Oregon Health Authority

Health Systems Division

Problem Gambling Services

Problem Gambling Services

Five-Year Workforce Development Plan

VERSION: December 27, 2018

Oregon Health Authority

Problem Gambling Services in Oregon

Five-Year Workforce Development Plan

This project has been funded by the Oregon Health Authority (OHA), Health Systems Division (HSD).

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Suggested Citation:
Oregon Health Authority (2018). Problem Gambling Services in Oregon: Five-Year Workforce Development Plan. Salem, OR: Author.

Introduction

This workforce development plan for problem gambling services in Oregon relied on the assistance and collaboration of many individuals. The result of this collaboration is a shared vision for recruiting, developing, and sustaining a qualified problem gambling services workforce in Oregon.

The Oregon Problem Gambling Services Program (OPGS) is within the Heath Systems Division (HSD) of the Oregon Health Authority (OHA). The mission of OHA's Problem Gambling Services 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, OPGS developed a Problem Gambling Services 2016–2020 System Improvement Plan that serves as a program-specific blueprint to enhance the state's problem gambling prevention, treatment, and recovery system. One facet of this plan was to form an OPGS workforce development advisory workgroup and subsequent OPGS Workforce Development (WFD) Plan. This document represents the realization of creating an OPGS WFD Plan.

This document can be provided upon request in an alternative format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact Health System Division at 503-945-5763 or 1-800-375-2863 for TTY.

Acknowledgements

Survey & Work Group Participants

The Oregon Health Authority would like to extend our gratitude to all the people who contributed their time, experience, and knowledge to developing this Workforce Development (WFD) Plan. This include the respondents to the Oregon Problem Gambling Services Prevention and Treatment Workforce Development Surveys, the participants during the prevention workforce development focus group held in April 2017 at the Focus on the Future Conference, and those treatment and prevention providers who participated in WFD advisory work groups. We thank and acknowledge the members of the Problem Gambling Prevention and Treatment WFD Advisory Work Groups who came together to provide their expertise and wisdom to ensure the Plan fit identified needs.

The Problem Gambling Treatment WFD Advisory Work Group members who actively participated in this project were: Teresa McDowell (Lewis and Clark Graduate School of Education and Counseling), Alicia Bartz (Multnomah County), Philip Yassenoff (Cascadia Behavioral Healthcare), Victor Leo (Multicultural Representative), Julio Iniguez (Bridgeway Recovery Services), Roger Humble (Linn County), Pete Pennington (Bestcare, Deschutes County), and Jose Garcia (New Horizons, Umatilla County).

The Problem Gambling Prevention WFD Advisory Work Group members who actively participated in this project were: Danette Killinger (Linn County), Deanne Mansveld (Union County), Julie Hynes (Lane County), Shawn Martinez (Josephine County), Susan McLauchlin (Marion County) and Claire Catt (Columbia County).

Publications of Notable Significance that Informed this Plan

Annapolis Coalition on the Behavioral Health Workforce (2007). An Action Plan on Behavioral Health Workforce Development: A Framework for Discussion. Cincinnati, Ohio: Under Contract Number 280-02-0302 with SAMHSA, U.S. Department of Health and Human Services.

Ministry of Health (2017). Mental Health and Addiction Workforce Action Plan 2017–2021. Wellington, New Zealand: Ministry of Health.

World Health Organization (2015). Health Workforce 2030: Towards a Global Strategy on Human Resources for Health. Geneva, Switzerland.

Oregon Health Authority Project Executive Team

The production of this WFD Plan would not have been possible without the members of the Project Executive Team who organized people, resources, and information to produce this plan.

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Problem Gambling Services in Oregon

Five-Year Workforce Development Plan

Greta Coe, Problem Gambling Services Manager
Prepared by Problem Gambling Solutions, Inc.

December 2018

Overview of the Workforce Development Plan

This Workforce Development Plan is essential to the Oregon Health Authority's Problem Gambling Services (OPGS) vision of a healthy Oregon where high-quality problem gambling treatment is readily assessable and problem gambling is prevented through a comprehensive system of programs and services. The goal of OPGS's workforce development efforts are to recruit, develop and sustain a qualified problem gambling services workforce.

It includes actions to develop a workforce with the right skills, knowledge, competencies, and attitudes to design and deliver integrated and innovative problem gambling services. The workforce is OPGS's most valuable resource and achieving its vision depends on having a capable and motivated workforce working with communities and individuals to get the best outcomes. This WFD Plan identifies the actions required to develop Oregon's workforce so that they are well equipped to address problem gambling and support an outcome driven approach.

Part 1 of the OPGS WFD Plan outlines the current context, select findings from recent OPGS' Prevention and Treatment Provider WFD Surveys and focus group efforts. These findings formed the strategic priorities and actions recommended by the OPGS Prevention and Treatment WFD Advisory Work Groups. These recommendations form the basis of planning to develop an integrated, competent, capable, high-quality, and motivated problem gambling service system workforce that meets Oregon's current and future needs.

This WFD Plan was created as a specific action in *Oregon's Problem Gambling Services 2016–2020 System Improvement Plan* (https://www.oregonpgs.org/wp-content/uploads/2015/12/Oregon-PGS-5-Year-Work-Plan-2016-2020-FINAL.pdf). The "system" described is the core Oregon Problem Gambling Service System comprised of OHA funded problem gambling prevention, treatment, and recovery programs.

Part 2 sets out the WFD Plan itself. It identifies the actions recommended by the advisory work groups and required for the next several years to develop the problem gambling services workforce and help reshape the broader public service system to better integrate the topic of gambling and problem gambling into their services.

Part 1. Background

I. Oregon Problem Gambling System

Oregon's Problem Gambling Services (OPGS) are guided by a public health paradigm and approach that takes into consideration biological, behavioral, economic, cultural, and policy determinants influencing gambling and health. It incorporates primary prevention, harm reduction and multiple levels of treatment by placing emphasis on quality of life issues for individuals with gambling disorder, their families, and communities. By appreciating the multiple dimensions of gambling, OPGS incorporates strategies that minimize gambling's negative impacts while recognizing the reality of gambling's availability, cultural acceptance, and economic appeal.

Oregon is recognized nationally as a leader in the field of problem gambling services, providing prevention, outreach, treatment and recovery services. Oregon Health Authority, in collaboration with its partners, administers a problem gambling prevention, treatment, and recovery system that covers a continuum of care and includes:

- Problem gambling prevention and outreach efforts, stand alone and embedded in prevention programs like alcohol, tobacco other drug, and suicide prevention, systems, to increase awareness that problem gambling is a serious public health concern;
- A minimal intervention program involving phone counseling with a workbook;
- Outpatient gambling disorder treatment—individual, group and family therapy, including tele-counseling and culturally specific programs;
- Crisis respite care;
- Residential gambling disorder treatment services;
- Problem gambling recovery peer mentor programs; and
- Problem gambling education and treatment for incarcerated persons with gambling disorder.

OPGS is headed by a program manager overseeing the OPGS system. The system is divided into two core components; (a) problem gambling prevention and outreach and (b) problem gambling treatment and recovery. Each of these core components has a state-level coordinator and this plan focuses on both components of the system with an integrated plan.

For more information on Oregon's problem gambling services system, review the *"Gambling and Problem Gambling in Oregon"* booklet located at:

http://oregoncpg.org/wp-content/uploads/2018/01/OCPG_Handbook_3-12-18.pdf

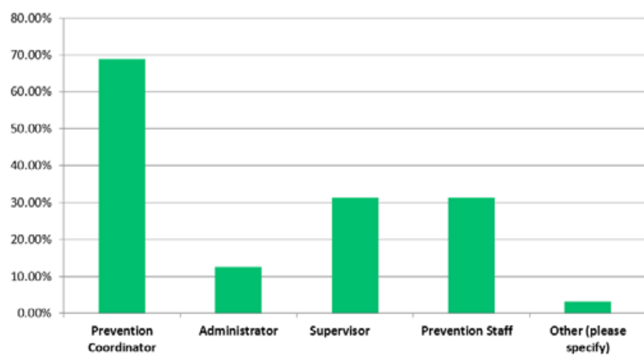
II. Workforce Development Survey Findings

To ascertain the needs of the current OPGS workforce, OPGS conducted workforce development surveys based on input from the Problem Gambling Treatment WFD Advisory Work Group and the Problem Gambling Prevention WFD Advisory Work Group.

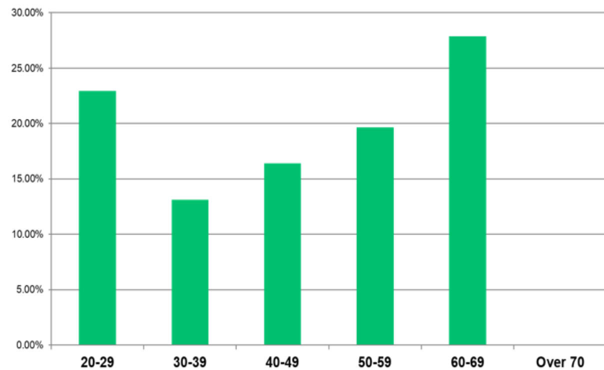
Within the Prevention system, thirty-two (32) persons completed the survey representing a 40% response rate. Within the Treatment System sixty-three (63) persons completed the survey representing a 35% response rate. Internal surveys generally receive a 30-40% response rate, indicating the response rate from the OPGS WFD surveys were within expected parameters. Review of the demographic data from the survey responders suggested the survey sample was representative of Oregon's publicly funded problem gambling services workforce. The surveys were structured to assess workforce demographics, supervision and supervisor characteristics, past trainings and certifications, motivations and barriers, current practices and competency levels, training support and barriers, and training requests.

OPGS Workforce Demographics

Prevention: Survey respondents included individuals who defined their current professional role as coordinator (69%), supervisor (31%), administrator (12%), and prevention staff (31%). The racial and ethnic makeup of the group was 84% White, 6% Mexican, 3% American Indian, 3 % other single race, and 9% two or more races. There was a slightly lower mix of persons with less than three years of experience in the problem gambling prevention field (44%) to those with more than three years in the field (56%). It is important to note that in providing general prevention work the survey results indicated over 75% of respondents had more than 3 years' experience.



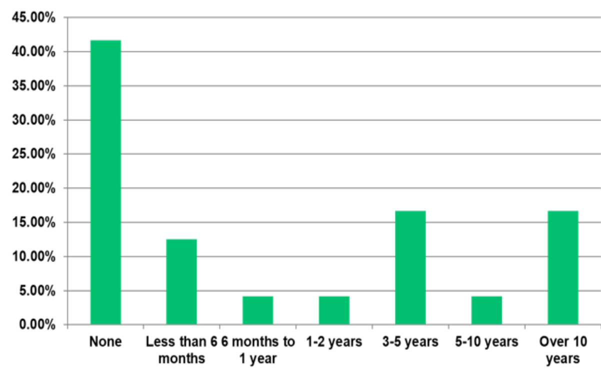
Treatment: Survey respondents included individuals who defined their professional role as counselors (58%), marriage and family therapists (11%), supervisors (23%), recovery mentors (5%), administrators (19%), and students (13%). The racial and ethnic makeup of the group was 79% White, 12% Mexican, 2% Asian, with no African Americans or American Indians. There was a relatively even mix of persons with less than three years of experience in the field to those with more than three years in the field. Interestingly, 28% of the responders were over the age of 60 corresponding with the observation by the Work Group that several experienced problem gambling counselors are expected to leave the system to enter retirement.



Supervision

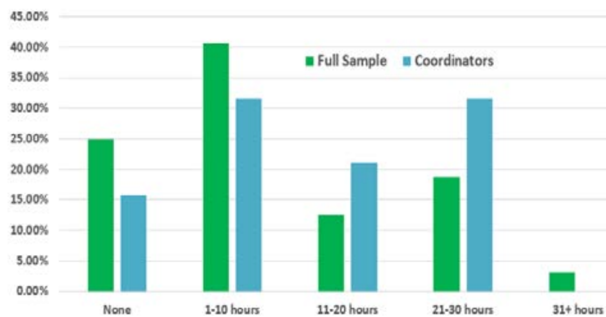
Prevention: This topic of supervision was not addressed within the prevention workforce development survey, as there are no professional standards specifically developed for supervisors in the prevention field.

Treatment: Sixty percent (60%) of survey respondents within the treatment provider sample had no experience providing behavioral health clinical supervision. Of the remaining 40% with clinical supervisory experience, half had five or more years of experience as a supervisor. Twenty-one percent (21%) of supervisors reported to have never received formal training in clinical supervision with another 17% receiving less than 10 hours and 45% reported they received no mentoring from an experienced supervisor.

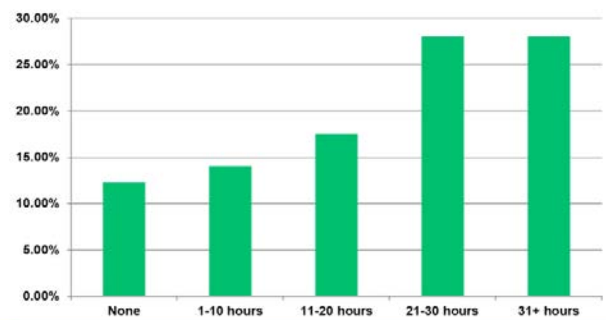


Past Trainings & Certifications

Prevention: Most prevention providers (79%) reported to have received 60 hours or more of general prevention education. When asked about training specific to problem gambling or responsible gambling, the same proportion of the sample stated they obtained more than 10 hours of problem gambling specific education. A breakdown of the number of hours of problem gambling specific trainings attended in the past year can be viewed in the graph to the right.

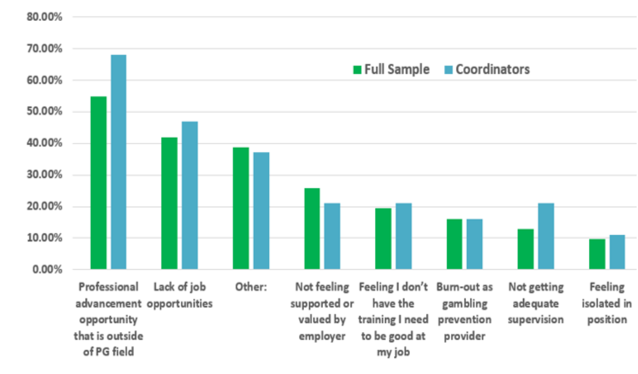


Treatment: Most respondents reported to have attended a problem gambling specific training in the past year (87%) and 42% reported to have attended a Gambler's Anonymous meeting at some time during their career. When asked if they participated in the problem gambling treatment consultation calls made available by OPGS, 55% responded they have. In general, survey respondents reported a high level of participation in problem gambling trainings.



Motivations and Barriers

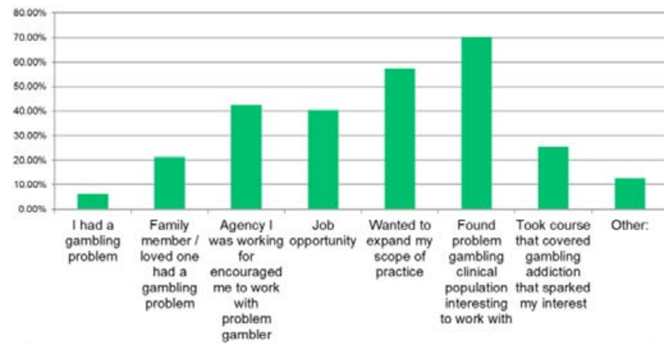
Prevention: Survey respondents reported they enjoy working in the community as the number one reason to remain in the field (68%). Additionally, respondents indicated that feeling supported as part of a professional community and finding the work personally rewarding were motivators for remaining in the field (51%). When asked about factors that may dissuade workforce members from staying in the field, the top three responses were "professional advancement opportunity outside of PG field" (55%), "lack of job opportunities" (42%), and "not getting adequate supervision" (39%).



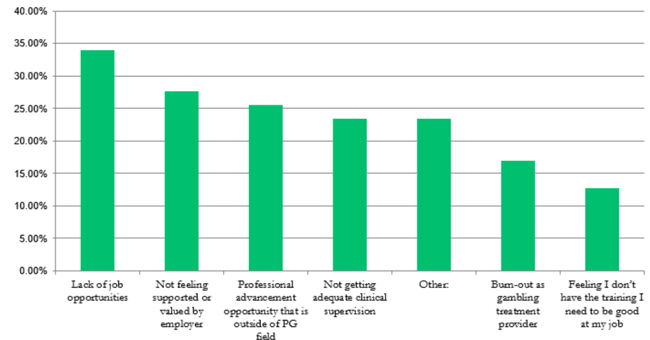
Others: Poor pay/security (N=5); Poor fit for personality; Conflicting messaging from State Agencies;

Treatment: Survey respondents reported several motivations for entering and remaining in the problem gambling treatment service field as well as several barriers to remain in the field. Some of the key findings from this section included the observation that the most frequently cited motivation for entering the field was finding the problem gambling clinical population interesting to work with (70%). Likewise, when asked "what is keeping you in the problem gambling field" the most frequently cited response was "enjoy working with individuals with gambling disorder" (78%). When asked about factors that may dissuade workforce members from staying in the field the top three responses were "feeling isolated in position" (36%), "lack of job opportunities" (34%), and "not feeling supported or valued by my employer" (28%). The final question in this section asked about professional goals. Fifty percent (50%) stated they wanted to become a clinical supervisor.

What factors motivated you to enter the field? (check all that apply) N=47



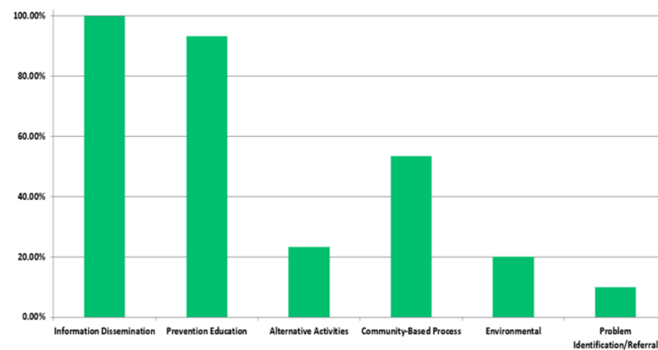
Treatment Providers: What are the factors that may dissuade you from staying in the field (check all that apply)?



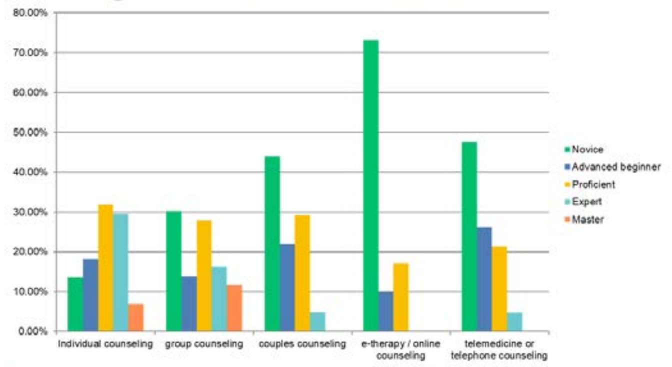
Current Practices & Competency Levels

Prevention: When survey respondents were asked to select the top 3 CSAP strategies utilized in their Problem Gambling Prevention community efforts the results indicated information dissemination (100%), prevention education (93%), and community-based process (53%). The remaining strategies were alternative activities (23%), environmental (20%), and (10%) problem identification and referral. This trend related to the implementation of CSAP strategies has remained consistent over time.

Please select the top 3 CSAP Strategies utilized in your Problem Gambling Prevention community efforts.

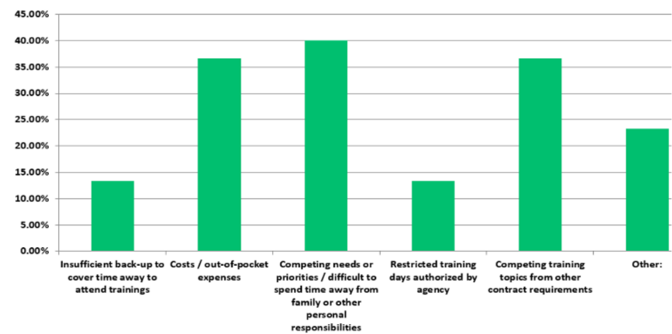


Treatment: Survey respondents reported using a wide variety of treatment approaches when working with individuals with a gambling disorder was the two most common being Motivational Interviewing (81%) and Cognitive-Behavioral Therapy (77%). They also reported covering a range of topics with individuals with gambling disorder and their families or impacted others. Among the topics least commonly covered was "spirituality" (58%) and "how to keep gambling safe" (44%). When asked to rate their level of competency along different treatment modalities, the greatest variance was found in self-perceived competency providing couples counseling, e-therapy, and telephone counseling.

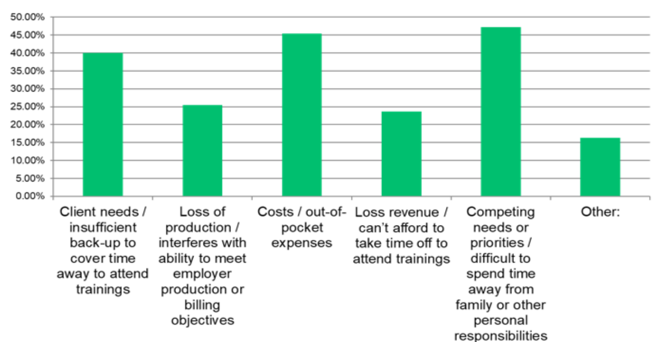


Training Support and Barriers

Prevention: Survey respondents reported several ways that the agency they work for supported their training; including paying for their time while attending the training (93%), paying for registration cost (83%) and providing a travel allowance/subsidizing travel to attend trainings (83%). They also reported several barriers to attending trainings including competing needs or priorities (40%), out-of-pocket costs (37%), and competing training topics from other contract requirements (37%).



Treatment: Survey respondents reported several ways that the agency they work for supported their training including paying for registration costs (87%), paying for their time while attending the training (80%), and providing time for clinical supervision (75%). They also reported several barriers to attending trainings including competing needs or priorities (47%), out-of-pocket costs (45%), and insufficient back-up to cover time away to attend trainings (40%).



Requested Trainings

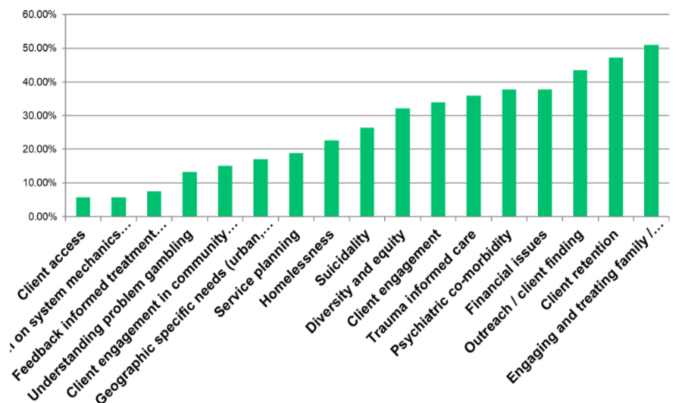
Prevention: Respondents were asked about what training topics are most needed along with their preferred training modality. Training topic areas can be seen in the table to the right. The respondents indicated the workforce development supports most needed are regional workshops (73%), online problem gambling courses (60%), conferences (47%), Webinars (47%), and skilled-based trainings (43%).

Prevention Providers: What **training topics** are most needed?
(choose up to five)

Topic	Percent
Older Adults /Golden Years Outreach	46.67%
How to integrate problem gambling prevention into other activities	40.00%
Outreach techniques	36.67%
Assessment, Program Development, Implementation and Evaluation	36.67%
Data analysis	33.33%
Prevention Science	30.00%
Media	30.00%
Understanding problem gambling	30.00%
Suicidality	26.67%
Community Readiness	26.67%
Geographic specific needs (urban, rural, tribal)	20.00%
Trauma informed care/ACES	20.00%
Parenting	13.33%
Cultural	10.00%
Education on system mechanics and available resources	10.00%
Other:	10.00%
Veterans/Military Outreach	6.67%
Homelessness	0.00%
Intimate partner violence	0.00%

Treatment: Respondents were asked about what training topics are most needed along with their preferred training modality. Training topic responses can be seen on the graph to the right. The preferred training modalities, in order of preference, were skill based, agency-based training, in-vivo training / practicums, conferences, and the least preferred training medium was web-based training.

What training topics are most needed? (choose up to five)
N=53



III. Five Domains of Workforce Development[1]

A commitment to improving workforce development infrastructure, organizational development, retention, and recruitment, learning and development, and research and evaluation will ensure that the right people with the right skills are in place to support successful workforce development. These five domains of workforce development are threaded through each of the OPGS Workforce Development Plan's priority areas and inform the actions.

1. Workforce development infrastructure: Workforce development infrastructure involves a whole-of-system approach. This requires state, regional, and local coordination to develop an efficient and integrated workforce.

[1] Adapted from: Ministry of Health (2017). Mental Health and Addiction Workforce Action Plan 2017–2021. Wellington: Ministry of Health.

2. Organizational development: Successful organizational development is centered on strong leadership, engaged management and effective organizational design to develop service culture and systems. To achieve the best outcomes for people, the workforce needs to be responsive and well-aligned to the needs of the local population. In practical terms, it works with innovative models of care and community-based models that are integrated across settings to better serve people's needs, along with well-designed new roles and team structures.

3. Recruitment and retention: To achieve the goal of increasing the capacity and capability of the workforce, recruitment and retention need to be coordinated nationally and regionally. Recruiting, effectively onboarding, training, and improving and clarifying role design and strengthening support systems will help to retain staff. It is important that the activities be inclusive of ensuring a diverse work force. Promoting careers in mental health and addiction prevention and treatment will support a sustainable workforce for the future.

4. Learning and development: To ensure that people with behavioral health concerns receive high-quality care and support and the community is aware and ready for change, a well-trained workforce that responds to service and population needs is required. The workforce needs to have clearly articulated training pathways, and training that builds capability for working in multidisciplinary teams and providing holistic services that is culturally appropriate.

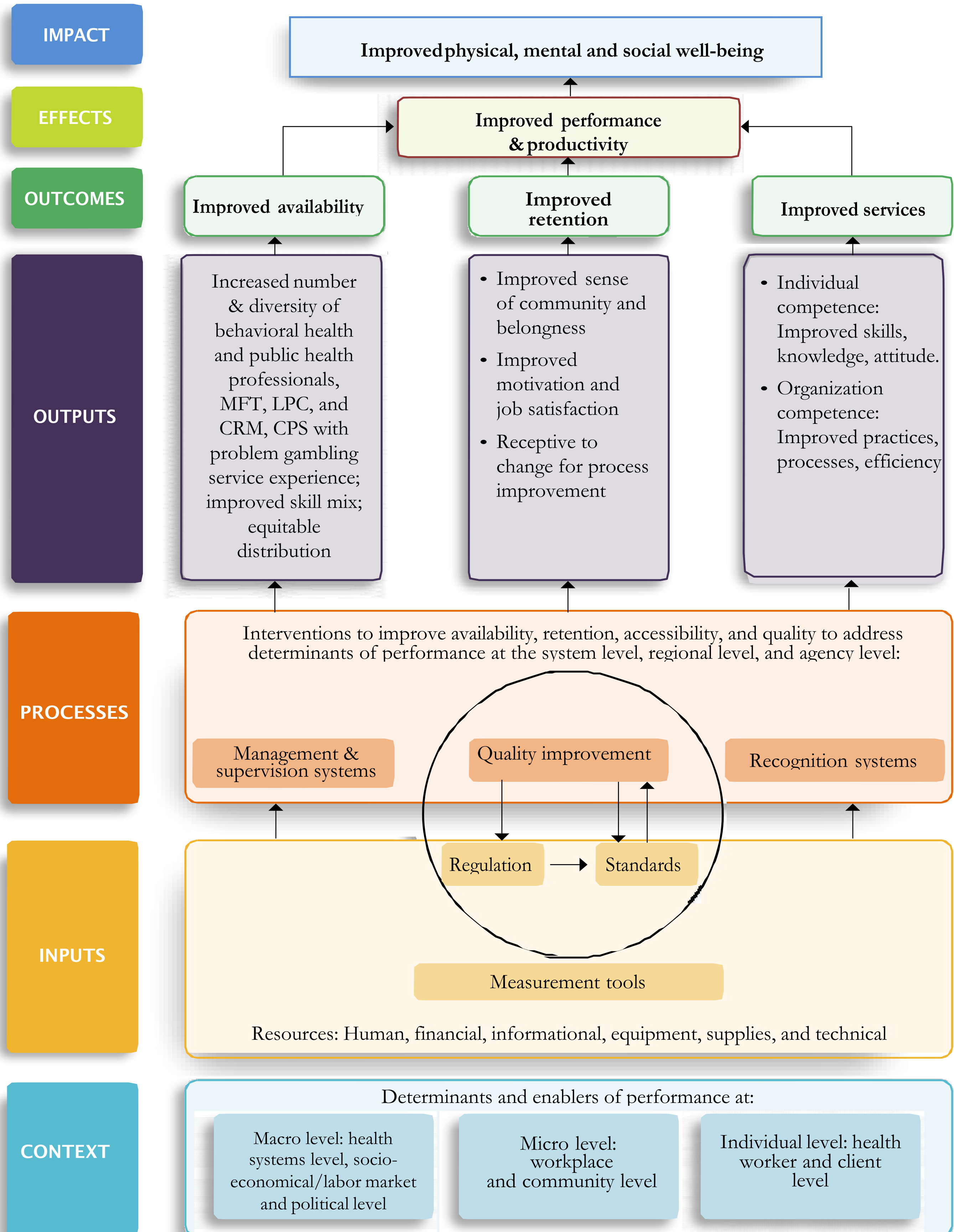
5. Information, research, and evaluation: It is necessary to make best use of information systems to improve access to training and effectiveness of service delivery, particularly to population groups that have a higher prevalence of behavioral health issues or are hard to access. Collecting data to give a national picture of behavioral health, along with analysis and feedback to the regions and services, will help with workforce development and local service delivery suited to the population's needs.

IV. Framework for Improving OPGS Core Workforce Performance and Productivity

Goals, objectives, and actions are driven and impacted by the context in which they are derived and implemented. Given the importance of context, it is important to frame the OPGS Workforce Development Plan and acknowledge its performance and productivity are rooted in factors related to federal, state, and local health systems, socioeconomic factors, the labor market, and political influences. In addition to these macro level influences, several contextual variables exist at the micro level, such as the workplace itself and the characteristics of individual workforce members. OPGS interventions such as developing policies and programs to impact the workforce work in a dynamic relationship with macro and micro level influences impacting workforce health and productivity.

The following framework for improving OPGS core workforce performance and productivity provides a logic model structure towards the understanding of how and why different components of the WFD Plan interact with one another. The model focuses on workforce development of the core workforce, defined here at the OPGS funded problem gambling prevention and treatment workforce.

Framework for Improving OPGS Core Workforce Performance and Productivity



Adapted from WHO (2015). Health workforce 2030: towards a global strategy on human resources for health.

Part 2. OPGS Workforce Development Plan

Introduction

The workforce development surveys identified several challenges hindering the performance of the OPGS prevention and treatment workforce development efforts. The next step was for each WFD Advisory Group to solicit possible solutions for OPGS to consider when addressing identified problem gambling prevention and treatment workforce development needs. Possible solutions were solicited through conducting a series of discussions with each Advisory Group, working within the four identified focus areas of: Recruitment and Onboarding of PGS Workforce; Strengthen the Core Problem Gambling Services Workforce; Broaden the Concept of Workforce; and Development of Structures to Support the Workforce.

The WFD Advisory Work Groups yielded a set of four priority areas and eleven action goals (Table 1). Three goals, along with detailed actions, are devoted to recruiting and onboarding problem gambling services professionals. A set of four goals with underlying actions target traditional workforce goals that focus on strengthening the workforce using best practices in retention, training and education, and career development. Two additional goals involve broadening the concept of the workforce to help reshape the broader public service system to better integrate to topic of gambling and problem gambling into their services. The final two goals involve creating improved structural supports for the workforce such as using data to monitor outcomes and insuring necessary resources are available to accomplish the identified workforce development priorities.

The OPGS Workforce Development Plan identifies the actions required for the **next five years** to develop the OPGS workforce in ways that broaden the concept of the workforce, strengthen the workforce, and build structures to support the workforce. Both WFD Advisory Groups were tasks to review the identified actions and provide OPGS a list of those actions that they would stipulate as a priority for the system. The priority list is not included with in this report, however, will be taken into consideration by OPGS as they move forward to their next steps with the creation of implementation plans and timelines based on available resources.

We must continue to plan and revise and adapt our approach as the landscape changes. To ensure that this WFD Plan is dynamic, it includes review, monitoring and evaluation so that we can use data to make decisions about workforce development into the future.

The overall outcome of the OPGS WFD Plan is that Oregonians experience services from an integrated, competent, capable, high-quality, and motivated workforce focused on improving health and wellbeing. The table below provides an overview of the OPGS WFD Plan and the priority areas and actions to achieve those priorities

OPGS Workforce Development Plan: Intervention Logic

Outcomes: What are our goals?

A healthy Oregon where problem gambling is prevented through a comprehensive system of programs and services, and high-quality problem gambling treatment is readily accessible.

Impacts: What difference will it make?

1 Recruitment and onboarding of problem gambling services workforce	2 Strengthen the core OPGS workforce	3 Broaden the concept of the workforce	4 Create structures to support the workforce

Outputs: What actions are we taking?

1.1 Develop new employee training platforms for behavioral health, public health and other professionals expanding their problem gambling prevention, treatment, supervision, and administrative capabilities. 1.2 Develop workforce recruitment strategies to address shortages, increase diversity, and expand the peer and consumer workforces and future size and professional diversity of the workforce.	2.1 Implement systematic retention strategies. 2.2 Develop problem gambling service career pathways both for those already working in prevention, treatment and recovery and for new recruits. 2.3 Strengthen the capability and competence of the problem gambling prevention, treatment and recovery workforce. 2.4 Provide relevant, effective, and accessible training and education.	3.1 Build awareness and capability across the prevention and treatment workforce to respond to problem gambling related issues. 3.2 Strengthen collaborative ways of working with allied professionals to deliver coordinated and integrated responses to address problem gambling.	4.1 Use data to revise and adapt the prevention, treatment and recovery workforce development infrastructure to ensure expected outcomes are being met. 4.2 Enhance the problem gambling services infrastructure available to support and coordinate workforce development efforts.

1 Recruit new talent into the problem gambling services field

What do we want in five years?

- Develop new employee training platforms for behavioral health, public health and other professionals expanding their problem gambling prevention and treatment, supervision, and administrative capabilities.
- Develop workforce recruitment strategies to address shortages, increase diversity, and expand the peer and consumer workforces and future size and professional diversity of the workforce

Action 1.1	Develop new employee training platforms for behavioral health, public health and other professionals expanding their problem gambling prevention and treatment, supervision, and administrative capabilities.

- Continue to support the offering of the Problem Gambling Pre-Certification Course.
- Continue to support a minimum number of hours of problem gambling prevention and general prevention trainings, specifically those new to the field and for those more experienced to stay current on trending problem gambling prevention topics and innovated efforts.
- Ensure the development of training initiatives utilizing a variety of training platforms that have skill building and direct practical application.
- Explore collaborative partnerships with other entities to increase opportunities for professional development and community education.
- Explore opportunities to infuse the topic of problem gambling into addiction and prevention study curriculums and disciplines.
- Explore the development of new initiatives to encourage experienced addiction, physical and/or mental health professional to expand their professional scope to include prevention and/or treatment of problem gambling.
- Expose behavioral health care professionals to testimonials from problem gambling counselors describing the relevance of assessing for problem gambling and the appeal of working with individuals with gambling disorder.
- Develop specific trainings for supervisors to include roles and responsibilities for prevention supervisors and basic prevention science awareness.
- Monitor areas of concern and use data to determine the success of different approaches.
- Develop a mentor program, pairing experienced prevention coordinators and problem gambling treatment clinicians with new coordinators and clinicians, or a regional approach.
- Offer trainers for in-service trainings to agencies that provides CEUs.
- Reduce barriers to obtaining certification as a Certified Gambling Addiction Counselor (CGAC) and Certified Prevention Specialist (CPS) through scholarship programs or subsidizing the CGAC and CPS application and recertification costs to reduce or eliminated counselor and prevention professionals' out-of-pocket costs.

Action 1.2	Develop workforce recruitment strategies to address shortages, increase diversity, and expand the peer and consumer workforces and future size and professional diversity of the workforce.

- Continue to support and explore opportunities for culturally specific services.
- Design supports for individuals providing culturally specific prevention, education and treatment.
- Task the OPGS Multicultural Advisory Group with recommending strategies and actions to grow and develop a diverse workforce.
- Develop a systematic marketing approach to recruitment; e.g. Increase collaboration with other behavioral healthcare training marketing departments, such as MHACBO, Lewis & Clark, ATTC; develop video testimonials of problem gambling counselors.
- Incentivize students from under-represented groups to enter the field of problem gambling prevention and counseling through programs such as paid internships, scholarships for conducting problem gambling research, and/or loan forgiveness programs.
- Explore the use of community health workers through the OHA Traditional Health Workers program, particularly with culturally specific education and outreach efforts
- Develop leadership capability in under-represented workforce groups, peer-led groups, and newly emerging workforce groups.
- Match the workforce more closely to current and future needs by using data to provide regular insights on the current state and future projections.
- Monitor areas of concern and use data to determine the success of different approaches, including ethnicity data to monitor equity.
- Gather data to understand the role of different professional groups and how gambling treatment specialist, allied behavioral health workforces – including peer delivered service workers, complement each other.
- Investigate, identify, develop, and implement measures of workforce wellness.
- Use data to inform planning and to revise and adapt workforce development initiatives, including designing the right roles.

2 Strengthen the core OPGS workforce

What do we want in five years?

- Implement systematic retention strategies.
- Strengthen the capability and competence of the problem gambling prevention, treatment and recovery workforce.
- Develop problem gambling service career pathways both for those already working in prevention, treatment and recovery and for new recruits.
- Provide relevant, effective, and accessible training and education.

Action 2.1	Implement systematic retention strategies.

- Increase the workforce's competency to perform and meet program requirements.
- Develop and implement practices designed to create community regionally and statewide. Initiatives could include frequent and regular in-person functions including regional events.
- Educate county and agency administrative staff on the importance of sustaining a robust problem gambling prevention and treatment program (e.g., State to define, utilize OPGS Technical Assistance Visit to message to and educate administrators).

Action 2.2	Develop problem gambling service career pathways both for those already working in behavioral health prevention, treatment and recovery and for new recruits.

- Invest in people's professional career development. This can be accomplished by offering training opportunities to develop skills in supervision, leadership, and program management.
  - Implement a peer-review program.
  - Develop a Leadership Program for Problem Gambling Service Providers that includes mentoring, partnerships, supervision, support.
  - Develop a mentor program, pair experienced problem gambling professionals with new problem gambling professionals.
  - Create funding incentives for developing and implementing individual professional development plans.
- Work with OPGS funded agencies in collaboration with educational institutions to offer internships that expose students to working with individuals with gambling problems or to community prevention.

Action 2.3	Strengthen the capability and competence of the prevention, treatment and recovery workforce.

- Define core competencies for problem gambling treatment counselors, prevention specialists and peer mentors.
- Create tools to demonstrate core competencies.
- Provide targeted trainings on the core competencies and establish an evaluation system.
- Explore workforce development opportunities for prevention staff supervisors to increase their competency in supervision of prevention staff.
- Develop training initiatives that have skill building and direct practical application such as offering in-vivo trainings, practicums, and other forms of experiential learning.
- Provide specific training on treatment priority areas including family, spirituality, finances, grief/loss, outreach, diversity, inclusion, equity, racial bias.
- Provide specific training on prevention priority areas including older adults, community assessment, and prevention science.
- Increase access to training opportunities for those engaging at first point of contact (including effective screening, motivational interviewing, engagement, and family interventions).
- Provide requested staff training and program development.
- Cross-train agency staff to serve as back-up or fill-ins for problem gambling counselors and prevention staff.
- Integrate in-service trainings into OPGS Technical Assistance Visits.
- Increase the quality and competency of supervision.
- Explore incentivizing agencies to address high priority areas.
- Facilitate sharing of problem gambling counselor and prevention skills, knowledge, and resources across the behavioral healthcare community through collaborative forums, supervision, and mentoring programs.
- Ensure multicultural providers are supported.

Action 2.4	Increase the relevance, effectiveness, and accessibility of training and education.

- Develop multiple training platforms that meets the field's needs, e.g., regional trainings & workshops, online courses, webinars and conferences.
- Support high quality supervision through developing supervision competences, supervision training, and supervisor supports.
- Promote greater use of in-vivo training including internships and practicums.
- Disseminate tool kits and workbooks.
- Offer scholarships and financial assistance to attend training and education opportunities.
- Create opportunities for counselors to become better informed about Gamblers Anonymous (GA) including organizing open GA meetings for statewide conferences.
- Build on existing training and development programs to increase capability and treatment competence in working with children, youth, and families.
- Strengthen the workforce to translate knowledge, skills and competencies into routine practice through organizational development, supervision, mentoring, peer support and professional development.
- Increase training opportunities focused on improving outcomes for those with co-occurring conditions, including mental health, addiction, physical health, and disability.
- Strengthen links between national, regional, and within state workforce development networks.
- Develop shared learning opportunities for the workforce across the continuum to build their skills with and contribute to collaborative community and care planning.
- Provide specific training on priority areas including family, spirituality, finances, grief/loss, outreach, diversity, inclusion, equity, and racial bias.
- Develop networks for problem gambling education and training providers to build organizational capacity for workforce development and better coordinate training and education opportunities.
- Increase access to problem gambling training and education for the workforce, including peer mentors with lived experience.
- Develop advanced training pathways for specialist areas – for example, family counselors with specialized training in working with systems containing an individual with a gambling disorder.

3 Broaden the concept of the workforce

What do we want in five years?

- Build awareness and capability across the prevention and treatment workforce to respond to problem gambling related issues.
- Strengthen collaborative ways of working with allied professionals to deliver coordinated and integrated responses to address problem gambling.

Action 3.1	Build awareness and capability across the prevention and treatment workforce to respond to problem gambling related issues.

- Continue to implement OPGS Technical Assistance Visits as a method of promoting the integration of problem gambling awareness and screening as a behavioral healthcare best-practice and promoting agency wide capability to address problem gambling.
- Facilitate OPGS providers and other agencies to share information, knowledge, and resources they can use to address problem gambling related determinants of health.
- Integrate in-service trainings into OPGS Technical Assistance Visits.
- Provide opportunities for the workforce to design new models of care and community-based models that can lead to change processes to make problem gambling capability models part of everyday practice.
- Facilitate the movement of problem gambling professionals into leadership roles within public and behavioral health fields through offering leadership training opportunities.
- Develop awareness and capability within the prevention workforce across the Social Ecological Model (SEM) (Individual, Organizational, Community, Interpersonal) to address problem gambling prevention and awareness

Action 3.2	Strengthen collaborative ways of working with allied professionals to deliver coordinated and integrated responses to address problem gambling.

- Develop training and development programs in collaboration with other state agencies (health, welfare, justice, corrections, and education) to increase understanding of how problem gambling interacts with and impacts health, mental health, wellbeing, and system efficiency.
- Provide opportunities for the problem gambling service workforce and the wider behavioral health, disability, and public health workforce to come together to share practice, innovation, and initiatives.
- Provide platforms, such as interprofessional training, to increase understanding of the roles and responsibilities of workforces addressing public health.
- Increase training opportunities for the workforce in broader community-based services (for example, school-based counselling services, prison-based health services, community educators).
- Develop and implement initiatives targeting specific groups and institutions across the SEM.
- Design and market problem gambling conferences to appeal to professionals working with specific groups and institutions across the SEM.

4 Create structures to support the workforce

What do we want in five years?

- Use data to revise and adapt the prevention, treatment and recovery workforce development infrastructure to ensure expected outcomes are being met.
- Enhance the problem gambling services infrastructure available to support and coordinate workforce development efforts.

Action 4.1	Use data to revise and adapt the prevention, treatment and recovery workforce development infrastructure to ensure expected outcomes are being met

- Continue to support and disseminate OPGS Quality Improvement Reports and promote all stakeholders to utilize the data to track, evaluate, and manage key workforce issues through their continuous quality improvement processes.
- Match the workforce more closely to current and future needs by using data to provide regular insights on the current state and future projections.
- Monitor areas of concern and use data to determine the success of different approaches, including ethnicity data to monitor equity.
- Investigate, identify, develop, and implement measures of workforce wellness.
- Use improved data on the OPGS workforce to understand its current state and future projections.
- Use data to inform planning and to revise and adapt workforce development initiatives, including designing the right roles.
- Enable a more mobile, responsive workforce that can adapt to new models of care.

Action 4.2	Enhance the problem gambling services infrastructure available to support and coordinate workforce development efforts.

- Continue to support training infrastructures and the development of vehicles for assembling, analyzing, and disseminating knowledge on workforce practices or providing technical support.
- Develop a technical assistance infrastructure that links existing sources of workforce expertise and expands capacity to provide information, guidance, and support to the field on effective workforce development practices.
- Seek opportunities for OPGS to partner with private foundations to establish problem gambling service workforce development funds to support demonstrations and dissemination of innovative workforce practices.

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Free and confidential problem gambling treatment that works.

"The workforce is our most valuable resource and achieving Oregon Problem Gambling Service's vision depends on having a capable and motivated workforce."

— Greta Coe