approaches. Consulting with supervisors and the OHA PGS Treatment & Recovery Specialist can be helpful here.

Making Referrals to Bridgeway Residential Services -- Santiam

Making a referral to Bridgeway Residential Services – Santiam requires necessary and sufficient information gathering and sharing. The following pieces are required for referral:

- ✓ Completed full assessment no older than 30 days utilizing an ASAM structure, with additional information regarding gambling behaviors (utilize OHA PGS Assessment Tool as a guide)
- ✓ OHA Co-Occurring Screening Tool Package or other clinical summary addressing co-occurring disorders.
- ✓ Completion of Bridgeway referral packet
- ✓ Current Outpatient Treatment Plan
- ✓ Review of residential treatment program and preparation list with client
- ✓ Pre-Admission telephone appointment with client, outpatient counselor and residential staff

Collaborative Treatment – Touch Points Along the Way

Connections involving Client, Outpatient Counselor and Residential Staff should occur at points along the path of transitioning through referral, transition to admission, different stages of residential treatment, and transition to home community.
All Problem Gambling Staff can encounter T1016 or T1016P for co-ordination/collaboration during transition process, as well as preparing referral documentation.

1) Initial referral call (with Bridgeway admissions and/or clinical staff, outpatient counselor- or other clinical staff - and Client).
    a. Opportunity for client to discuss concerns and questions
    b. Review of program structure and environment
    c. Review of non-smoking policy and NRT
    d. Assessing for mobility issues. Residents need to walk up and down stairs
    e. Review of medications and prescriptions
    f. Review of support system
    g. Review of things to bring and not to bring to treatment
    h. Coordination of transportation
    i. Recent substance use and potential need for medically managed withdrawal

2) Transition to admission – to take place during residential admission appointment (with Bridgeway admissions staff, outpatient program staff, and client).
    a. Notify outpatient counselor client has arrived and has been admitted to treatment
    b. Discussion of arrangements involving maintenance of client needs during residential treatment

3) Joining active treatment – check in call to take place when client moves from settling into residential to joining active treatment. Call to take place after completing residential treatment plan with primary residential counselor (Bridgeway Treatment Staff, outpatient clinical staff and client)
    a. Debrief of challenges client perceived and experienced during first part of residential experience
    b. Review of treatment objectives being set for residential treatment episode
    c. Review of client concerns around home community/family life

4) Transition to final phase of treatment – check in call to take place when client moves into considering next steps/leaving residential treatment. Call to take place during discharge planning. (Bridgeway Treatment Counselor, Outpatient Counselor, and Client)
    a. Review of process and progress with residential treatment plan
    b. Residential staff recommendations for next steps after “transition” from residential
    c. Client concerns regarding next steps
    d. Plan for next steps regarding
        i. Housing
        ii. Treatment involvement
        iii. Recovery activities/engagement

5) Final transition arrangements - -check in call to take place within 48 hours of discharge time/ date (Bridgeway Staff, Outpatient Clinical Staff/ and/or community connections, and Client)
    a. Review of next steps
    b. Discussion of arrangements and first appointments

Transitioning to Home Community

Clients may have many concerns when transitioning back to their home community. Many clients will have undergone dramatic transformations in multiple parts of their lives. A full review of wellness and next steps in recovery needs will be completed before departure from residential treatment. As with transitioning into residential treatment, there are external and internal factors that will require attention. External factors may include housing arrangements, support with employment, or transportation back to home community. Internal factors may include work on relationships, current and short-term treatment needs, and recovery community engagement.

External Factors. Bridgeway Residential – Santiam does not have access to FLEX funds to assist with housing and other transition needs, outside of transportation back to home community. The outpatient program should access their FLEX funds to provide support to the client during transition.

Internal Factors. Clients may have anxiety and/or concerns about reconnecting with their social or family relationships. If possible, arranging a "family day" whether face to face, or via phone or other electronic means with counselor involvement at Bridgeway prior to departure may be optimal, if clinically appropriate.

Further considerations – what level of care in outpatient treatment is needed for optimal client support? What recovery lifestyle supports are available in the home community for ongoing support? Questions around these concerns and considerations should be addressed in wellness and recovery planning.

OHA PGS - LEVEL OF CARE/PLACEMENT CRITERIA

CLIENT: Level of Care Placement:

DIMENSION 1- GAMBLING BEHAVIOR: **Placement level:**

Level I Outpatient	**Level II** Intensive Outpatient	**Level III** Residential
The Ct. is not experiencing significant withdrawal or compulsion to gamble.	The Ct. is gambling more money than intended and gambles when not financially able to.	The Ct. is at moderate or high risk of severe gambling behavior and/or financial loss… to the point where gambling negatively effects personal life, work life and/or relationships.

NOTES:

DIMENSION 2-PHYSICAL HEALTH CONDITIONS & COMPLICATIONS: **Placement level:**

Level 1	**Level II**	**Level III**
None or very stable, or the Ct. is receiving concurrent medical monitoring	None or not a distraction from treatment. Such problems are manageable at Level II.	None or not sufficient to distract from treatment. Such problems are manageable at Level III

Severe medical conditions must be stabilized to be eligible for residential treatment.

NOTES:

DIMENSION 3-EMOTIONAL/BEHAVIORAL/SUDs/ CONDITIONS/COMPLICATIONS: **Placement level:**

Level I	**Level II**	**Level III**
None or very stable, the Ct. is receiving concurrent mental health monitoring	Mild severity with the potential to distract from recovery; the Ct. needs monitoring	Mild to moderate severity, without potential to distract from recovery; symptoms may be severe but are contained and manageable independently a majority of the time.

Co-Occurring Screening Tools Required. OHA PGS Screening Toolkit or similar.

NOTES:

OHA PGS - LEVEL OF CARE/PLACEMENT CRITERIA

DIMENSION 4-READINESS TO CHANGE: **Placement level:**

Level I	Level II	Level III
The Ct. is ready for recovery but needs motivating/monitoring strategies to strengthen readiness. **Or** There is high severity in this dimension but not in other dimensions The Ct. needs Level I Mot. Enhance.	The Ct. has variable engagement in tx, ambivalence or lack of awareness of the substance use or mental health problem and requires structured several times a week to promote progress in the stages of change	The Ct. has poor engagement/significant ambivalence, or lacks awareness of the substance use/mental health problem requiring a near daily structured program or intensive engagement services to promote stage of change progress.

NOTES:

DIMENSION 5-PROBLEM OR RELAPSE POTENTIAL: **Placement level:**

Level I	Level II	Level III
The Ct. is able to maintain abstinence or control problematic gambling and pursue recovery or motivational goals with minimal support	Intensification of Ct's addiction or mental health symptoms indicate a high likelihood of relapse or continued use or problem with close monitoring or support several times a week.	Intensification of Ct's addiction or mental health symptoms despite active participation in a Level I or II program, indicates a high likelihood of relapse or continued gambling or problems without near daily monitoring/support

NOTES:

DIMENSION 6-RECOVERY ENVIRONMENT: **Placement level:**

Level I	Level II	Level III
The Ct's recovery environment is supportive and/or the Ct. has the skills to cope.	The Ct's recovery environment is not supportive, but with structure & support, the Ct. can cope	The Ct's recovery environment is not supportive, but with structure, support & relief from the home environment, the Ct. can cope.

NOTES:

☐ **Level I:** All six dimensions meet Level I criteria.
☐ **Level II:** One of Dims 4-6 meets Level II. Dims 1-3 are no greater than II.
☐ **Level III** At least 2 of the 6 dimensions meet Level III criteria

OHA PGS - LEVEL OF CARE/PLACEMENT CRITERIA

LEVEL OF FUNCTIONING/SEVERITY: Using assessment protocols that address all six dimensions. Assign a severity rating of High, Medium or Low for each dimension that best reflects the client's functioning and severity. Place a check mark in the appropriate box for each dimension.

Level of Functioning/Severity	Intensity of Service Need	Dim 1	Dim 2	Dim 3	Dim 4	Dim 5	Dim 6
Low Severity-Minimal current difficulty or impairment. Absent, minimal or mild signs and symptoms. Acute or chronic problems mostly stabilized; or soon able to be stabilized and functioning restored with minimal difficulty.	**L** No immediate services or low intensity of services needed for this Dimension. Treatment strategies usually able to be delivered in outpatient settings						
Medium Severity-Moderate difficulty or impairment. Moderate to serious signs and symptoms. Difficulty coping or understanding, but able to function with clinical and other support services and assistance.	**M** Moderate intensity of services, skills training, or supports for this dimension. Treatment strategies may require intensive levels of outpatient care.						
High Severity-Severe difficulty or impairment. Serious, gross or persistent signs and symptoms.	**H** High intensity of services, skills training or supports needed. More immediate, urgent services may require inpatient or residential settings; or closely monitored case management services at a frequency greater than daily.						

SUMMARY:

Dimension 1:

Dimension 2:

Dimension 3:

Dimension 4:

Dimension 5:

Dimension 6:

Clinician Sign:_____Date:

OHA PGS - LEVEL OF CARE/PLACEMENT CRITERIA