Strategic Planning for OHA Problem Gambling Services

Treatment System

Key Informant Listening Session
September 28, 2022

We value your input!

During this session I will be asking you to share your thoughts, insights, and knowledge though 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 Redmond 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?

Clients reaching out. Oregonians appear to be able to find help. PG treatment awareness seems good. Increased demand for PG treatment.

During pandemic gambling problems may have increased, suggest there are more needs for our services and provides further evidence we add value to addressing public health in Oregon.

We have a statewide CIOP resource, it appears to be making a difference for those individuals utilizing it.

Problem gambling awareness is increasing. Observed big difference over past 10 years.

Multnomah County's referral and care coordination efforts are positive. With more recent developments to this system things are going in the right direction.

Need is increasing; more calls for helps, leading to great need for gambling treatment services. Drivers may include inflation, rising costs, increased access to legalized gambling, COVID mental health impacts

People are starting to see that their gambling is a problem (increased recognition that problem gambling is a disorder and treatment is available). Need to establish more gambling treatment providers to meet growing need.

Excited about the direction PGS is going. Referral pathways progress, peer delivered services progress, advocacy progress, integration and screening for PG progress (e.g., GBIRT)

OHA PGS staff supportive, responsive, and they deliver. Low turnover at OHA PGS positive. PGNet as data source is also a positive.

Treatment for concerned others working well. Appreciate the inclusion of family members as covered individuals, including parents

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

Data from PG Net; would like to be able to extract data or receive on-demand reports.

We need more PG peer mentors in the system. VPGR peers are at capacity.

Consider how to make successful programs more scalable . . . Able to ramp up as need/demand increases.

Data that reflects need, needs to be updated; more research, updated problem gambling prevalence study.

Could use a tip sheet on how to engage family members in treatment. Include ways how and when discussion of family involvement occurs. At intake may not be the best time nor be the only time to discuss family involvement.

Systemwide, we do not have many culturally specific services. No culturally specific African American programs including no PG mentors that are African American.

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

A problem is the various health systems are already deep in required info gathering. Difficult to ask for more screenings, especially in healthcare systems.

Some agencies are implementing systemwide problem gambling screens. To increase effectiveness of utilizing screening findings some agencies are developing standard reports on positive number of screens and number or referrals and for those not referred, data on why a referral not given.

Develop problem gambling treatment program materials such as referral forms, best practice guide, tip sheet. Past efforts focused on GBIRT initiative, TA visits . . . These discuss referral pathway guides.

Consider incentives for those agencies following recommended referral pathways processes. This could build in measured performance criteria thereby increasing accountability.

Encouraging mental health and addiction counselors to obtain PG certification. Develop incentive programs for cross training.

More PG integration efforts at a large system level. For example, focus on state agencies, state leadership, find champions in other systems to partner with to better address PG within their service area. Example of progress are the collaborative problem gambling project between OHA PGS and DOC and OYA.

PG information sheets have been really helpful in educating the community. We need to encourage larger numbers of the PG workforce to serve as PG ambassadors, use these resources, and make connections in order to better integrate PG in other service areas or public health topics. The challenge is getting agencies to support staff to engage in outreach/education efforts. Another challenge is clinicians often do not have time to engage in outreach/education efforts.

Workforce does not always have capacity to implement new programs.

More supported prevention services are needed. Would like to see prevention providers advocating more for the treatment workforce. Maintain good partnerships between prevention and treatment.

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

We need to invest in research that helps us understand why there are difficulties recruiting and maintaining a workforce that is more diverse.

Incentivize persons representing underserved communities to join PG workforce.

More focused cross training with individuals representing underserved communities. Scholarships? Differential reimbursement?

Provide capacity building funding to support the training and certification of PG among those from underserved groups.

Develop an OHA supported workforce development program that aims to increase workforce diversity. This could include TA support from PG counselors and other PG specialists.

Better communication of OHA programs targeting workforce diversity. As OHA already has several programs suggested, implies communication of these initiatives needs improvement.

Support persons outside of PGS system, currently focus has been on PGS system. That is, develop programs that are marketed outside of PGS system to bring greater diversity to PGS workforce.

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

Currently, clinicians often wear several hats within agency. Especially true in regions with lower population. Challenge is getting agency support to understand importance of PG work when there is great demand for services on the MH and substance use service side.

How to motivate counselors in smaller communities to become interested in developing skills to serve PG clients?

Provide gas vouchers to clients and other ways to assist clients in overcoming barriers to receiving treatment services.

Important to have champions of PG services among local leadership (county and agency). Look for models of where PG services succeed . . . Utilize those leaders as spokespersons, as resource for info, focus work on better understanding what they do that contributes to success.

Telehealth appears to be accepted and useful with most persons utilizing the modality. OHA could provide more TA regarding use of telehealth including handout worksheet for providers. If providers or clients are missing the infrastructure needed for telehealth services, then OHA could develop service to assist including providing telehealth guidelines.

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

Would like to see prevention providers expand their efforts in addressing responsible gambling from the operator perspective. That is, to advocate more for operator developed and implemented consumer safety measures.

Utilize the full spectrum of services from prevention through treatment for culturally specific agencies/programs. Consider developing grants/contracts with culturally specific agencies to provide full spectrum of services.

Challenges are often at the community or agency level. OHA supports the PGS workforce well, however, the same level of support is not always found in community or within the employer's system.

How to increase community readiness? Consider expanding community readiness assessment to place more focus on next steps, increasing readiness, developing coalition readiness, etc.

Need to develop more partnerships, more collaboration with other likeminded organizations. Do more to piggyback on other public health promotion efforts.

Thank You!

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

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