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# PG Treatment System Transformation Listening Sessions

Hosted by Greta Coe and David Corse  
Problem Gambling Services  
Health System Division

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Oregon  
Health  
Authority

(Enter) DEPARTMENT (ALL CAPS)

(Enter) Division or Office (Mixed Case)

# Overview: Why?

- OHA PGS system has grown on top of system structure set up 20+ years ago. Time to take a closer look, and update our system to fit our times.
- OHA PGS, back in the fall 2021, created a plan with activities that will primarily involve a funding shift and new processes that will lead to enhancement of our current reach and capacity as well as expand and deepen it significantly.
- This shift will also allow OHA PGS, community-based organizations and treatment centers to better support treatment services and foster the growth of services in Oregon's communities.

# Overview: Why?

- The shift in the approach to funding and processes will create opportunities for entities to engage their communities in different and deeper ways.
- This funding shift does not necessarily mean receiving less funds for problem gambling treatment services.
- This funding shift will allow programs more flexibility to decide what types of services they choose to provide, how they choose to grow their programs and funding will be distributed based on those individual choices.

# High level Overview of Plan

- Incorporating Gambling Disorder Treatment into Medicaid (OHP) fee for service and CCO contracts – opening up access and Medicaid reimbursement to problem gambling services for OHP members and expanding treatment capacity to OHP/CCO approved providers.
- Developing both stand-alone and treatment program-based peer services.
- Developing community-based outreach and referral pathways initiatives.
- Developing integrated treatment models with capacity to treat co-occurring disorders.
- Developing payment mechanisms to support Problem Gambling Treatment services provided by private practitioners.

# 2022 Projects

- PG Residential Expansion
  - Referrals directly from BH providers when provided a sufficient PG assessment.
  - BRS-Santiam House will make connection back to local PG Provider.
- SUD Residential Project
  - Incorporation of problem gambling into policy and procedures
  - Screening for problem gambling with use of GBIRT model, referral to OP PG Tx programs
  - Psychoeducation sessions to discuss gambling and co-occurring SUD.

# 2022 Projects (Continued)

- Community Corrections Project
  - Creation of educational trainings for community adult parole and probation and juvenile probation professionals.
  - OHA PGS to communicate and partner with Community Corrections Program Managers and Juvenile Department Directors.
  - SME through CJ Consultant contract to assist with technical assistance and preparation on how to treat this population.
  - OHA PGS may offer special pilot grants to programs interested in investing in this population.

## 2022 Projects (Continued)

- Incorporation of Gaming Disorder
  - Voluntary process
  - Similar guidelines and process as with treatment pg clients
  - Client can be seen with stand alone gaming disorder or impulse control diagnosis
  - OHA PGS to offer trainings and support
  - Providers to market services on their own
- Expansion of Culturally specific treatment services
  - Continuous and ongoing

# Questions on Current Projects





# Phase 1: Implementation Slated for 2023

- **Integration of gambling disorder into Medicaid/Medicaid Reimbursement System (MMIS)**
  - Through Federal Match, retain and reallocate funding to expand availability of other PG non-Medicaid covered services
  - Increase the reach and number of clients served
  - Potential increase the number of provider and more client choice
  - Cost savings? It is estimated that 30 percent of pg clients are Medicaid eligible. Medicaid match is 60 percent. Estimate cost per year of \$315,000 to be redistributed into our system for other services

# Phase 1: Implementation Slated for 2023

- **Tiered Funding**

- Stripping SE 81 Service Element done to bare bones of clinical services
- Removal of AD03 allocation, can just become part of SE 81
- Development of new Service Elements
  - Referral Pathways/Outreach
  - Peer Delivered Services

# Phase 1: Implementation Slated for 2023

- **Development of Statewide PG Peer Recovery Center of Excellence**
  - Development of OHA Approved PG Specific Peer Curriculum and Training
  - Training hub for PG Peer Trainings
  - Technical assistance, policy, program development, best practices, data collection and evaluation
  - Peer Warmline connected to helpline
  - Telehealth peer services offered statewide

# Phase 1: Implementation Slated for 2023

- **Inclusion of Problem Gambling in new Integrated Co-Occurring Disorders Treatment Services Network**
  - Oregon Health Authority is developing and implementing a Co-Occurring Disorders Treatment Program supported through OHP/Medicaid.
  - Problem Gambling will be included/integrated into COD services.

# Questions on Phase 1



# Phase 2: Implementation Slated for 2024

Revenue forecast for 2023-25 adds additional 1.2 million dollars to the system

- **Development of peer programs within PG Programs**
  - Development of specific service element language link to funding
  - Programs to apply through simple grant application and development of plan and reporting
- **Expansion of community peer programs**
  - RFP process for grantees
  - Application process, development of plan and reporting requirements

# Phase 2: Implementation Slated for 2024

- **Development of Referral Pathway Programs within PG Programs**
  - Development of specific service element language link to funding
  - Programs to apply through simple grant application and development of plan and reporting
  - PG Programs can apply for funding for pg staff or other BH staff within agency or subcontract out to community organizations

# Questions on Phase 2





# Phase 3: No timeline projected at this time

- **Expansion of problem gambling treatment services with private practitioners**
  - Requires Rule Changes
  - Requires RFP process
  - Requires numerous contracts

# Things to also consider.....

- These are our thoughts for now specific to the current treatment system and how to transform.
- All these efforts will require a workforce development initiative.
- In spring/fall of 2022, we will be conducting community forums to revisit and update our 5 year strategic plan and that feedback will drive additional efforts not included today, such as expansion of adolescent treatment providers, etc.

# What are your Questions?

