



Oregon Health Authority
Problem Gambling Services
GBIRT & Referral Pathways
Implementation Toolkit
Ver 2. January 2021

A Community Outreach Model for Problem Gambling Programs

Principle #1: At risk groups and gatekeepers must be specifically identified.

Principle #2: Outreach efforts to at risk groups and gatekeepers must be regular.

Principle #3: Outreach efforts to at risk groups and gatekeepers must be repetitive.

Principle #4: Outreach efforts to at risk groups is best done by peer mentors.

Principle #5: Create a detailed plan and stick to it.

Phase #1 Within the PG Contracted Agency

- A. Provide Gambling Informed Training to all staff – utilize “OHA PGS Problem Gambling Training for Social Service Professionals”. (Option of conducting training live or directing participants to watch on demand videos with follow facilitated discussion by agency problem gambling program staff.)
 - a. Front desk
 - b. Physical Health Providers (if part of agency services)
 - c. Mental Health Providers
 - d. SUD Treatment Providers
- B. Establish clear processes for screening and referral to treatment
- C. Conduct ongoing trainings on a regular schedule
 - a. Refreshers
 - b. New Employee Orientations
- D. In-Reach Education presentations to at risk clients and patients served by the agency
 - a. Regularly scheduled
 - b. Conducted by peers if possible

Phase #2 Outside Healthcare, Addiction and Mental Health Service Providers in the Community

- A. Provide Gambling Informed Training to all staff – utilize GBIRT (Gambling Brief Intervention & Referral to Treatment) model
 - a. Front desk staff, Admin staff
 - b. Physical Health Providers (if part of agency services)
 - c. Mental Health Providers
- B. Establish clear processes for screening and referral to treatment
- C. Conduct ongoing trainings on a regular schedule
 - a. Refreshers
 - b. New Employee Orientations
- D. Outreach Education presentations to at risk clients and patients served by the agency
 - a. Regularly scheduled
 - b. Conducted by peers if possible
 - c. Can be conducted by Problem Gambling Allied Staff

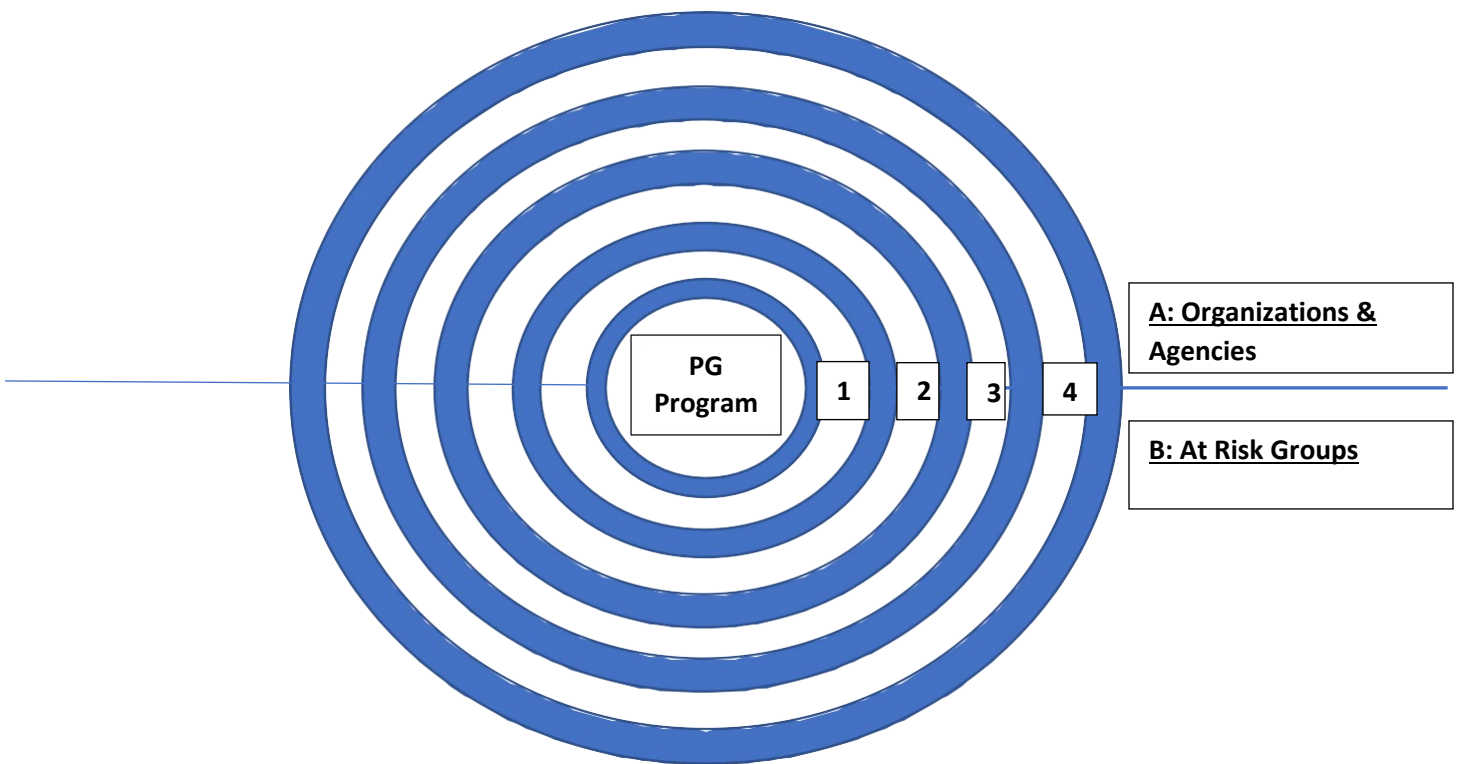
Phase #3 Corrections & Justice System

- A. Identify professional groups within community:
 - a. Judges and Courts – Including Treatment Courts
 - b. District Attorneys
 - c. Defense Attorneys
 - d. Parole and Probation Officers
 - e. Jails
- B. Provide Gambling Informed Training to all staff – utilize a GBIRT model
- C. Establish clear processes for screening and referral to treatment
- D. Conduct ongoing trainings on a regular schedule
 - a. Refreshers
 - b. New Employee Training
- E. Outreach Education presentations to at risk offenders at P&P and Jails
 - a. Regularly scheduled
 - b. Conducted by Peers if possible

Phase #4 Community Gatekeepers (Potentially high frequency of contact with Problem Gamblers)

- A. Identify non-clinical gatekeepers
 - a. Bankruptcy Attorneys
 - b. DV/IPV agencies
 - c. Senior Services Agencies
 - d. Casinos
 - e. Veteran’s Services
 - f. Others?
- B. Provide Gambling Informed Training to all staff – utilize GBIRT model
- C. Establish clear processes for screening and referral to treatment
- D. Conduct ongoing trainings on a regular schedule
 - a. Refreshers
 - b. New Employee Training
- E. Ongoing regular contact (eg. newsletter, electronic newsletter, email, phone calls)

1. In-Reach to Problem Gambling Treatment programs' other agency programs.
2. Outreach to Other MH and SUD programs in the community.
3. Outreach to Community Corrections and Treatment Courts.
4. Outreach to Community Organizations in contact with High Risk Groups.



Clinical Staff Trainings (Phase 1&2)

OHA PGS has developed trainings and support materials for Oregon Problem Gambling Treatment Programs to use. Materials are available on the Oregon PGS website, under Resources> Treatment Providers: <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>

Trainings for Behavioral & Physical Health Providers are contained in Modules One & Two of "Problem Gambling Training for Social Service Professionals". Contracted Problem Gambling Treatment Programs in Oregon are required by SE 81 to provide these trainings for clinical staff working in their agency in Substance Use Disorder and Mental Health Disorder Treatment Programs. Trainings include MHACBO CEU's. Trainings can be delivered via on demand video or by problem gambling program staff utilizing the OHA PGS approved training materials. Problem Gambling Treatment Program Staff should facilitate discussion with training participants. See the "OHA PGS Training for Social Service Professionals Facilitator's Guide" posted on the OHA PGS website for details.

Module One -- "Problem Gambling Scope & Impact". (1 hour plus participant discussion of approximately 15 minutes.) This training provides background and context for problem gambling's scope and impact.

Module Two -- "Problem Gambling Screening, Brief Intervention, and Referral to Treatment". (1 hour plus participant discussion of 15-30 minutes.) GBIRT training on screening, identification, intervention and referral.

"At Risk" In-Reach: Psychoeducation for At-Risk Groups (Phases 1 & 2)

OHA PGS has provided materials for use in providing psychoeducation on Problem Gambling for clients engaged in SUD and/or Mental Health Treatment Services. The materials can be found on the Oregon PGS website under Resources > Treatment Providers: <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>

Staff Trainings (Phases 3 & 4)

Phases 3 & 4 of the Referral Pathways Planning Program are specific to Justice and Corrections staff and Community Gatekeepers. OHA PGS will be developing support materials for training these groups in FY 21-22. OHA PGS recommends that training that is developed by Problem Gambling Programs for these groups follow the general structure of the Problem Gambling Training for Social Service Professionals.

Education for At-Risk Groups (Phases 3 & 4)

Phases 3 & 4 of the Referral Pathways Planning Program are specific to Justice and Corrections staff and Community Gatekeepers. OHA PGS will be developing support materials for training these groups in FY 21-22.

Index of Forms

All activities are billable in contracted PG Treatment Programs to outreach codes. See OHA PGS rate sheet for more details on specific codes and rates.

Form 1A: IMPLEMENTING GBIRT WITHIN AGENCIES: STAFF TRAINING

Form 1B: AGENCY IN REACH TO AT RISK POPULATIONS

Form 2A: IMPLEMENTING GBIRT WITHIN ALLIED AGENCIES: STAFF TRAINING

Form 2B: OUTREACH TO AT RISK POPULATIONS IN ALLIED AGENCIES

Form 3A: IMPLEMENTING GBIRT WITHIN CORRECTIONS AGENCIES AND PROGRAMMING: STAFF TRAINING

Form 3B: OUTREACH TO AT RISK POPULATIONS IN CORRECTIONS SETTINGS

Form 4A: IMPLEMENTING GBIRT WITHIN COMMUNITY AGENCIES AND PROGRAMMING: STAFF TRAINING

Form 4B: OUTREACH TO AT RISK POPULATIONS IN COMMUNITY SETTINGS

Problem Gambling Services Partner Agreement

Form 1A: IMPLEMENTING GBIRT WITHIN AGENCIES: STAFF TRAINING

Identify Training Delivery Option (pick one)

Option #1 – Self Paced On-Demand Video Training: “OHA PGS Problem Gambling Training for Social Service Professionals” modules 1 & 2 with follow up discussion facilitated by Problem Gambling Staff.

Option #2- Problem Gambling Staff to deliver live training using “OHA PGS Problem Gambling Training for Social Service Professionals” modules 1 & 2 training content with facilitated discussions. *(If picking option two – determine delivery based on available time. Training can be divided into “chunks” and delivered over several sessions.)*

MHACBO approved CEU’s are provided for on-demand video trainings. To get CEU’s for live delivered trainings: (1) Contact OHA PGS prior to training with date, time and location of training. (2) Provide OHA PGS with sign and sign out sheets from the training.

Discussion with decision makers: program managers in SUD’s and/or MH program (discussion of scope of problem, advantages of training, requirements of program, need for routine PG screening in assessment process).

Problem Gambling Screening Tool Identified and Added to MH and/or SUD assessments (OHA PGS recommends the BBGS screening tool).

Delivery option and timeframes/dates for training completion set.

PG Staff Facilitated Discussions After Trainings

Discussion of addictive process and Gambler’s Fallacy in problem gambling (Module 1).

Process for integrating Brief Intervention into Practice (Module 2).

Opportunities for role play or Case Studies (Module 2).

Process for staff to refer to PG treatment identified & discussed (Module 2).

Follow Up Activities

Print business card size brief intervention tool.

Determine frequency of trainings and integrations into new hire orientations.



OHA PGS GBIRT & REFERRAL PATHWAYS IMPLEMENTATION TOOLKIT

NOTES:

Form 1B: AGENCY IN REACH TO AT RISK POPULATIONS

At Risk Treatment Groups Identified

SUD Groups

MH Groups

Presenter(s) Identified

Name(s) of Presenters: _____

Discussion with decision makers.

Program Managers/Clinical Supervisors

Length of Presentation

Frequency of Presentation (regular and repetitive)

Group Facilitators

Length of Presentation

Frequency of Presentation (regular and repetitive)

Date and time for presentation set

Presentation Structure

PART I: Experiential

Experiential exercises identified

Materials/props assembled

PART II: Establishing Problem & Prevalence of Gambling Disorder

Specific Content Added and Updated (can utilize OHA PGS content)

PART III: Audience Specific Content

Content addressing issues relevant to SUD's and MH Clients

PART IV: Intervention/Psychoeducation

Integrate Brief Intervention from GBIRT into presentation

PART V: Treatment Availability

Information about accessing treatment

Form 2A: IMPLEMENTING GBIRT WITHIN ALLIED AGENCIES: STAFF TRAINING

Identify Training Delivery Option (pick one)

Option #1 – Self Paced On-Demand Video Training: “OHA PGS Problem Gambling Training for Social Service Professionals” modules 1 & 2 with follow up discussion facilitated by Problem Gambling Staff.

Option #2- Problem Gambling Staff to deliver live training using “OHA PGS Problem Gambling Training for Social Service Professionals” modules 1 & 2 training content with facilitated discussions. *(If picking option two – determine delivery based on available time. Training can be divided into “chunks” and delivered over several sessions.)*

MHACBO approved CEU’s are provided for on-demand video trainings. To get CEU’s for live delivered trainings: (1) Contact OHA PGS prior to training with date, time and location of training. (2) Provide OHA PGS with sign and sign out sheets from the training.

Discussion with decision makers: program managers in SUD’s and/or MH program (discussion of scope of problem, advantages of training, requirements of program, need for routine PG screening in assessment process).

Problem Gambling Screening Tool Identified and Added to MH and/or SUD assessments (OHA PGS recommends the BBGS screening tool).

Delivery option and timeframes/dates for training completion set.

PG Staff Facilitated Discussions After Trainings

Discussion of addictive process and Gambler’s Fallacy in problem gambling (Module 1).

Process for integrating Brief Intervention into Practice (Module 2).

Opportunities for role play or Case Studies (Module 2).

Process for staff to refer to PG treatment identified & discussed (Module 2).

Follow Up Activities

Print business card size brief intervention tool.

Determine frequency of trainings and integrations into new hire orientations.

Form 2B: OUTREACH TO AT RISK POPULATIONS IN ALLIED AGENCIES

At Risk Treatment Groups Identified

SUD Groups MH Groups

Presenter(s) Identified

Name(s) of Presenters: _____

Discussion with decision makers.

Program Managers/Clinical Supervisors

Length of Presentation

Frequency of Presentation (regular and repetitive)

Group Facilitators

Length of Presentation

Frequency of Presentation (regular and repetitive)

Date and time for presentation set

Presentation Structure

PART I: Experiential

Experiential exercises identified

Materials/props assembled

PART II: Establishing Problem & Prevalence of Gambling Disorder

Specific Content Added and Updated

PART III: Audience Specific Content

Content addressing issues relevant to SUD's and MH Clients

PART IV: Intervention/Psychoeducation

Integrate Brief Intervention from GBIRT into presentation

PART V: Treatment Availability

Information about accessing treatment

Form 3A: IMPLEMENTING GBIRT WITHIN CORRECTIONS AGENCIES AND PROGRAMMING: STAFF TRAINING

GBIRT training materials reviewed

Presenter(s) Identified

Name(s) of Presenters: _____

Discussion with decision makers. (Use one form per group.)

Parole & Probation Managers/Supervisors

Treatment Court Coordinators

Attorneys

Judges

Date and Time for initial training set. (Allow 90 to 120 minutes)

Training Structure

PART I: Experiential

Experiential exercises identified

Materials/props assembled

PART II: Establishing Problem & Prevalence of Gambling Disorder

Specific Content Added and Updated

PART III: Audience Specific Content

Content addressing issues relevant to corrections population

PART IV: Screening Tool

Integration of screening tool into agency assessment process

Recommendations prepared

Screening tool prepared

PART V: Brief Intervention

Process for integrating Brief Intervention into Practice

Opportunities for role play in training

Brief Intervention Cards Ordered (*bill to PG Flex Funds*)

PART VI: Referral to Treatment

Process for staff to refer to PG treatment identified

Training material developed

Specific training content incorporated into training

NOTES:

Form 3B: OUTREACH TO AT RISK POPULATIONS IN CORRECTIONS SETTINGS

At Risk Treatment Groups Identified

- Parole & Probation Prison Population Jail Population

Presenter(s) Identified

Name(s) of Presenters: _____

Discussion with decision makers.

- Program Managers/Supervisors
 Length of Presentation
 Frequency of Presentation (regular and repetitive)
- Group Facilitators/Jail Advocates/Case Managers/Counselors
 Length of Presentation
 Frequency of Presentation (regular and repetitive)

Date and time for presentation set

Presentation Structure

PART I: Experiential

- Experiential exercises identified
 Materials/props assembled

PART II: Establishing Problem & Prevalence of Gambling Disorder

- Specific Content Added and Updated

PART III: Audience Specific Content

- Content addressing issues relevant to corrections population

PART IV: Intervention/Psychoeducation

- Integrate Brief Intervention from GBIRT into presentation

PART V: Treatment Availability

- Information about accessing GEAR, GRIP or Treatment Program

Form 4A: IMPLEMENTING GBIRT WITHIN COMMUNITY AGENCIES AND PROGRAMMING: STAFF TRAINING

GBIRT training materials reviewed

Presenter(s) Identified

Name(s) of Presenters: _____

Identification of Gatekeepers (check those that apply for your program efforts)

- DHS Senior Services Hospital Systems/ER's
 Physicians Defense Attorneys Other:

Discussion with decision makers (Can encounter to billing codes)

Date and Time for trainings set.

Training Structure

PART I: Experiential

- Experiential exercises identified
 Materials/props assembled

PART II: Establishing Problem & Prevalence of Gambling Disorder

- Specific Content Added and Updated

PART III: Audience Specific Content

- Content addressing issues relevant to population being presented to

PART IV: Screening Tool

- Integration of screening tool into agency assessment process
 Recommendations prepared
 Screening tool prepared

PART V: Brief Intervention

- Process for integrating Brief Intervention into Practice
 - Opportunities for role play in training
 - Brief Intervention Cards Ordered (*bill to PG Flex Funds*)

PART VI: Referral to Treatment

- Process for staff to refer to PG treatment identified
- Training material developed
- Specific training content incorporated into training

NOTES:

Form 4B: OUTREACH TO AT RISK POPULATIONS IN COMMUNITY SETTINGS

At Risk Treatment Groups Identified (*Utilize community settings identified from form 4A*)

Presenter(s) Identified

Name(s) of Presenters: _____

Discussion with decision makers.

Managers/Supervisors

Length of Presentation

Frequency of Presentation (regular and repetitive)

Date and time for presentation set

Presentation Structure

PART I: Experiential

Experiential exercises identified

Materials/props assembled

PART II: Establishing Problem & Prevalence of Gambling Disorder

Specific Content Added and Updated

PART III: Audience Specific Content

Content addressing issues relevant to population

PART IV: Intervention/Psychoeducation

Integrate Brief Intervention from GBIRT into presentation

PART V: Treatment Availability

Information about accessing treatment



Problem Gambling Services Partner Agreement

Name of Problem Gambling Program:

Agency/Program Contact:

Name of Community Partner Organization

Agency/Program Contact:

Frequency of presentations to at risk groups:

Frequency of staff trainings:

Type of follow up contact and frequency (check all that apply):

Phone Calls Emails Promotional materials

Meetings
Frequency

Referral Pathway



OHA PGS GBIRT & REFERRAL PATHWAYS IMPLEMENTATION TOOLKIT

Notes:



OHA PGS GBIRT & REFERRAL PATHWAYS IMPLEMENTATION TOOLKIT

Client Agency & ID #:	Screener Name:	Date:
Gambling Brief Intervention & Referral to Treatment (GBIRT) Screen		
<p>For the purpose of these questions, “gambling” means buying lottery tickets, gambling at a casino, playing cards or dice for money, betting on sports games, playing slot machines, video poker or other video gambling, gambling on the internet, betting on horses or dogs, playing bingo or keno.</p>		
	<p>During the past 12 months how many times have you gambled? Gatekeeper Question: “Most people gamble. In the last year about how many times did you play slot machines or video poker, or poker for money, or buy a lottery ticket or a scratch-off, or bet on a sports event, play Keno or bingo, or play craps for money or play blackjack for money or go to a casino or play the stock market or do any other sort of betting or gambling?”</p>	# of times _____
<p><i>If gambled less than 5 times in past year, stop and conduct low risk intervention. If gambled 5 or more times in past year, then proceed to the following questions.</i></p>		
<u>DURING THE PAST 12 MONTHS:</u>		
1	Have you ever felt restless, on edge or irritable when trying to stop or cut down on gambling?	Yes No
2	Have you tried to keep your family or friends from knowing how much you gamble?	Yes No
3	Have you had such financial trouble that you had to get help from family or friends?	Yes No
NOTE: If one “yes” answer, can refer to PG specialist at any time.		SUM:

If one or more criteria are endorsed at any level of frequency/severity, individual is eligible for Problem Gambling Treatment Services in Oregon.

Interventions:

- Low Risk Intervention: Money limits, time limits, can’t lose don’t play, other forms of recreation. Brain, Set, Setting. www.opgr.org.
- Moderate Risk Intervention: One “yes”: Money limits, time limits, can’t lose don’t play, other forms of recreation. Brain, set, setting. www.opgr.org resource. Continuum of gambling, risk factors, conduct brief screen for PG in SUD’s (next page), provide treatment provider contact number provided for referral.
- High Risk Intervention: Two or three “yes” answers: Money limits, time limits, can’t lose don’t play, other forms of recreation, brain, set, setting. www.opgr.org resource. Continuum of gambling, risk factors, conduct brief screen for PG in SUD’s (next page), treatment provider contact number provided for referral. Direct connect referral if possible.

Brief Screen for PG in SUD Tx Settings

- 1) Do you use alcohol and/or other drugs before, during or after you gamble?
- 2) Have you noticed any thresholds around your alcohol and/or drug use and gambling? For example - -how many drinks do you usually have before you decide to gamble? Or how long do you usually gamble for before you decide to have a drink?
- 3) Did you gamble before you started using alcohol and/or drugs? Which do you think became a “problem” first?
- 4) How do you feel your alcohol and/or drug use effects your gambling and vice versa?
- 5) Do you think that substance use is related to gambling? If so, do you think you want to or could make some changes with substance use without making changes to your gambling?

Notes to Clinician:

- 1) *If gambling behavior seems more severe than SUD’s **AND/OR** gambling behaviors seem to drive or cause substance use, OHA PGS recommends immediate referral to Problem Gambling Treatment.*
- 2) *If gambling behavior seems less severe than SUD’s **AND/OR** substance use behaviors seem to drive or cause gambling behavior, OHA PGS recommends referral to Problem Gambling Treatment following discharge/completion of SUD’s treatment.*

Additional Referral Information

Suicide and Homicide Risk: Have you wished you were dead or wished you could go to sleep and not wake up? If yes, have you thought about how you might do this?

Problem Gambling Treatment History: Have been to Problem Gambling treatment before, if yes where and when? What was your experience like?