



Strategic Planning for OHA Problem Gambling Services

Prevention System

*Key Informant Listening Session
September 14, 2022*

We value your input!

During this session I will be asking you to share your thoughts, insights, and knowledge through a series of structured questions. Some of the areas we want to hear your thoughts about include:

- **What's going well.**
- **What changes can be made to better support your program's success?**
- **Integration.** How can we facilitate better integration of problem gambling services into the broader healthcare and public health system?
- **Diversity, equity and inclusion.** What changes can OHA make to better support diversity, equity, and inclusion within Oregon's problem gambling service system?
- **Geographic challenges.** What can OHA do differently to better support providers working in different geographic areas considering different regions of the state have different challenges? How can we increase access to services for all Oregonians?
- **Any other suggestions for system improvement.**

Chat, Raise Hand, or Speak-up

Conversations generate thoughts so let's see if we can have active conversations and still hear from everyone who wants to share.

If it is hard to get a word in, then use the hand raising feature or the chat feature, whichever you prefer.

You'll also have other opportunities to share your thoughts with us, either by sending us a follow-up email and/or joining in on the November 3, PGS Training in Bend where we will have one more planning session.

Strategic Planning Process



SWOT Analysis: OHA Problem Gambling Services

Strengths

- Data collection and evaluation
- OHA administration
- Comprehensive strategic plan
- Communication
- Engagement
- Program flexibility
- Availability of resources
- Dedicated and knowledgeable providers
- Services across the state
- Well informed state PG helpline
- Prevention services across the lifespan
- Readiness assessments completed in communities across state
- Prevention and treatment core competencies have been developed
- Most PGS providers cross-trained and promote integration
- Workforce supported through training, technical assistance, and tools
- Tiered level funding and implementation plans in system

Weaknesses

- Geographic gaps of experienced providers within the state
- Too few PG specialty providers
- Few opportunities to connect with colleagues and no file share system
- Insufficient prevention action steps and training for specific populations
- Lacking diverse media materials
- Too few prevention mass media
- Difficult to navigate website
- Not proactive in addressing gamification
- Few clients / poor treatment uptake
- PG Net transition
- Insufficient funding
- County leadership
- Mentor services limited
- Staff turnover and changes of providers/programs
- Lack of PG integration into broader healthcare system
- Lack of acknowledgement within HSD that PG is part of behavioral health system
- Lack of available training, knowledge, and research regarding gaming disorder

Opportunities

- Integration more widely accepted within broader healthcare system
- Medicaid integration should produce cost-savings
- Increased funding predicted through lottery revenue forecasting
- PGS treatment transformation plan has potential to serve more people in need with successful implementation
 - Service Element 84
 - Problem Gambling Peer Center of Excellence
- Greater engagement with tribal communities
- Integration of gaming disorder into PGS system
- Legislative workgroup looking into gambling regulation
- Telehealth developments
- Research Center through Oregon Council on Problem Gambling
- Agility Grants (NCPG)

Threats

- Legalized gambling expansion expected to lead to increased prevention and treatment needs
- Over dependency on a single funding source (i.e., no federal funds, no general funds, no gaming tax funds, only fixed 1% lottery allocation)
- Low treatment seeking
- Lack of interest and/or time among behavioral health providers to become PG competent via cross-training
- Workforce crisis across health systems, impacting PG services
- Lack of recognition and support for prevention service
- OHA contracting processes can impede system growth and agility to quickly respond to changing needs
- Changes in OHA contract terms negatively impacts workload and operations (e.g., contracts moving to annual period from biennium period)
- Competing new demands for providers, leading to high burnout
- Very high competition for providers, leading to increased vacancies as people change jobs
- Siloing of problem gambling services

What is going well?

Successful efforts to integrate problem gambling into other prevention efforts, in Malheur County.

Good communication between state and local communities. Good communication between PG prevention providers and PGS staff

Appreciate the tiered funding system. Counties can opt into a tiered level of funding based on community readiness. Different deliverables tied to level of funding. Funding opportunities have also increased.

Above observations echoed by others. Additionally, the OHA PGS staff well organized which is very helpful to program staff at county level. Communication, timelines, responsiveness to questions, etc. GOLD STARS!

Strong relationships with OHA PGS staff. Comfortable reaching out to PGS staff with questions and concerns.

There is a lot to learn with new funding models, PGS staff good about training and increasing understanding of prevention professionals implementing programs. Assists with local advocacy efforts at local level, e.g., provide talking points, data. TA and training enabling success with integration efforts.

Lots of work has been done when there is a new hire. Good on-boarding system/support from state staff.

OHA PGS should be viewed as a model for other prevention services in many ways. Would be great to find a way to align things.

New hires feel well supported, at county local level and my state staff

Good support during workplan development. Feels collaborative, not prescriptive, offers flexibility to meet local needs.

Appreciate connecting with other components of system, e.g. treatment, outside industry (lottery)

Really appreciate PGS staff understand prevention and provide positive reinforcement when things going well

What changes can be made to better support your program's success?

Some of the mass media tools are not available in languages not represented in Oregon. Can we expand the number of languages and cultural appropriateness of materials? Need to work across the system so that treatment system infrastructure developed to service groups where education and outreach targeted.

Is there some way to create broader changes in other program areas. Providers work with different state programs, would be beneficial for those programs to learn from one another's successes. Break down silos in the way programs are administered. For example, other prevention areas are less flexible in introducing other subject matter (integration of issues/topics). More overall focus on risk and protective factors.

Workforce and staff turnover is a big issue. Can we do more to address workforce challenges. For example, increase pathways to public health/prevention professions.

Could use a better way to share materials, workplans, etc between PGS prevention workforce.

Need to look into gamification more. Lean more into gaming addiction, enable and support more gaming programming. Integrate discussion of gaming behaviors, screen behaviors, into our discussions and programming.

How can we facilitate better integration of problem gambling services into the broader healthcare, behavioral health and public health system?

Further integration of gambling language inserted into policies. Workplace policies, practice policies, training policies.

- incentivize agencies; offer data in support of policy changes; make social math more clear; economic arguments, clinical arguments in favor of integration.

Would like to see PG discussed when talking about ACES and trauma.

Integrate PG into academic curriculums, support with data.

Integrate PG questions into other behavior screenings and offer accompanying materials

Maybe develop or promote screening questions that include gaming and gambling . . . Might be more interest in gaming

Utilize easy to read or digest materials that support integration efforts. For example, one pagers, info-graphics. May message relevant for them.

What changes can OHA make to better support diversity, equity, and inclusion within Oregon's problem gambling service system?

Support persons from different cultural, ethnic, etc groups to enter PG prevention profession/field. Create career pathways for persons representing underserved communities.

Workforce development incentive programs. Overt invitations. Reach out, mentor, encourage persons to enter profession/workforce.

The state TPEP program has made progress in this area; developed programs to support more inclusive and diverse workforce. Look for models.

Consider utilizing contractor that can work statewide that can provide TA and support to assist local efforts to better support DEI.

There are philanthropic organizations that support DEI efforts. Can we scan those to ID where partnerships and opportunities exist (training opportunities, etc., look outside of OHA network, Non-profit association of OR?)

Integrate PG or work with internship programs that presently exist to create pathway in PG service areas. How to find candidates who want to do this work

What can OHA do differently to better support providers working in different geographic areas considering different regions of the state have different challenges?

Need support on the treatment side, in rural communities difficult to generate high treatment numbers. In rural areas there may be more casino gambling opportunities = higher risk, under-reporting.

There is a hope to have a minimum of one 0.5 FTE PG prevention professional in every county. Need data or formula to make case why we need more time devoted to PG prevention. Formula needs to go beyond number of persons living in community / catchment area.

County buy-in limited due to lack of understanding. Are there tools, materials, that can be provided to assist?

Partner with other organizations in the state. Local decision makers are influenced by various mechanisms, and groups, can we tap into those?

Persons may equate PG or gambling discussions as a threat, threat to economy, to career, to person they know employed by casino/gambling industry. How to reframe discussions. Offer pointers, guides, etc. Navigating relationships. Lots of stigma. Among Native American communities may be more challenging. Develop formal focus group or research in this area.

Are there other specific areas in our system that our improvement efforts should focus on?

Would like to see more positive messaging, consist messaging. Example, Rethink the Drink campaign.

More information about day trading. In the community this is something that is asked about.

More TA on strategy development. Where is there the greatest bang for the buck?

When discussing strategies make distinctions more clear between strategies used for substance use vs gambling behaviors.

Policy initiatives are important / environmental changes. For example, lower VLT retailer density. Raising the minimum age to 21 across all gambling. Requiring minimum distance between ATM and VLT/ EGM.

More attention to raise awareness of potential harms related to screen time. Working with Dept. of ED or other groups? Partnerships with CCOs, etc. More partnership and collaboration initiatives. AMA good example, lots of info on screen use impacts on health. Can we do this with gambling or integrate gambling into those efforts.

More support for upstream prevention.

More focus on workforce retention.

Thank You!

If you have any other thoughts or suggestions to inform our strategic planning, please email them to us.

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