

Problem Gambling Services (PGS) Problem Gambling (PG) Prevention Implementation Plan 2026-2027 Guidance

Purpose of This Guidance

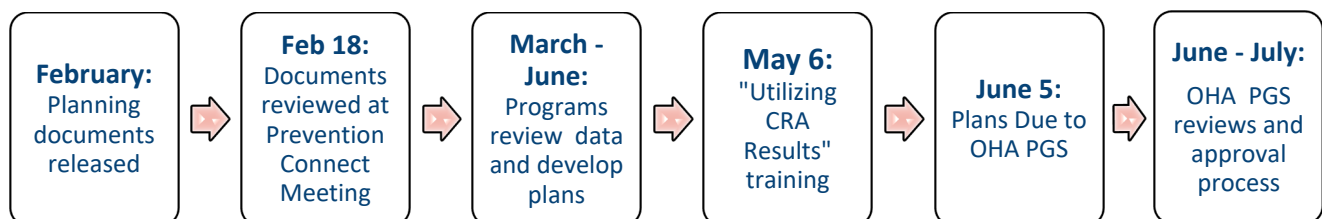
These guidelines support OHA funded Problem Gambling Prevention programs in preparing their July 2026 – June 2027 Problem Gambling Prevention Implementation Plans, in alignment with contractual requirements. Plans are due on **June 5, 2026** and must be completed using the OHA PGS Prevention Implementation Plan template. This template has been revised and we will be piloting the new form for the 2026-2027 plan period.

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Timeline

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 2026
Technical assistance available ongoing	February – June 2026
PG Prevention Implementation Plans are due	June 5, 2026
OHA PGS review PG Prevention Implementation Plans for feedback and approval process	Until all plans are finalized (June- July)
Start/End Date for PG Prevention Implementation Plan	July 1, 2026 – June 30, 2027



Problem Gambling Prevention Implementation Plan Requirements

The drop-down menu has been updated to for the July 2026 – June 2027 planning period. As you complete your plan, ensure all required elements outlined below are included and that the plan aligns with Problem Gambling Prevention Service Element (SE) AD 80.

- Implementation plan should include the following:
 - County or program name from drop-down menu
 - Funding tier
 - FTE allocated to Problem Gambling Prevention
 - Vision statement
 - Problem statement aligned with Community Readiness Assessment (CRA)
 - Program goal statement
 - Long-term outcome measurement based on 2025-2026 CRA findings
- Each plan must include at least two objectives aligned with the appropriate funding tier performance standards, with corresponding activities and outputs. Where applicable, also indicate short-term outcomes, CSAP strategies, and levels of the social ecology. New this year, we've included the Seven Strategies for Community Change. While there is no requirement to include a specific number of strategies in your plan, we encourage programs to become familiar with them and incorporate them into their planning.
- To align with Service Element 80, incorporate findings from the programs Community Readiness Assessment and include a long-term outcome measure based on those findings. Additionally, one objective must address **professional development** for Problem Gambling Prevention Coordinator and/or problem gambling prevention staff.

Strategic planning enhances prevention efforts by guiding the selection and implementation of programs that best fit community needs. Develop your plan to reflect current community conditions and incorporate input from key partners, including community members. Collaborative planning increases the likelihood of addressing real needs and sustaining efforts over time.

Living Document Reminder

The Problem Gambling Implementation Plan is a “living document” and may be updated as needed to reflect changes that support the effective delivery of Problem Gambling Prevention Services at the community level.

PG Prevention Implementation Plan: Logic Model

A logic model is a “road map” that shows where you’re going, how you’ll get there, how progress will be measured, and how success will be recognized.

Benefits of a Logic Model

1. Clarifies what the program does and why, helping identify gaps or flawed assumptions.
2. Describes expected outcomes and the program elements that lead to them.
3. Supports progress monitoring and helps manage expectations.
4. Focuses reporting on intended results.
5. Serves as a communication tool for partners and collaborators.
6. Guides evaluation by identifying desired changes and focus areas.

Problem Gambling Prevention Logic Model Components and Definitions

1. Program Information

- Select the correct plan year, county or program, and funding tier from the drop-down menu.
- Enter the FTE allocated for Problem Gambling Prevention.

2. Vision Statement

- Define your long-term vision for your community regarding problem gambling.
- Reflect aspirations and the desired future state.

3. Problem Statement:

- Provide a concise description of the gambling-related issue to be addressed.
- Consider:
 - Why is this a problem?
 - Why here?
 - Who is affected and how?
 - Are there disparities?
 - What are the trends?
 - Why does it matter?

4. Long-Term Outcomes

- Describe broader impacts (e.g, behavior change, reduced risk factors)
- Should reflect use of Community Readiness Assessment scores as the primary measurement tool.

5. Goal

- Define the long-term change you want to see.
- A strong goal:
 - Describes **change**, not activities
 - Can apply at any level of social ecology
 - Is **clear, measurable, attainable, relevant**, and **timely**

6. Objectives

- Specify the changes you expect.
- Include:
 - Focus population
 - Direction of change
 - Timeframe
 - Measurability
- Consider risk and protective factors.
- Example: *Increase awareness of gambling risks and related harms across the lifespan in Rainbow County.*

7. Strategies

- High-level plans or approaches to achieve objectives.
- Provide direction and focus and guide decision-making and resource allocation.
- Broad and conceptual.
- Example: *Increase community awareness through multiple communication platforms.*

8. Activities and Outputs

- **Activities:** Specific tasks/actions to implement strategies. Activities operationalize the strategies. Looking for inspiration? We've included a resource that outlines gambling harm prevention strategies across the lifespan. Use this document to spark ideas for activities that align with your program objectives and goals.
- **Outputs:** Quantify what will be delivered (e.g., number of events, materials distributed, participants reached, or educational sessions conducted). Outputs should reflect the scope and scale of your planned activities.
- **Example:** *Host 6 community forums on problem gambling education and awareness.*

Comparison table that outlines the differences between objectives, strategies, and activities.

Aspect	Objectives	Strategies	Activities & Outputs
Definition	Specific, measurable outcomes you aim to achieve	Broad approaches or methods to achieve objectives	Concrete tasks or actions that implement the strategy
Focus	What you want to accomplish	How you plan to accomplish it	What you will do on the ground
Level	Outcome-level	Medium-to long-term	Short-term
Measurability	Quantifiable or observable	Not always directly measurable	Measurable through completion
Example	Reduce gambling rates among 6 th and 8 th grade students in 2 years.	Increase access to school-based prevention education including problem gambling education.	Provide 12 integrated classroom presentations
Role in Planning	Defines success	Guides the path to success	Executes the plan

9. Short-Term Outcomes

- Immediate impacts (e.g., increased knowledge or awareness)
- Often measured through surveys or feedback.

10. **Seven Strategies for Community Change:** CADCA's National Coalition Institute emphasizes shifting environmental conditions, policies, and community norms. These strategies influence systems and structures and they are particularly effective in increasing community readiness, raising awareness, and mobilizing collective action.

Problem Gambling Services is now integrating the Seven Strategies for Community Change into the PG Prevention Implementation Plan. Indicate on your plan which strategies you will be utilizing for the activities. See "Bridging Frameworks" document for additional information and examples.

- **Providing Information** – Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication).

- **Enhancing Skills** – Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes (e.g., *training, technical assistance, distance learning, strategic planning retreats, curricula development*).
- **Providing Support** – Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., *providing alternative activities, mentoring, referrals, support groups or clubs*).
- **Enhancing Access/Reducing Barriers** – Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., *assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity*).
- **Changing Consequences (Incentives/Disincentives)** – Increasing or decreasing probability of a specific behavior that reduces risk or enhances protection by altering consequences for performing that behavior (e.g., *increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges*).
- **Physical Design** – Changing the physical design or structure of the environment to reduce risks or enhance protection (e.g., *parks, landscapes, signage, lighting, outlet density*).
- **Modifying/Changing Policies** – Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., *workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations*).

11. **CSAP Strategies:** SAMSHA/CSAP provides a framework for primary prevention activities that focus on individuals who not require treatment for substance abuse or disordered gambling. These strategies aim to reduce risk factors, strengthen protective factors, and promote healthy decision-making.

- **Information Dissemination** – One-way communication from the source to the audience (e.g., *brochures, media*).
- **Education** - Two-way communication with interaction between the educator/facilitator and participants (e.g., *workshops, trainings*).

- **Alternatives** - Constructive and healthy activities that exclude alcohol, tobacco, other drugs and gambling (*e.g., healthy, constructive activities that exclude gambling*).
- **Environmental** - Establish or changes to written and unwritten community standards, codes, policies, and attitudes (*e.g., partnership to enforce age restrictions, policy advocacy*).
- **Community-based process** - Strategies aimed to enhance the ability of the community to more effectively provide prevention and treatment services (*coalition building, planning, fostering interagency collaboration, and expanding community networks*).
- **Problem identification and referral** - Identification of those who have engaged in risky behaviors to assess if behavior can be reversed through education (*e.g., screening tools to be utilized and referral pathways*).

12. Social Ecology: This framework explains how multiple layers of a person's environment influence behavior, health, and well being. Individual behaviors are not only impacted by personal choice, but shaped by relationships, community settings, and broader societal factors.

- **Individual Level:** Includes strategies that focus on the individual. Focuses on personal factors that influence behavior, such as: knowledge, attitudes, beliefs, and skills (*e.g., increasing awareness about the risks of problem gambling through educational workshops*).
- **Relationship (Interpersonal) Level:** Includes strategies that involve the individual's social circle, such as family and peers. Examine close relationship that may influence behavior, including: family, friends, peers and social networks (*e.g., engaging parents or peer mentors to support youth in making healthy choices*).
- **Community Level:** Includes strategies that focus on the settings where social relationships occur such as schools, workplaces, local organizations and neighborhoods (*e.g., partnering with schools to implement prevention programs or policies*).
- **Societal Level:** Includes strategies that focus on broader societal influences, such as cultural norms, economic policies, laws and regulations and media messages (*e.g., advocating for state-level policies that restrict gambling advertising to youth*).

PG Prevention Tiered Funding Performance Standards

The PG Prevention Tiered Funding Performance Standards for July 2026 – June 2027 align with the Service Element Alcohol and Drug (SE AD) 80 and incorporate accountability measures. Each tier includes required strategies for the implementation plan while allowing flexibility at the community level.

Key Points:

- The standards provide flexibility while setting clear guidelines and clear performance expectations for each tier.
- Programs can:
 - Confirm they can meet requirements at their current tier.
 - Identify and implement strategies to maintain their tier.
 - Request a decrease in tier level (which may reduce funding).
- Programs are not limited to the minimum requirements within their tier and may implement activities from other tiers.
- Additional tiers may be created in the future
- Tiers may be modified in the future based on emerging trends 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 and greater

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
<p>Implementation plan reflects:</p> <ul style="list-style-type: none"> • 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 <p>Other requirements:</p> <ul style="list-style-type: none"> • Meet Service Element A&D 80 requirements 	<p>Implementation plan reflects:</p> <ul style="list-style-type: none"> • 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 <p>Other requirements:</p> <ul style="list-style-type: none"> • Meet Service Element A&D 80 requirements

Funding Performance Standards Continued

Tier Level: 3 (\$58,001- \$75,000)	Tier Level: 4 (\$75,001 and greater)
Objectives reflect community assessment and outcome driven	Objectives reflect community assessment and outcome driven
<p>Implementation plan reflects:</p> <ul style="list-style-type: none"> 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 of 2</u> 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 <p>Other requirements:</p> <ul style="list-style-type: none"> Meet Service Element A&D 80 requirements 	<p>Implementation plan reflects:</p> <ul style="list-style-type: none"> Strategies reflect Implementation of a <u>minimum of 4</u> 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 of 3</u> 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 <p>Other requirements:</p> <ul style="list-style-type: none"> Meet Service Element A&D 80 requirements

PG Prevention Implementation Plan Submission

Programs should submit the **2026 -- 2027 Problem Gambling Prevention Implementation Plan** via email to roxann.r.jones@oha.oregon.gov by June 5, 2026.

File Naming Convention:

Please label your plan with your county/program name, the plan period, and PG Prevention Implementation Plan.

Example:

County/Program Name 2026 – 2027 PG Prevention Implementation Plan.docx

Questions

If you have questions about completing the 2026 – 2027 Problem Gambling Prevention Implementation Plan, contact:

Roxann Jones
roxann.r.jones@oha.oregon.gov
503-410-2304

Attachments

1. 2026 – 2027 Problem Gambling Prevention Implementation Plan Guidance
2. Problem Gambling Prevention Implementation Plan with Definitions 2026-2027
3. Bridging Frameworks: Aligning the Seven Strategies for Community Change with the Six CSAP Strategies for Problem Gambling Prevention
4. Strategies to Reduce Gambling Harm: Across the Lifespan

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.

Behavioral Health Division
Problem Gambling Services
PGS.Support@oha.oregon.gov
503-410-2304

<https://www.oregon.gov/oha/hsd/problem-gambling/pages/index.aspx>

