Problem Gambling Services
PGS Providers Meeting
6-13-08
Minutes: Input to the PGS Action Plan

Welcome; Purpose & Introductions

Paul Potter shared that PGS is engaging in a statewide process of getting input on where the system needs to go. Today the group will hear about the data gathered thus far, then break into groups to gather your input based on your collective experience to help identify priorities for next steps. He introduced the facilitator, Kamala Bremer, who described the process for the day. Information gathered today will be added to the report, and used by PGS staff along with considerations of capacity and do-ability to develop a workplan. Forms are available for any additional input that there is not room for sharing today.

Interview Findings

The facilitator summarized the interview process and findings (see *PGS Action Plan: Interview Results*, emailed previously, and the 1 page *PGS System Issues* handed out at the meeting). Members brainstormed whether there are additional issues that should be added, to reflect the full range of PGS issues or needs. Additional items raised were:

- Co-occurring conditions
- Prevention does bring people to treatment
- See that all PGS funds are used for PG Services
- Rural and urban- differences in how they function, need for different expectations
- Fund and do the research for EBP
- There is value in prevention
- Case finding vs. prevention
- Rural counties don't get Lottery outreach
- Lottery posters focus only on one age group
- Need culturally appropriate services

Workgroups

Participants were able to choose two groups (by topic) to further identify top priorities for PGS action over the next few years. Responses are contained in Attachment 1. Workgroups reported out on their top priorities for action. Before the break for lunch, participants were able to place dots marking their top 5 priorities for action.

Discussion of Recommendations to PGS

In a quick debrief workgroup recommendations, comments included:

- We felt our voices were heard.
- It was a productive meeting.
- We came together and developed ideas to move forward.

Next Steps & Prioritization

Paul thanked everyone for their input today, and for the great energy in the room. He suggested that the entire PGS community hold ourselves collectively accountable for action on these priorities, and would welcome being asked for progress reports. Clearly many workgroups were recommended, and PGS staff will look at how to combine these, or do some pre-work so groups know when they start what is possible vs. what isn't, and all groups will have a sunset, with the end an action step that is published to this group so members can monitor progress.

Workgroup Results
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For each topic area, one or two small groups met to discuss possible strategies for improving the PGS system and/or services. Small groups shared their recommended strategies, and participants placed dots on the strategies that they felt were most important to address over the next few years; the number of votes are in parentheses after the item where they were placed.

A. Treatment (35 total)

1. Co-Occurring disorders (15)
   - Gather a workgroup (can workgroup be paid?)
   - Who should be invited: open invitation, all providers & mangers.
   - Workgroup tasks:
     - Funding complications – how to address funding for co-occurring disorders (when there are not just gambling issues)
     - Workforce development – training for handling co-occurring disorders, cross training for professionals
     - Credential requirements for co-occurring disorders
2. Caseload expectations (11)
   - Numbers of cases expected, caps on caseloads
   - Billable services for all aspects of building & maintaining a caseload (6)
     - Phone treatment (3)
     - Reminding about sessions, missed sessions
     - Free services are needed – e.g. for aftercare

B. Outreach (19 total)

1. Target outreach to specific populations (12)
   - Create statewide plan to target specific populations with materials/resources/tools/ outcomes.
     - Look at data and talk with stakeholders of populations.
     - Identify 2 populations each year to focus efforts on.
     - Convene workgroup with providers and stakeholders and develop materials and training for providers, on how to outreach to that population.
2. Develop relationship with local Lottery Representative. (3)
   - DHS and Lottery to meet and encourage relationship among each other and partners.
   - Get contact list of local Lottery reps.
   - Invite local Lottery representative to present an overview of services at next PGS Meeting.
   - Invite local reps to attend PGS meetings.
   - Connect with Lottery enforcement officer.

3. Separate funding & staff for outreach (2)
   - Separate the funds and the position that provide treatment, outreach & prevention.
   - Needs to be separate funds and person in order for the person to do job well; is too pulling on one person doing two or three roles.
4. Expand GEAR program to in-reach programs. (1)
   - State to add focus funding for this project
   - Provide training to those that will administer the program
5. Increase provider involvement in statewide Lottery advertisements & creation of local ads. (0)
   - Request lottery have special meeting for providers to attend and review statewide ads and provide feedback prior to ads being complete.
   - Define specific communities.
   - Convene workgroup of treatment/outreach/prevention providers within specific communities to develop standard ads that can be altered to fit their local communities.
   - Tie this project with the specific population project.
6. Workforce Development (0)
   - Contracts and work plan need to address training for outreach stated at this meeting.

C. Prevention (24 total)

1. Separate funding for prevention (10)
   - Clarify the role of prevention and separate the funding.
   - Define who gets this funding.
   - Revise state policy on service elements & process
   - Adopt outcome driven funding for prevention
2. Integrate PG into other local prevention efforts (7)
   - Integrate with research based programs & environmental strategies (using a community- or coalition-wide approach)
   - Include in the strategic plan for the PGS office.
   - Define a prevention mission to apply statewide.
   - Counties/regions develop some kind of a prevention plan based on their funding level & method for delivery. This will vary, especially for small programs.
   - Provide state support for counties that are too small for, or currently without, prevention programs.
3. Educate our internal PGS system on “prevention science” (2)
   - Include difference between prevention and outreach.
   - Have this a key topic at a PGS provider meeting.
   - Include in seminars & training for local PG staff & programs around the state.
   - Utilize PGS staff & prevention trainers to conduct the training.
4. Use existing EBPs for prevention as a foundation. (2)
   - Look at existing curricula, parenting, classroom, coalition
   - Find natural fits for PG and use this to build PG-specific EBPs

- Connect PG prevention staff with A&D prevention staff – coordination

5. Address less represented populations with targeted materials (1)
   - State develop resources, program suggestions to be used statewide
   - Include information about other states resources available to Oregon.

D. Communication (12 total)

1. Use technology to increase communication & reduce cost (12)
   - Issue: We need to make better use of communication technology available to us in order to cut down on provider time/cost, increase participation and increase info dissemination.
   - Develop an interactive multifaceted provider website which could serve as a resource point, meeting platform and training platform; steps to accomplish this could include:
     - consulting with a tech savvy person to identify the options and their pros and cons,
     - asking providers to review those options and give feedback
2. Better inform key internal/external providers (0)
   - Issue: Many problem gambling treatment/outreach/prevention providers are still not fully aware of the resources available within the system, so miss out on opportunities to increase awareness of treatment options and make referrals. A similar problem exists outside of PGS providers, where there is less understanding of problem gambling treatment options.
   - Initiate a campaign or concerted multi-faceted effort to help PGS providers better understand what options our system includes and how best to use them
   - Initiate a similar effort for key providers who are not part of the PGS system but who need to know about our services

E. Funding and Allocation (21 total)

1. Simplify funding stream. (11)
   - Combine AD 81 and 83 as a Service Elements and Funding Streams
   - Leave outreach and prevention together in AD 80.
2. Limit use of PGS treatment funds to PGS programs only (8)
   - Problem: agencies using gambling treatment funds for the alcohol and drug program or other programs.
   - Have a mandate from the state that gambling treatment funds must go only towards gambling treatment services, and/or
   - Have only a % of gambling treatment funds that can be spent on administrative costs.
   - Monitor during a site visit, including a financial audit of a detailed budget asking where staff is allocated and what each one's duties are.
3. Create more flexibility in the funding (2)

- When a program isn't working at full utilization, move to a grant-based system until starts working at a capable level again.
- Be able to add in funds for the program to grow and develop.

F. Payment Method (16 total)

1. Convene a statewide workgroup to review and recommend changes to payment system that would address the following topics: (16)
   - Retain fee-for-service payment, but with modifications
   - Explore whether can allow carryover between biennia, at State, County & Provider levels
   - Increase the payment system's ability to be:
     - Incentive-based
     - Ensure program stability
     - Define performance measures
   - Consider a billing system
   - Consider whether should be a two-tiered payment system: for urban, vs. rural/tribal
   - Consider whether should have base funding

G. Contracting/Procurement (8 total)

1. Improve flexibility and usefulness of payment system (8)
   - Issue: Current procurement/contracting processes are not allowing the system to take full advantage of all types of available treatment providers and are inflexible as far as how Counties can use their funds
   - Convene a workgroup to look at the current system and identify points of flexibility, which should be brought forward and exploited and points of congestion or rigidity, which should be analyzed to see if they can be changed.
   - Workgroup should consist of state PGS rep, county program administrators, representative sample of counselors
   - Issues for workgroup to consider include, but are not limited to:
     - Allow Counties to establish provider panels in addition to or in lieu of current method of selecting an agency or agencies and only their staff can provide service
     - Review RFP process to allow individual or small agency providers to compete; current process may be easier for large agencies, effectively eliminating others from competition.
     - State disseminate opportunities to provide service to a wider range of providers (including private) who meet qualifications

H. Reporting and Research (8 total)

1. Review intake and discharge paperwork (7)

- Form workgroup to review intake and discharge process paperwork currently required.
  - Start by 7-15-08, end by 12-31-08, implement by 7-1-09.

2. Conduct research on EBPs for PGS Services (1)
   - Make research projects for EPBs part of the state-wide strategic plan.
   - Target certain areas to be researched, such as: Seeking Safety, Motivational Interviewing, DBT, etc.
   - Implement EBP pilot projects in certain programs for a certain amount of time to have the outcomes researched.

I. Workforce Development (24 total)

1. Retain/Enhance ACC (10)
   - Convene statewide workgroup to review how ACC time is distributed across the system.
   - Recommend changes to enhance use of ACCs.
2. Develop user-friendly guide to qualifications (9)
   - Clarify what the qualifications are and how to get certified
3. Include education about Problem Gambling in other systems' curriculum (2)
   - Outreach to allied professionals
4. Review qualification/certifications of service providers (0)
   - Involve all stakeholders represented
5. Enhance certification process (0)
   - Develop scope of practice
   - Enhance mentoring for certification
   - Develop an entry-level certification
6. Identify requirements for clinical supervision (0)