# Problem Gambling Services

# TECHNICAL ASSISTANCE VISIT TOOLKIT

## Problem Gambling Treatment Program

### Version 2.1

UPDATED FEBRUARY, 2019

# Technical Assistance Visit Toolkit & Gambling Treatment Program Capability Index (GTPCI)

## Acknowledgements

This document was produced by the Oregon Health Authority (OHA), Health Systems Division (HSD) under Contract Number 146824 with Problem Gambling Solutions, Inc. The principle consultant was Jeffrey Marotta, Ph.D., NCPG-II who developed the materials under the guidance of Greta Coe, Problem Gambling Services Manager with the Oregon Health Authority.

Materials were adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA), *Dual Diagnosis Capability in Addiction Treatment Toolkit Version 4.0* and Dr. Lori Rugle's *Problem Gambling Capability Toolkit (3.0)*.

## Purpose

The purpose of this toolkit is to support effective problem gambling treatment programs by offering a structured process for providing technical assistance visits. Unlike other efforts to develop toolkits to promote problem gambling capabilities within mental health and addiction agencies (i.e., *Lori Rugle's 2015 Problem Gambling Capability in Addiction and Mental Health Treatment*), this toolkit was designed specifically for developing a best-practice problem gambling treatment program within a behavioral health treatment agency. The development approach incorporated utilizing best practices as identified by SAMHSA for working with individuals with addiction disorders with co-occurring mental health issues then borrowing Dr. Rugle's adaptation of this toolkit. Next, a set of evidenced based practices identified in the gambling disorders literature along with Dr. Marotta's twenty years of experience in the gambling treatment field where utilized to further adapt and expand upon the fore mentioned toolkits to focus specifically on creating a best practice gambling treatment program, including attention to the culture and capabilities of the behavioral health agency housing the gambling treatment program. The resulting OHA Technical Assistance Visit Toolkit & Gambling Treatment Program Capability Index (GTPCI) were abbreviated, compared to the Dual Diagnosis Capability in Addiction Treatment Toolkit Version 4.0 and the Problem Gambling Capability Toolkit (3.0), to offer a streamline technical assistance visit protocol for use specifically within Oregon's publicly funded gambling treatment system. The materials of this toolkit may prove to be useful and adaptable to other publicly funded gambling treatment systems.

## Suggested Citation

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# TECHNICAL ASSISTANCE VISIT TOOLKIT

## INTRODUCTION

The Oregon Problem Gambling Services Program is within the Heath Systems Division (HSD) of the Oregon Health Authority (OHA). The mission of Oregon Problem Gambling Services (PGS) is to support effective culturally appropriate problem gambling prevention, education, treatment, and recovery programs and supports to reduce the impact of problem gambling on individuals, families, and communities. To accomplish this mission, PGS developed a Problem Gambling Services 2016–2020 System Improvement Plan to enhance the state's problem gambling prevention, treatment, and recovery system. This improvement plan included providing technical assistance programs to PGS funded providers.

OHA has undertaken several organizational changes over the past five years to improve efficiencies. One of these changes was to consolidate the program review process for agencies providing treatment services under three separate service areas: mental health, addictions, and problem gambling. This change resulted in the discontinuation of program reviews designed specifically for gambling treatment programs which were conducted by persons with problem gambling treatment expertise and had a two-fold objective; to monitor compliance to program rules and to provide technical assistance. The new combined reviews are conducted by compliance specialists who are not required to have experience in problem gambling treatment and are not tasked with providing technical assistance to the gambling treatment programs.

As a complimentary service to program reviews, PGS develop an initiative to develop a structured process to providing technical assistance visits for its funded problem gambling treatment programs. This initiative was in response to numerous requests by community treatment providers for more specific guidance on how to enhance services and allows PGS to engage with treatment providers and better learn about their programs and assist them with service enhancement. Specific objectives included; (a) better assistance to providers in meeting defined performance standards, (b) orient new staff to the PGS treatment system, (c) facilitate the capacity building of agencies to address issues related to problem gambling across service areas, (d) promote increased community engagement within the gambling treatment system, and (e) develop and support a best-practice model for implementing a publicly funded problem gambling treatment program.

Note that the effort was not to develop a model-based treatment intervention such as a specific cognitive-behavioral treatment protocol. Rather, the effort focused on processes, systems, and education to (a) enhance

the effectiveness of an agency's response in reducing the impact of problem gambling in the community and clients they serve and (b) empower gambling treatment clinicians to most successful implement interventions matched to their aptitudes, skill sets, and client needs.

This toolkit emerged to meet these objectives and represents the first attempt to provide a comprehensive model for problem gambling specific programs. It was designed specifically for Oregon's gambling treatment system, a system where most gambling treatment services are provided through publicly funded mental health and addiction treatment agencies with a problem gambling program composed of small numbers of staff. Clinical gambling treatment staff have reported feeling isolated or under supported with few agency colleagues conducting work with problem gamblers or having experience in gambling treatment. The toolkit challenges agencies to view the topic of problem gambling as more than a program area but rather as an issue that crosses clinical populations and service areas.

The motivation among mental health and addiction treatment providers to improve the quality of care offered to their clients was inspirational for developing this toolkit. Although this toolkit is expected to be refined and expanded upon with future iterations, even as a prototype it is designed to immediately offer practical tools and useable materials that will rapidly improve services to better address problem gambling and client outcomes.

## GAMBLING TREATMENT PROGRAM CAPABILITY INDEX & TOOLKIT ORGANIZATION AND USE

This toolkit is developed to provide a structured approach for conducting technical assistance (TA) visits with gambling treatment providers. Intrinsic to these TA visits is the use of the Gambling Treatment Program Capability Index (GTPCI). The GTPCI provides a conceptual model for developing a comprehensive gambling treatment program. Accordingly, the GTPCI framework is used to assess the program, identify needs, and develop the improvement plan.

The GTPCI evaluates 20 program elements that are subdivided into 6 dimensions: Organizational Commitment, Staffing, Community Engagement, Program Structure, Clinical Process, and Continuity of Care. The model's dimensions are described by way of the program elements listed within the dimension and by asking a core question which reflects the dimension's focus. Each program element within the dimensions is represented by a set of benchmarks. Evaluators are asked to rate their program for how well it achieves the provided benchmark using a five-point scale: 1 = Needs Work: Program has not addressed/developed the program element; 2 = Approaches Benchmark: Program has addressed the program area but has not met the benchmark; 3 = Meets Benchmark: Program has addressed the program element and minimally met the benchmark; 4 = Exceeds Benchmark: Program met benchmark and is diligent in upholding program element practices; and 5 = Exceptional: Designates the program is exemplary in the manner it addresses the program element.

As stated earlier, the technical assistance visit is designed to be complementary to program site reviews. Whereas program site reviews focus on compliance to Oregon Administrative Rules (OARs), the technical assistance visits focus on program development. A component of program development is assuring program staff are aware of relevant OARs and appropriately taking measures to implement them. Therefore, as the reviewer discusses the six-program dimension within the GTPCI and reviews materials relevant to each program dimension, they need to be cognizant as to whether OARs are being followed, note when they are not, and address shortcomings through education and through incorporating OAR compliance deficits within an improvement plan.

The process for initiating the technical assistance visit begins by OHA staff contacting the gambling treatment program director and inviting them to participate in and provide feedback for a problem gambling technical assistance visit pilot program. Those administrators interested in obtaining the service are told a reviewer will contact them to further explain the process, introduce the GTPCI, address any questions, and to schedule the visit. During the phone call between the reviewer and program director, the director will be provided options, along with an explanation of advantages and disadvantages of each option, as to methods used to complete the GTPCI. The primary recommendation is to complete the tool with their problem gambling service team. As this approach is not always practical, they are also told the task of completing the pre-visit GTPCI can be done by them, tasked to one or more of their staff, and either completed at their convenience or through a structured interview with the reviewer. Those completing the tool on their own are instructed on it use, advised to skip any items where they have questions, and to schedule a one-hour meeting with the reviewer. During the one-hour phone meeting, the completed GTPCI will be reviewed, questions will be addressed, and the TA visit schedule will be finalized including which staff and clients will meet with reviewer(s) at what time.

Obtaining the completed GTPCI prior to the technical assistance visit will help orient the program director and their staff to the conceptual model used for program development and will help the reviewer(s) prepare for the visit by noting program areas in need of attention. The program director's or their designee's subjective responses to each item will be discussed during the visit and adjusted, if indicated, based on the findings of the technical assistance visit.

The toolkit provides details on scheduling the technical assistance visit and how to prepare for the visit. Next a technical assistance visit outline is provided that explains the four components of the visit: Program Discussion, Staff Interviews, Records Review and Encounter Audit, and Improvement Planning.

The remaining portions of the toolkit include the actual tools used during the technical assistance visit including a "Technical Assistance Visit Cover Page" that provides an outline to collect important program information and present consolidated TA visit recommendations and follow-up actions. The next tool provided is the Gambling Treatment Program Capability Index (GTPCI) followed by the Multiple Chart Review Form and the Gambling Treatment Program Improvement Plan.

This toolkit was designed to provide structure to the technical assistance visits, however, it was not designed as a comprehensive instruction manual for technical assistance reviewers. As a preferred practice, persons who will be tasked with providing technical assistance reviews using the tools and methods described within this document should accompany experienced reviewers on three or more technical assistance visits. Shadowing experienced reviewers followed by co-facilitating technical assistance visits will serve as the necessary training on the use of this toolkit and the GTPCI.

## TECHNICAL ASSISTANCE VISIT SCHEDULING & PREPARATION

The scheduling of the TA visit is done in advance. Generally, the TA visit will take five to six hours. The TA visit duration is contingent on the size of the gambling treatment program, the number of reviewers, and their experience with all the components of the assessment phase of the technical assistance visit including using the Gambling Treatment Program Capability Index (GTPCI), reviewing encounter data, conducting chart reviews, and observing treatment groups, if the option exists. It is important to allocate sufficient time to review the assessment, provide technical assistance, and develop a preliminary work plan.

The technical assistance visit process begins with identifying the appropriate contact person, usually the problem gambling program director or a designee. In a preliminary conversation, the reviewer can define the scope of the technical assistance visit and clarify the time allocation requirements. It is important to convey the purpose of the technical assistance visit and relay any implications of the data being collected. This process should be framed as providing a service to the agency—that is, to help the agency improve services to clients, and to suggest practical strategies to enhance services if warranted. This sets an expectation of collaboration rather than evaluation and judgment, which will help the reviewer elicit more accurate information.

Scheduling should include both an initial meeting and a wrap-up meeting with program staff, and time for separate group interviews with the program clinical leaders and supervisors, select clinicians, and clients. Conducting separate interviews allows the reviewer to identify different perspectives on the program's practices and procedures, and any discrepancies between what one group perceives and another experiences. Selected persons in these roles can be interviewed (i.e., not every supervisor, staff member or client must be interviewed). More is always better, but reasonableness and representativeness should be the overarching goal.

Prior to the site visit, having conversations and email exchanges with the program manager is a good opportunity to gather descriptive information about the program and introduce the Gambling Treatment Program Capability Index (GTPCI). The GTPCI is to be emailed to the program manager prior to the visit with instructions for them to complete it, skip items where questions arise, and schedule a one-hour phone meeting with the reviewer within two weeks of the scheduled visit. During the one-hour phone meeting, the completed GTPCI will be reviewed, questions will be addressed, and the TA visit schedule will be finalized including which staff and clients will meet with reviewers at what time. The GTPCI will provide the program manager a tool for evaluating their program and prepare program staff to discuss the program dimensions as presented within the tool.

In preparation for the technical assistance visit the reviewer will utilize the information provide on the GTPCI to identify program needs and assemble materials to address those needs. This is also the time for the program reviewer to collect collateral information including the semi-annual quality improvement reports produced by Herbert & Louis, encounter data for the most recently completed month, consumer feedback about the program provided to the Problem Gambling Helpline, and personal observations from calling the program to ask about gambling treatment and to make an appointment.

During the visit a tour of the program's physical site is essential. Agencies have experience doing this for other purposes, and it often serves not only as a way to observe the milieu, but also affords the reviewer the opportunity to meet additional staff and have conversations along the way and provides the reviewer with a glimpse of what the client may experience. Lastly, enough time should be scheduled to review three to five client files and conduct an encounter verification check of both outreach activity and encounter claims on preselected client charts that will be provided to the program in advance of the visit.  For the clinical file review, records should be for current and recently discharged clients, contain both problem gambling clients and concerned other clients, and representative of different clinicians.

It is important to allow time for the reviewer to process and formulate the results of the Gambling Treatment Program Capability Index (GTPCI) program self-assessment. This may be a period of 30 to 45 minutes. During this time, the reviewer considers GTPCI items that have not yet been addressed. He or she also considers how to provide preliminary feedback to the agency about the findings of the assessment. Missing information can most likely be gathered within the final meeting with the director or staff. If necessary, a follow-up call can be made after the visit if the reviewer finds any data was overlooked.

The preliminary feedback or debriefing at the end of the technical assistance visit is positive and affirming, and it emphasizes program strengths and themes from the assessment and review. The reviewer is encouraged to consider the program's readiness to change and focus on addressing issues that have already been raised as areas of concern or desired change.  The reviewer works collaboratively with the program director, and possibly clinicians, to develop an improvement plan including technical assistance plan. Sufficient time is allowed to provide education about resources at the programs disposal and to answer program staff questions.

# TECHNICAL ASSISTANCE VISIT OUTLINE

The OHA gambling treatment program technical assistance visits are typically five to six hours in duration. Experience has demonstrated the review schedule needs to be flexible to best accommodate staff availability and make room for opportunities to speak with clients and/or observe groups. Below is a general outline of the program review agenda along with time table:

Hour 1        Program Discussion – review purpose, review process, confirm schedule, overview of the agency, tour facility, pull the necessary charts and answer questions
*Staff Request:  All Problem Gambling Treatment Staff*

Hours 2 - 4        Gambling Treatment Program Capability Index (GTPCI) Review–review GTPCI program self-assessment.
*Staff Request:  All Problem Gambling Treatment Staff*

Hour 5        Report Review –review H&L quality improvement report findings and problem gambling treatment findings from the most recent Health Services Division Site Review Report.
*Staff Request:  All Problem Gambling Treatment Staff*

Hour 6        Staff Interviews – update information where needed, if repeat TA visit then review progress with work plan and addressing improvement areas identified.
*Staff Request:  Management, Admin Staff, Counselors seen individually (10-20 minute interviews)*

Hour 7-8        Records Review –chart review check off form and encounter verification if agency does not use an EHR linked to billing.  Charts should be representative of each counselor's work, files of family members of gamblers, gambling clients, recently closed files, and files having been identified by the information management contractor as unusual.
*Staff Request:  Treatment staff and supervisor for each chart being reviewed*

Hour 9        Improvement Planning – review observations, make adjustment to the program self-assessment GTPCI (if indicated), review process, program strengths and challenges, improvement plan development including technical assistance plan, and answer staff questions.
*Staff Request:  Management with others welcome.*

# Problem Gambling Services

## PREPARATION CHECKLIST FOR TECHNICAL ASSISTANCE VISIT

| TASK | | Date Initiated | Date Completed | NOTES |
|---|---|---|---|---|
| **Schedule TA visit with program** | Define the scope and objectives of the TA visit.<br><br>Clarify the time allocation requirements.<br><br>Introduce the GTPCI<br><br>Schedule TA visit at least three weeks in advance | | | |
| **Email GTPCI** | Email the GTPCI and schedule a one-hour meeting to review preliminary responses to GTPCI items. | | | |
| **Conduct pre-visit phone interview** | Review program responses to GTPCI items by (a) asking program representative to elaborate on items marked very low or very high and (b) discussing items left blank.<br><br>Confirm date of TA visit, discuss schedule for the day, and send follow-up email with attach schedule for the day | | | |
| **Gather Collateral Information** | Collect collateral information including the semi-annual quality improvement reports produced by Herbert & Louis, encounter data for the most recently completed month, consumer feedback about the program provided to the Problem Gambling Helpline, and personal observations from calling the program to ask about gambling treatment and to make an appointment. | | | |
| **Review completed GTPCI & prepare information packet** | If completed GTPCI not returned within two weeks, provide follow-up call or email.<br><br>Review GTPCI and assemble materials that may be useful to the program in addressing self-identified areas of improvement. | | | |

Notes:

## TECHNICAL ASSISTANCE SITE VISIT: COVER PAGE

### Site Visit Information

| Date | | Time Spent | |
|---|---|---|---|
| Agency Name | | Reviewers | |
| Program Name | | Program Contact | |
| Review Participants | | | |

### Technical Assistance Site Review Components & Summary Outcome

| | 1= Needs Work | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Exceptional |
|---|---|---|---|---|---|
| **Gambling Treatment Program Capability Index (GTPCI) Summary** | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Comments* | | | | | |
| **Review of H&L Performance Reports** | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Comments* | | | | | |
| **Review of Clinical Files** | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Comments* | | | | | |
| **Encounter Data Review** | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Criteria: Verified/Total Encounters Checked* | Less than 90% | | 95% | | 100% |
| *Comments* | | | | | |

| **Compliance with OARs** | *Comments:* |
|---|---|
| **Discussion of Needs & Resources** | *Comments:* |
| **Development of Improvement Plan** | *Comments:* |

### Brief Description of Program Services and Staff (for possible use on OPGR.org)

# GAMBLING TREATMENT PROGRAM CAPABILITY INDEX (GTPCI)

## Scoring Guidelines

Complete this review, using the following scale:

**1 = Needs Work:** Program that has not developed the program element
**2 = Approaches Benchmark**: Program has addressed the program area but has not met the benchmark
**3 = Meets Benchmark**: Program has addressed the program element and minimally met the benchmark
**4 = Exceeds Benchmark:** Program met benchmark and is diligent in upholding program element practices
**5 = Exceptional**: Designates the program is exemplary in the manner it addresses the program element.

Note: The "Benchmark" for each program element is the program element statement. If unclear, skip the item.

## I. Organizational Commitment

### How does your agency demonstrate its commitment to providing problem gambling services?

| Benchmarks | (1) = Needs Work | (2) = Approaches Benchmark | (3) = Meets Benchmark | (4) = Exceeds Benchmark | (5) = Exceptional |
|---|---|---|---|---|---|
| **IA. Mission & Vision Fit** | | | | | |
| Mission: Problem gambling congruent | ☐ | ☐ | ☐ | ☐ | ☐ |
| Vision: Problem gambling congruent | ☐ | ☐ | ☐ | ☐ | ☐ |
| Organizational chart: Includes PG services | ☐ | ☐ | ☐ | ☐ | ☐ |
| **IB. Policy Congruency** | | | | | |
| Agency gambling policy | ☐ | ☐ | ☐ | ☐ | ☐ |
| Info on PG services on agency website | ☐ | ☐ | ☐ | ☐ | ☐ |
| Internal QA processes include PGS | ☐ | ☐ | ☐ | ☐ | ☐ |
| **IC. Service Integration** | | | | | |
| All agency clients screened for PG | ☐ | ☐ | ☐ | ☐ | ☐ |
| PG education integrated into other agency programs | ☐ | ☐ | ☐ | ☐ | ☐ |
| Education about PG provided to agency staff | ☐ | ☐ | ☐ | ☐ | ☐ |

Notes:

## II. Staffing

**Are staff members adequately trained, resourced, and supported for the assessment and treatment of individuals with gambling disorders?**

| Benchmarks | (1) = Needs Work | (2) = Approaches Benchmark | (3) = Meets Benchmark | (4) = Exceeds Benchmark | (5) = Exceptional |
|---|---|---|---|---|---|
| **IIA. Supervisor** | | | | | |
| Program staff have access to mental health supervisor or consultant | ☐ | ☐ | ☐ | ☐ | ☐ |
| Supervisor receives education on PG | ☐ | ☐ | ☐ | ☐ | ☐ |
| Supervisor receives training specific to supervising PG counselors | ☐ | ☐ | ☐ | ☐ | ☐ |
| **IIB. Program Staff** | | | | | |
| Minimum of one Certified PG Counselor with appropriate time devoted to PGS | ☐ | ☐ | ☐ | ☐ | ☐ |
| Peer/Alumni supports are available | ☐ | ☐ | ☐ | ☐ | ☐ |
| Clinical staff with experience working with couples and families cross trained in PG counseling | ☐ | ☐ | ☐ | ☐ | ☐ |
| On site staff with MH licensure or demonstrated expertise | ☐ | ☐ | ☐ | ☐ | ☐ |
| **IIC. Training** | | | | | |
| Agency supports continued PG education | ☐ | ☐ | ☐ | ☐ | ☐ |
| Allied Staff are cross-trained in PG counseling | ☐ | ☐ | ☐ | ☐ | ☐ |
| All staff receive basic training in PG prevalence, screening, and resources | ☐ | ☐ | ☐ | ☐ | ☐ |
| **IID. Succession Planning** | | | | | |
| Agency offers gambling treatment internships or practicums | ☐ | ☐ | ☐ | ☐ | ☐ |
| A plan is in place for continuation of gambling treatment services when vacancies occur. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Gambling program processes, curriculums, & tools are documented and available to new PG program staff | ☐ | ☐ | ☐ | ☐ | ☐ |

Notes:

## III. Community Engagement

How does your program engage the community to reduce gambling related harm and promote gambling treatment?

| Benchmarks | (1) = Needs Work | (2) = Approaches Benchmark | (3) = Meets Benchmark | (4) = Exceeds Benchmark | (5) = Exceptional |
|---|---|---|---|---|---|
| **IIIA. Engagement** | | | | | |
| Engage recovery community | ☐ | ☐ | ☐ | ☐ | ☐ |
| Serve as ambassadors of PGS to community and service partners | ☐ | ☐ | ☐ | ☐ | ☐ |
| Advocate on behalf of problem gamblers and their families | ☐ | ☐ | ☐ | ☐ | ☐ |
| **IIIB. Outreach** | | | | | |
| Actively engage in community outreach to solicit PG treatment referrals | ☐ | ☐ | ☐ | ☐ | ☐ |
| Utilize relationships and partnerships from agency programs to develop PG client finding outreach | ☐ | ☐ | ☐ | ☐ | ☐ |
| Offer PG education to community | ☐ | ☐ | ☐ | ☐ | ☐ |
| **IIIC. Coordination** | | | | | |
| Agency staff collaborate with local PG prevention workers | ☐ | ☐ | ☐ | ☐ | ☐ |
| Engage treatment professionals working with PG clients to coordinate care and provide education on PG and PG resources. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Refer clients to needed community resources and coordinate care. | ☐ | ☐ | ☐ | ☐ | ☐ |

Notes:

## IV. Program Structure

Does your overall program structure and policies help or inhibit providing services for individuals with gambling disorders?

| Benchmarks | (1) = Needs Work | (2) = Approaches Benchmark | (3) = Meets Benchmark | (4) = Exceeds Benchmark | (5) = Exceptional |
|---|---|---|---|---|---|
| **IVA. Specialized** | | | | | |
| Program is tailored for problem gambling treatment with dedicated program staff | ☐ | ☐ | ☐ | ☐ | ☐ |
| Curriculum provides structure and time-oriented treatment stages | ☐ | ☐ | ☐ | ☐ | ☐ |
| Engagement protocols in place for first point of contact | ☐ | ☐ | ☐ | ☐ | ☐ |
| **IVB. Inclusive** | | | | | |
| Culturally sensitive and responsive to needs | ☐ | ☐ | ☐ | ☐ | ☐ |
| Removes financial barriers to access | ☐ | ☐ | ☐ | ☐ | ☐ |
| Provides for distance treatment methods for those unable to attend in-person | ☐ | ☐ | ☐ | ☐ | ☐ |
| **IVC. Integrated with other services** | | | | | |
| Physical and behavioral health needs addressed through service integration and/or collaborations | ☐ | ☐ | ☐ | ☐ | ☐ |
| Peer support available and encouraged | ☐ | ☐ | ☐ | ☐ | ☐ |
| On site staff with MH licensure or demonstrated expertise | ☐ | ☐ | ☐ | ☐ | ☐ |
| **IVD. Intervention Modalities** | | | | | |
| Offers individual, family, and group services | ☐ | ☐ | ☐ | ☐ | ☐ |
| Utilizes technology to promote recovery | ☐ | ☐ | ☐ | ☐ | ☐ |
| Evidence based methods and processes | ☐ | ☐ | ☐ | ☐ | ☐ |
| Follows guiding principles and elements of a Recovery-Oriented Systems of Care | ☐ | ☐ | ☐ | ☐ | ☐ |
| Follows guiding principles and elements of Trauma Informed Care | ☐ | ☐ | ☐ | ☐ | ☐ |
| Client data used to inform and drive interventions | ☐ | ☐ | ☐ | ☐ | ☐ |

Notes:

## V. Clinical Process

How do your clinical assessment and treatment procedures and protocols rate in relation to gambling disorder assessment and treatment?

| Benchmarks | (1) = Needs Work | (2) = Approaches Benchmark | (3) = Meets Benchmark | (4) = Exceeds Benchmark | (5) = Exceptional |
|---|---|---|---|---|---|
| **VA. Assessment** | | | | | |
| Routinely and systematically screen, diagnose, and document other addictions and mental health disorders. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Screen for and document risk of harm; financial pressure and gambling related debt; emanate risk of excessive gambling | ☐ | ☐ | ☐ | ☐ | ☐ |
| Screen for and document clients who have histories of trauma and experience trauma-related symptoms | ☐ | ☐ | ☐ | ☐ | ☐ |
| Screen for and document client recovery assets and personal strengths | ☐ | ☐ | ☐ | ☐ | ☐ |
| Use of Gambling Patient Placement Criteria or other structured instrument to document comprehensive assessment | ☐ | ☐ | ☐ | ☐ | ☐ |
| **VB. Treatment** | | | | | |
| Recovery plans indicate that the gambling disorder as well as other identified needs are addressed. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Policies and procedures for medication evaluation, management, monitoring, and adherence. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Specialized interventions for problem gamblers. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Family education and support. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Facilitate the use of self-help groups and other forms of community resources to support recovery. | ☐ | ☐ | ☐ | ☐ | ☐ |
| **VC. Clinical Tools** | | | | | |
| Utilize ongoing assessment tools throughout problem gambling treatment to monitor the client's progress and therapeutic relationship. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Extend client contact beyond face to face sessions to include brief check-ins via texting and email messaging. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Utilize resources to assist clients with financial management such as making referrals to Consumer Credit Counseling, pressure relief groups, or professional payee services. | ☐ | ☐ | ☐ | ☐ | ☐ |

Notes:

## VI. Continuity of Care

How does your program facilitate ongoing recovery and wellness, handle continuing care, and monitor individuals with gambling disorders?

| Benchmarks | (1) = Needs Work | (2) = Approaches Benchmark | (3) = Meets Benchmark | (4) = Exceeds Benchmark | (5) = Exceptional |
|---|---|---|---|---|---|
| **VIA. Focus on Ongoing Recovery** | | | | | |
| Develop continued wellness plan early in treatment and update during discharge phase of treatment. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Assist client develop community recovery supports for continued support post treatment graduation. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Develop discharge plans that include follow-up services for both problem gambling and other behavioral health needs. | ☐ | ☐ | ☐ | ☐ | ☐ |
| **VIB. Treatment Continuity** | | | | | |
| Formal mechanism for providing on-going follow-up and re-engaging former clients back into treatment when needed. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Procedure for counselor and/or peer mentor to maintain contact with client who engages in residential treatment to assist with transition to and from residential treatment. | ☐ | ☐ | ☐ | ☐ | ☐ |
| **VIC. Facilitate Wellness** | | | | | |
| For identified areas of wellness in need of attention, assist client in developing plans to address wellness needs. | ☐ | ☐ | ☐ | ☐ | ☐ |
| For nicotine using clients, educate, encourage, and facilitate entrance into smoking cessation program. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Assist client maintain or achieve spiritual wellness through education and encouragement. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Encourage clients to engage community health and wellness programs | ☐ | ☐ | ☐ | ☐ | ☐ |

Notes:

**Supplemental Questions**

1. **What do you view are your gambling treatment program strengths?**

2. **What are the specific program development areas and/or initiatives you want to work on?**

3. **How can DHHS Problem Gambling Services assist?**

# MULTIPLE CHART REVIEW FORM

**#1 Client ID:**
Counselor:
Gambler / Concerned Other

**#2 Client ID:**
Counselor:
Gambler / Concerned Other

**#3 Client ID:**
Counselor:
Gambler / Concerned Other

| SECTION | | #1 | #2 | #3 | COMMENTS/NOTES |
|---|---|---|---|---|---|
| **Intake/ Assessment** | Use of structured comprehensive assessment | | | | |
| | Financial assessment | | | | |
| | Addictions and mental health screen | | | | |
| | Screen & document risk of harm & trauma history | | | | |
| | Screen and document recovery assets including family therapy discussion and documentation | | | | |
| **Treatment Plan** | Focus on gambling behavior | | | | |
| | Family engagement | | | | |
| | Facilitate use of community supports | | | | |
| | Peer recovery supports for persons with co-occurring disorders or multiple relapses. | | | | |
| | Facilitate financial planning, physical, and spiritual wellness | | | | |
| **Progress Notes** | Focus on behaviors related to gambling disorder including financial discussions | | | | |
| | Family education part of treatment interventions | | | | |
| | Specialized interventions to use peer support groups | | | | |
| | Coordination and collaboration with SA or MH services | | | | |
| | Monitor & document risk level for clients with increased risk of harm | | | | |
| | Note includes a plan or task for client to work on between appointments | | | | |
| **Discharge Planning & Plan** | Development of continued wellness plan | | | | |
| | Capacity to maintain continuity with program | | | | |
| | Focus on ongoing recovery issues | | | | |
| | Facilitation to community recovery, health, and wellness programs | | | | |

Notes:

## Problem Gambling Services

## GAMBLING TREATMENT PROGRAM IMPROVEMENT PLAN

| PROGRAM | | | |
|---|---|---|---|
| Agency Name | | Review Date | |
| Program Name | | Program Staff | |
| Reviewer Names | | Date Plan Written | |

**RATING INSTRUCTIONS**:  For each dimension add all item rated then divide by the number of items assessed.  A dimension rating of less than 3 suggests attention should be provided to developing the service dimension.

| ORGANIZATIONAL COMMITMENT | | RATING: | |
|---|---|---|---|
| **Strengths** | **Needs** | **Improvement Plan** | **Outcome** |
| | | | Target Completion Date:<br><br>Follow-up Plan: |

| STAFFING | | RATING: | |
|---|---|---|---|
| **Strengths** | **Needs** | **Improvement Plan** | **Outcome** |
| | | | Target Completion Date:<br>Follow-up Plan: |

| COMMUNITY ENGAGEMENT | | RATING: | |
|---|---|---|---|
| **Strengths** | **Needs** | **Improvement Plan** | **Outcome** |
| | | | Target Completion Date:<br>Follow-up Plan: |

| PROGRAM STRUCTURE | | RATING: | |
|---|---|---|---|
| **Strengths** | **Needs** | **Improvement Plan** | **Outcome** |
| | | | Target Completion Date:<br><br>Follow-up Plan: |

| CLINICAL PROCESS | | RATING: | |
|---|---|---|---|
| **Strengths** | **Needs** | **Improvement Plan** | **Outcome** |
| | | | Target Completion Date:<br><br>Follow-up Plan: |

| CONTINUITY OF CARE | | RATING: | |
|---|---|---|---|
| **Strengths** | **Needs** | **Improvement Plan** | **Outcome** |
| | | | Target Completion Date:<br><br>Follow-up Plan: |

| SUMMARY | RATING: |
|---|---|
| | |

## TECHNICAL ASSISTANCE VISIT FOLLOW-UP

Important aspects of the Technical Assistance (TA) Visit are the activities that occur following the actual on-site visit. Following the TA Visit a series of activities take place to document the discussions that took place during the visit, gain assurances that the development plan is accurate, and periodically check-in to monitor progress in implementing the improvement plan.

Shortly after the TA Visit, the Reviewer revises the scoring and note section on the Gambling Treatment Program Capability Index (GTPCI) as discussed during the TA Visit. Next, the Reviewer integrates the information collected during the TA Visit by completing the form entitled, "Gambling Treatment Program Improvement Plan". After the GTPCI is updated and the first draft of the Gambling Treatment Improvement Plan is completed, the Reviewer emails these documents to the program manager or their designee(s). Within the email to the program manager, the Reviewer restates that the improvement plan and GTPCI are designed as tools to assist the program manager and their team in developing their problem gambling services. As such, they have control over the contents of the tools and are asked to revise them as needed and email back versions with any changes. They are also reminded that these tools will be further reviewed with them during follow-up calls.

The Reviewer schedules follow-up calls with the program manager and/or their designees approximately three months following the visit then again at the 6-month, 9-month and 12-month post-visit markers. During these follow-up calls, the Reviewer discusses the program's progress in implementing their Gambling Treatment Program Improvement Plan and problem solves with them any difficulties they may be encountering. At this time, the Improvement Plan may be further revised, and implementation planning may take place where the Reviewer may facilitate the use of additional resources (e.g., arrange for trainings, link program to other programs with experience in the area being developed, send resource materials). The Reviewer documents the follow-up calls by adding to the note section on the GTPCI.

## CONCLUSION

The purpose of this toolkit is to support effective problem gambling treatment programs by offering a structured process for providing technical assistance visits Piloting this program demonstrated that the process and tools have been useful in producing positive program growth, helped in cultivating improved relationships between OHA and problem gambling treatment contractors, and improved job morale among those working in the OHA funded problem gambling service system.

TA Visits are conceptualized as an activity that will take place once every three years with every OHA funded gambling treatment program or sooner as indicated by program requests or significant program changes. The scores on the GTPCI will be used to track progress of individual programs and of the broader gambling treatment system over time.

The Technical Assistant Toolkit and described tools and processes are viewed as living documents that will continue to evolve as experience is gained and needs change. Next steps include analyzing the data collected to date and continuing to build and improve on existing efforts.