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Problem Gambling Services (PGS) Problem Gambling (PG) Prevention Implementation Plan 2025-2026 Guidance

This document has been developed to assist Problem Gambling Prevention Coordinators in the development of the Problem Gambling Prevention Implementation Plan in accordance with Service Element AD 80 contractural requirements.

Contents

Timeline

PGS Problem Gambling Prevention Implementation Plan Guidance Released	February 3, 2025
PG Prevention Implementation Plan Documents reviewed and questions during the Problem Gambling Prevention Connect Meeting	February 19, 2025 9:00 - 10:00 a.m. PST
Programs review and development of plans	February – June 2025
Technical assistance available ongoing	February – June 2025
PG Prevention Implementation Plans are due	June 6, 2025
OHA PGS review PG Prevention Implementation Plans for feedback and approval process	June 7, 2025 – June 30, 2025
Start/End Date for PG Prevention Implementation Plan	July 1, 2025 – June 30, 2026
2025 - 2026 Reporting Dates	- July – September 2025 due on November 15, 2025 - October – December 2025 due on February 15, 2025 - January – March 2026 due on May 15, 2026 - April – June 2026 due on August 15, 2026

Problem Gambling Prevention Implementation Plan Guidelines

These guidelines have been developed to inform and assist OHA funded Problem Gambling Prevention programs in development of the **July 2025 – June 2026** Problem Gambling Prevention Implementation Plans in accordance with contractual requirements, **which are due on June 6, 2025.** The guidelines reflect the minimum requirements that must be included in the plan utilizing the OHA PGS Prevention Implementation Plan document provided.

Plan Requirements

The Problem Gambling Prevention Implementation Plan for July 2025 – June 2026 includes a drop-down menu where programs should select the following information: plan period, county or program name, and funding tier. **New for this plan period** is a text field to enter the FTE allocated for problem gambling prevention for the program. The plan also includes a section to include your program vision statement, problem statement and program goal for your county/program.

In addition to ensuring the information above is included the Problem Gambling Prevention Implementation Plan must include:

- A minimum of three objectives aligning with the appropriate funding tier performance standards with corresponding entries for activities, inputs, outputs, outcomes, CSAP strategies (when appropriate), and social ecology.
- To ensure programs are meeting the Service Element 80 language, one objective must be related to completion of the Community Readiness Assessment, which OHA PGS has provided draft language for on the implementation plan document, and one objective related to professional development for PG Prevention Coordinator/staff.

Strategic planning increases the effectiveness of prevention efforts by ensuring that prevention programs select and implement the most appropriate programs and strategies for their communities. This is an opportunity to review the approved current plan for the program and update to reflect the needs of the community and changes based on community needs. An effective plan should reflect the input of key stakeholders, include:ing community members. Collaborative planning processes are more likely to address community needs and be sustained over time.

The Problem Gambling Implementation Plan is a "living document" and can be updated to reflect changes found necessary for the effective implementation of Problem Gambling Prevention Services at the community level.

PG Prevention Implementation Plan: Logic Model

A logic model is like a "road map" that lets everyone know where you are going, how you are getting there, how you will measure progress along the way, and how you will know when you have arrived.

Benefits of a Logic Model

1. Helps you explain what you do and why you do it., By clearly laying out the tasks of program development, implementation, and evaluations, a logic model can help you discover any gaps in your reasoning or places your assumptions might be off track.
2. Describes your expected outcomes, as well as the program elements that will lead to these outcomes.
3. Helps a program monitor progress and restrain over-promising on deliverables or expected outcomes.
4. Assists in reporting by narrowing the focus of intended results.
5. A communication tool for identified stakeholders/partners.
6. Identifies the desired change and how to focus the evaluation.

Components of Logic Model and Definitions

1. **Problem Gambling Prevention Implementation Plan, Program**, **Funding Tier, and Coordinator FTE** please choose from the drop-down menu the correct plan year, County or program that the plan is for and funding tier. Please enter in the text box the FTE allocated for problem gambling prevention work.

2. **Vision Statement:** What is your dream for your community, what would you like to achieve or accomplish in relationship to problem gambling.

3. **Problem Statement:** A concise description of the problem or issue related to gambling to be addressed, or condition to be improved upon. Consider the following questions: But why? But why here? Why is your program needed? What are the consequences? How many people are affected (scope)? What are the consequences? Does it impact some groups more than others (disparities)? Is the problem getting worse (trends)? Why do we care?

Components of Logic Model and Definitions Continued

4. **Goal:** What do you want to see changed in the long-term regarding problem gambling in your community? Remember tie your goal to your problem statement. A well written goal:

   - Describes CHANGE, not activities
   - Can be at every level of social ecology
   - Is straight forward and well defined
   - Is measurable
   - Is attainable
   - Is realistic/relevant
   - Is timely

5. **Objective:** What specific changes do you anticipate will result from the program? Objectives identify the focus population, the direction and amount of change anticipated and the timeframe for completion. Consider the risk and protective factors for this section. This is an opportunity within the plan to identify the population and review to ensure the overall project meets the age span. Please number your objectives to assist in reporting.

6. **Inputs:** What do you need to deliver the program – to meet the goals and objectives? What do you need to invest to deliver the program? Money? Knowledge? Training? Approval? Important question to ask before moving forward with planning process is it realistic with available resources?

7. **Activities:** What kind of activities will you implement to facilitate these changes? What specific tasks will the program undertake during program operation?

8. **Outputs:** Basic data on program participation. How many of what will be implemented? Planning your outputs should tie directly to the inputs required to implement the activities. Please keep in mind that the plan is for the biennium.

9. **Short-Term Outcomes:** Describe the immediate program impact you expect to achieve as a result of the activities being implemented. Often measured as a knowledge change.

10. **Long-Term Outcomes:** Long-term impacts or ultimate effects of the program. Changes in social conditions that contribute to risk and protective factors and the problem of interest or consequences of the problem gambling. Connected more directly to the problem and related behaviors in problem statement. Often measured as a behavior change. Your plan outcome should tie to your Community Readiness Assessment.

Components of Logic Model and Definitions Continued

11. **CSAP Strategies:** SAMSHA/CSAP promotes six strategies for primary prevention. Indicate what CSAP Strategies will be utilized for the activities you will be implementing.

    - **Information Dissemination –** One-way communication from the source to the audience.
    - **Education -** Two-way communication with interaction between the educator/facilitator and participants.
    - **Alternatives -** Constructive and healthy activities that exclude alcohol, tobacco, other drugs and gambling.
    - **Environmental -** Establish or changes to written and unwritten community standards, codes, policies, and attitudes.
    - **Community-based process -** Strategies aimed to enhance the ability of the community to more effectively provide prevention and treatment services.
    - **Problem identification and referral -** Identification of those who have engaged in risky behaviors to assess if behavior can be reversed through education.

12. **Social Ecology:** A framework for understanding the multiple levels of a social system and interactions between individuals and environment within this system.

    - **Individual Level:** Includes strategies that focus on the individual.
    - **Relationship Level/Interpersonal**: Includes strategies that involve the individuals social circle, such as family and peers.
    - **Community Level:** Includes strategies that focus on the settings were social relationship occur such as schools, workplaces, and neighborhoods.
    - **Societal Level:** Includes strategies that focus on changing social and cultural norms such as broad-based policy changes
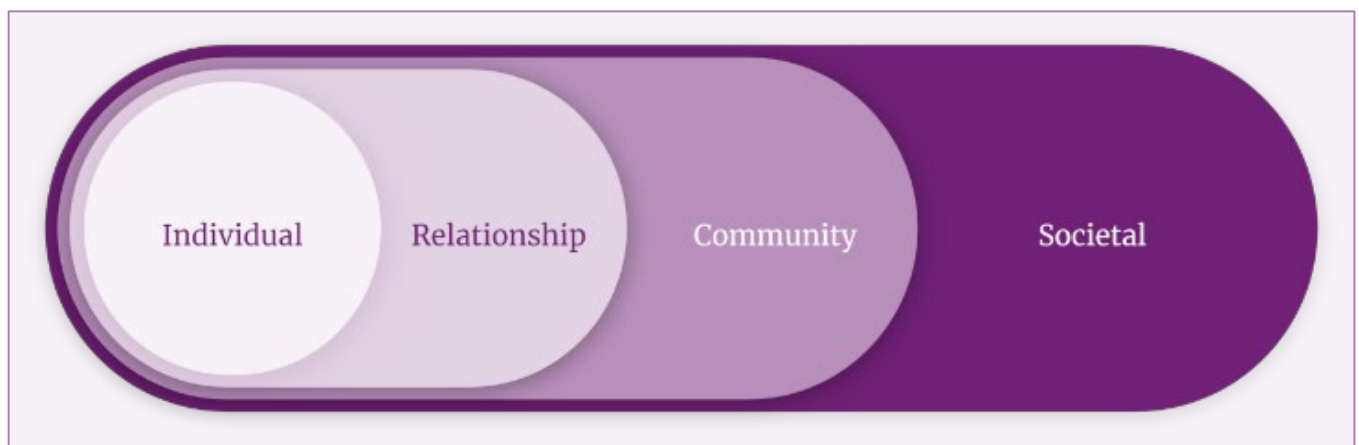
PG Prevention Tiered Funding Performance Standards

The PG Prevention Tiered Funding Performance Standards for July 2025 – June 2026 align with the Service Element Alcohol and Drug (SE AD) 80 and incorporates accountability measures. Each tier includes required strategies to be included within the implementation plan while honoring flexibility at the community level.

- The PG Prevention Tiered Funding Performance Standards incorporates flexibility while providing guidelines and clear performance expectations for each tier level.
- Programs will have the opportunity to determine if they can meet the requirements at their current tier level; identify and implement strategies to maintain current tier level; or request a decrease in tier level which may result in a decrease in funding.
- If additional funds were to become available outcome/output data on programs would be utilized to determine increases in funding based on the programs ability to demonstrate capacity to meet the requirements.
- Programs are not limited to implementing the minimum requirements within their tiered level, nor from implementing activities included within different tier levels
- Additional tiers may be created in the future
- Tiers may be modified in the future based on emerging trends and/or system development.

Funding Tier Levels

Tier 1: $0 - $25,000

Tier 2: $25,001 - $58,000

Tier 3: $58,001 - $75,000

Tier 4: $75,001 – no current cap

Funding Tier Performance Standards

Tier Level: 1 ($0 - $25,000)	Tier Level: 2 ($25,001 - $58,000)
Objectives within implementation plan reflect community assessment and are outcome driven	**Objectives within implementation plan reflect community assessment and are outcome driven**
Implementation plan reflects: • Strategies reflect Implementation of a <u>minimum</u> of 2 CSAP Categories • Integration of Problem Gambling Prevention messaging into existing prevention related programs • Strategies reflect work across a <u>minimum</u> of 2 domains of the social ecology • Strategies represent Universal and Focus/Selective Populations at a <u>minimum</u> as defined in the Behavioral Health Continuum of Care under prevention. A <u>minimum</u> of 1 Focus/Selective Population must be served, and can include, but are not limited to the following: military/veterans; older adults; college age youth (18-25); and culturally/population specific populations Other requirements: • Meet Service Element A&D 80 requirements	Implementation plan reflects: • Strategies reflect Implementation of a <u>minimum</u> of **3** CSAP Categories • Integration of Problem Gambling Prevention messaging into existing prevention related programs • Strategies reflect work across a <u>minimum</u> of **3** domains of the social ecology • Strategies represent Universal and Focus/Selective Populations at a <u>minimum</u> as defined in the Behavioral Health Continuum of Care under prevention. A <u>minimum</u> of 1 Focus/Selective Population must be served, and can include, but are not limited to the following: military/veterans; older adults; college age youth (18-25); and culturally specific populations • **Providing problem gambling education within coalition or community work group(s)** • **Gambling in the workplace policy initiative** Other requirements: • Meet Service Element A&D 80 requirements

Funding Performance Standards Continued

Tier Level: 3 ($58,001- $75,000)	Tier Level: 4 ($75,001 – no current cap)
Objectives reflect community assessment and outcome driven	**Objectives reflect community assessment and outcome driven**
Implementation plan reflects: • Strategies reflect Implementation of a <u>minimum</u> of 3 CSAP Categories • Integration of Problem Gambling Prevention messaging into existing prevention related programs • Strategies reflect work across a <u>minimum</u> of 3 domains of the social ecology • Strategies represent Universal and Focus/Selective Populations at a <u>minimum</u> as defined in the Behavioral Health Continuum of Care under prevention. A <u>minimum</u> **of 2** Focus/Selective Populations must be served, and can include, but are not limited to the following: military/veterans; older adults; college age youth (18-25); and culturally specific populations • **Participation in community coalition/work groups where PG is recognized and integrated when feasible into coalition/work group activities** • Gambling in the workplace policy initiative Other requirements: • Meet Service Element A&D 80 requirements	Implementation plan reflects: • Strategies reflect Implementation of a <u>minimum</u> **of 4** CSAP Categories • Integration of Problem Gambling Prevention messaging into existing prevention related programs • Strategies reflect work across a minimum 3 domains of the social ecology • Strategies represent Universal and Focus/Selective Populations at a <u>minimum</u> as defined in the Behavioral Health Continuum of Care under prevention. A <u>minimum</u> **of 3** Focus/Selective Populations must be served, and can include, but are not limited to the following: military/veterans; older adults; college age youth (18-25); and culturally specific populations • Participation in community coalition/work groups where PG is recognized and integrated when feasible into coalition/work group activities • Gambling in the workplace policy initiative • **Capacity building by engaging community partners and providing technical assistance to integrate PG messaging into other community programs** Other requirements: • Meet Service Element A&D 80 requirements

PG Prevention Implementation Plan Submission

Programs should submit the 2025-2026 Problem Gambling Prevention Implementation Plan via email to roxann.r.jones@oha.oregon.gov by June 6, 2025.

Please consider labeling the Problem Gambling Prevention Implementation Plan with your county/program name, the plan period, and PG Prevention Implementation Plan, such as:

- County/Program Name 2025 – 2026 PG Prevention Implementation Plan.docx

Questions

Please feel free to reach out if you have questions about completing the 2025-2026 Problem Gambling Prevention Implementation Plan to Roxann Jones at roxann.r.jones@oha.oregon.gov or 503-410-2304.

Attachments

1. 2025 – 2026 Problem Gambling Prevention Implementation Plan Guidance
2. Problem Gambling Prevnetion Implementation Plan 2025 – 2026
3. Problem Gambling Prevention Implementation Plan with Definitions 2025-2026

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Problem Gambling Services at pgs.support@oha.oregon.gov. We accept all relay calls.

Behavaioral Health Division
Problem Gambling Services
PGS.Support@oha.oregon.gov
503-410-2304
https://www.oregon.gov/oha/hsd/problem-gambling/pages/index.aspx

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