

Problem Gambling Capability Toolkit (3.0)¹

Scoring and Profile Interpretation

A. Scoring each PGCAP Item

Each program element of the PGCAP is rated on a 1 – 5 scale

- A score of 1 is commensurate with a program that is focused on providing services to persons with substance use and or non-gambling related (NGR) mental health disorders. This level is referred to on the PGCAP as Substance Use Disorder Only Services(SUDOS)/Mental Health Only Services (MHOS) either separately or as an NGR Co-Occurring Disorders Services (NGRCODS). To simplify nomenclature any SUDOS, MHOS or NGRCODS will be referred to as Not Gambling Integrated Services (NGIS).
- A score of 3 indicates a program that is capable of addressing the impact of gambling on recovery in some aspects of their program and/or for some individuals and of providing services to some individuals with co-occurring disordered gambling along with a substance use disorder (SUD) or NGR mental health disorder (MHD), but has greater capacity to serve individuals with SUD or MHD and the greater focus on SUD/MHD. This level is referred to as being Problem Gambling Capable (PGC)
- A score of 5 designates a program that has developed programming that addresses the impact of gambling on recovery for all individuals and of providing services to any individual presents with co-occurring disordered gambling and substance use and/or mental health disorders, and the program can address the gambling disorder fully and equally with the SUD and/or MHD. This level is referred to as being Problem Gambling Enhanced (PGE).
- Scores of 2 and 4 are reflective of intermediary levels between the standards established at the 1 – NGIS, 3 – PGC, and 5 – PGE levels.

When rating a program on the PGCAP, it is helpful to understand that the objective anchors on the scale for each program element are based on the following factors:

1) The *presence of absence* of specific hierarchical or ordinal benchmarks: 1 – NGIS reflects the most basic of minimal mark; a 3 – PGC sets a mid-level mark; and a 5 – PGE sets the highest standard to meet. For example, on the first category of the PGCAP, Program Structure the first element regarding the agency’s mission statement requires specific standards to be met in order to meet the minimum requirements for scoring at each of the benchmark levels (NGIS, PGC, or PGE).

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¹ Toolkit adapted by L Rugle from the SAMHSA Dual Diagnosis Capability in Addiction Treatment (DDCAT) Toolkit.

2) The *relative frequency* of an element in the program. For example, in the Staffing category of the PGCAP, the element on staff problem gambling competency/certification. The rating 1 – NGIS sets a lower percentage of staff with required competency/certification, 3 – PGC sets a moderate percentage and 5 - PGE requires the maximum percentage. Another way frequency may be determined is the degree to which the process under assessment is clinician driven and variable or is systematic and standardized. When processes are clinician-driven they are less likely to occur on a consistent basis and be incorporated into a program’s routine practices.

3) A combination of the presence of a hierarchical standard *and* the frequency at which these standards occur. In other words, in order to meet the criterion of a 3 or 5 on a PGCAP item, a program must meet a specific qualifying standard. Also, the program must consistently maintain this standard for the majority of their clients (set at an 80% basis). For example, the program element regarding integrated assessment sets a qualifying standard for the type of assessment used and specifies the frequency with which the standard is routinely applied.

The PGCAP Index: Scoring Guidelines

I. Program Structure

IA. Primary focus of agency as stated in the mission statement. (If program has a mission, consider program mission).

Definition: Programs that offer problem gambling integrated and gambling informed treatment should have this philosophy reflected in their mission statements.

Source: Agency or program brochure and/or website, Agency or program policies and procedures, in frames on walls of offices or waiting areas.

Item Response Coding: coding of this item requires an understanding and review of the programs’ mission statement, specifically as it addresses the issue of gambling and/or problem gambling along with other addiction and mental health issues.

- Not Gambling Integrated Services (NGIS) = (Score – 1) : *Substance Use or Mental Health or Co-occurring without Gambling.* The program has a mission statement that outlines its mission to be the treatment of a primary target population who are defined as individuals with substance use and/or other mental health disorders only.
- Problem Gambling Capable (PGC) = (Score – 3): *Primary focus is substance related disorder and/or other mental health disorder, gambling disorder is acknowledged and treated as a secondary or co-occurring issue.* The program has a mission statement that identifies a primary target population as being individuals with substance use/and or other mental health disorders, but the statement also indicates an expectation and willingness to admit individuals with a co-occurring gambling disorder and to address that disorder, at

least within the context of substance use or mental health treatment. The term “gambling or problem gambling” does not specifically need to be used in the mission statement.

An example of a mission statement that meet the PGC level would be one similar to the following. Note that specific target populations are identified, but that it incorporates a willingness to treatment the person comprehensively and specifically address non-substance related addictions.

“The mission of the ABC Treatment Program is to improve the quality of life for individuals with primary substance use and mental health disorders. This is accomplished by ensuring access to an integrated network of behavioral health services that also address related behavioral addictions in a recovery oriented system of care.”

- Problem Gambling Enhanced (PGE) = (Score – 5). *Primary focus on comprehensive program that integrates the impact of gambling and gambling disorder in all aspects of care.* This program has a mission statement that identifies the program that is designed to address gambling disorder equally along with other addiction and mental health issues as well as comprehensively address the impact of gambling on recovery for all individuals.

“The CBA Treatment Program is an organization dedicated to providing wholistic and comprehensive services to individuals and families who experience any substance use, gambling or other mental health disorder in a recovery oriented care system. Our program particularly addresses the impact of addictive and/or potentially addictive behaviors and substance on the recovery process.

IB. Organizational Certification and Licensure

Definition: Organizations that provide PG integrated treatment are able to provide unrestricted services to individuals with the full range of addictive and co-occurring disorders regardless of which is primary. These organizations do so without barriers that have traditionally divided services for gambling disorder from substance use disorder and other mental health disorders. Indeed gambling disorder has often been viewed as a mental health disorder by those who treat substance use disorders and viewed as an addiction by those who treatment mental health disorders and therefore not included in either. The primary examples of organizational barriers include licenses or certifications of clinics or programs that restrict the types of services that can be delivered.

Source: Interview with agency or program director or prior knowledge of applicable rules and regulations.

Item Response Coding: Coding of this item requires an understanding and review of the agency or program’s license or certification permit and specifically how this document might selectively restrict the delivery of services on a disorder-specific basis.

- Substance Use or Non-Gambling Mental Health Only Services (NGIS) = (Score – 1): *Permits only substance use disorder treatment or mental health treatment that excludes gambling disorder.* The program’s certification, licensure agreement or state permit restricts services to individuals with substance use disorders only or mental health disorders excluding gambling disorder.
- (Score – 2): *Has no actual barrier, but staff report there to be certification or licensure barriers.* The program’s certification, licensure agreement or state permit is the same as described for the PGC level in that there are no restrictions in serving individuals with gambling disorder that co-occur with substance use or other mental health disorders. But the staff and administrators report and perceive barriers in providing gambling disorder services; thus the program operates in a manner consistent with NGIS.
- Problem Gambling Capable (PGC) = (Score – 3): *Has no barrier to providing problem gambling treatment or treating co-occurring disorders within the context of substance use or mental health disorder treatment.* The program’s certification, licensure agreement or state permit identifies the target population to be individuals with substance use or mental health disorders or even co-occurring substance use and mental health disorders but does not restrict the program from serving individuals with co-occurring gambling disorder. The program provides services in the context of substance use or mental health disorder treatment licensure. It targets gambling problems in a general approach, for example, in the context of relapse prevention.
- Problem Gambling Enhanced = (Score – 5): *Is certified and/or licensed to provide gambling disorder services equally with substance use and mental health services.* The program’s certification, licensure agreement(s) or state permit(s) identifies the program as providing services for gambling disorder along with substance use and/or mental health disorders.

IC. Coordination and Collaboration with Gambling Disorder Services.

Definition: Programs that transform themselves from ones that only address substance use or non-gambling mental health disorders into ones that integrate the issues of gambling and problem gambling often follow a pattern of staged advances in their service systems. The steps indicate the degree of communication and shared responsibility between providers who offer services for gambling disorder and those who provide services for substance use and/or other mental health disorders. The following terms are used to denote the stepwise advances and adapted from SAMHSA’s Co-Occurring Measure (2007).

Minimal coordination, consultation, collaboration and integration are not discrete points, but bands along a continuum of contact and coordination among service providers. “Minimal coordination” is the lowest band along the continuum, and integration the highest band. Please note that these bands refer to *behavior*, not to organizational structure or location. “Minimal coordination” may characterize provision of services by two persons in the same agency working in the same building; “integration” may exist even if providers are in separate agencies in separate buildings.

Minimal coordination: “Minimal coordination” treatment exists if a service provider meets any of the following: (1) is aware of the gambling problem or at risk status for a gambling problem or the treatment of gambling disorder, but has no contact with the other provider, or (2) has referred a person with a gambling problem to another provider with no or negligible follow-up.

Consultation: Consultation is a relatively informal process for treating persons with co-occurring gambling disorders, involving two or more service providers. Interaction between or among providers is informal, episodic, and limited. Consultation may involve transmission of clinical/medical information, or occasional exchange of information about the person’s status and progress. *The threshold for “consultation” relative to “minimal coordination” is the occurrence of any interaction between providers after the initial referral, including active steps by the referring party to ensure that the referred person enters the recommended treatment service.*

Collaboration: Collaboration is a more formal process of sharing responsibility for treating a person with co-occurring gambling problems, involving regular and planned communication, sharing of progress reports, or memoranda of agreement. In a collaborative relationship, different disorders are treated by different providers, the roles and responsibilities of the providers are clear, and the responsibilities of all providers include formal and planned communication with other providers. *The threshold for “collaboration” relative to “consultation” is the existence of formal agreements and/or expectations or protocols for continuing contact between providers.*

Integration: Integration requires the participation of problem gambling, substance use and/or mental health disorder services providers in the development of a single treatment plan addressing both sets of conditions, and the continuing formal interaction and cooperation of these providers in the ongoing reassessment and treatment of the client. Alternatively integration may involve a single provider who is competent to address gambling disorder along with other disorders. *The threshold for “integration” relative to “collaboration” is the shared responsibility for the development and implementation of a treatment plan that addresses the gambling as well as substance use or mental health disorder. Although integrated services may often be provided within a single program in a single location, this is not a requirement for an integrated system. Integration might be provided by a single individual, if she/he is qualified to provide services that are intended to address all disorders.*

Source: Interviews with agency director, program clinical leaders, and clinicians. Some documentation may also exist (e.g. a memorandum of understanding, chart notes)

Item Response Coding: Coding of this item requires an understanding of the service system and structure of the program, specifically with regard to the provision of problem gambling services as well as substance abuse and mental health services. An understanding of the adapted SAMHSA terms defined above is also necessary. The PGCAP scoring directly corresponds to those definitions.

- Non-Gambling Integrated Services (NGIS) = (Score - 1): *No document of formal coordination or collaboration. Meets SAMHSA definition of Minimal Coordination.*
- (Score - 2): *Vague, undocumented, or informal relationship with problem gambling agencies or providers, or consulting with a staff member from that agency. Meets SAMHSA definition of Consultation.*
- Problem Gambling Capable (PGC) = (Score - 3): *Formalized and documented collaboration or collaboration with problem gambling services agency or provider. Meets SAMHSA definition of Collaboration.*
- (Score - 4): *Formalized coordination and collaboration, or availability of in house problem gambling specialists that share and coordinate client care. Meets SAMHSA definition of Collaboration and has some informal components consistent with integration. These programs have a system of care that meets the definition of collaboration and demonstrate an increased frequency of integrated elements. However, these elements are informal and not part of the defined program structure. Typical examples of activities that occur at this level would be informal staff exchange processes or case consultation/management on an as-needed basis to coordinate services.*
- Problem Gambling Enhanced (PGE) = (Score - 5): *Most services are integrated within the existing program, or routine use of case management or staff exchange programs. Meets SAMHSA definition of integration.*

ID. Financial Incentives

Definition: Programs that are able to merge funding for the treatment of substance use and/or mental health disorders with funding for the treatment of gambling disorders have a greater capacity to provide integrated services for individuals with co-occurring disorders or to address the impact of gambling on recovery for this primarily in treatment for SUD or MH disorders.

Source: Interview with agency director, CFO, utilization review coordinator, knowledge of regional rules and regulations.

Item Response Coding: Coding of this item requires an understanding of the program's current funding streams and the capacity to receive reimbursement for providing services for substance use, mental health and gambling disorders.

- Non-Gambling Integrated Services (NGIS) = (Score - 1): *Can only bill for substance use or non-problem gambling mental health disorders. Programs can only get reimbursement for services provided to individuals with a primary substance use or non-gambling mental health disorder. There is no mechanism for programs to be reimbursed for services provided to treatment gambling disorder.*
- (Score - 2): *Could bill for gambling disorder if substance use or other mental health disorder is primary, but staff report there to be barriers. OR: Partial reimbursement for gambling disorder services is available. The program's reimbursement codes allow for reimbursement as described in the PGC category, but the staff and administrators report*

and perceive barriers in getting reimbursed for problem gambling services; thus the program operates in a manner consistent with NGIS.

- Problem Gambling Capable (PGC) = (Score – 3): *Can bill for any service type, however a substance use or other mental health disorder must be primary.* Programs can be reimbursed for services provided to treat problem gambling and substance use or mental health disorders as long as the person being treatment has a substance use or other mental health disorder that is listed as primary.
- Problem Gambling Enhanced (PGE) = (Score – 5): *Can bill for problem gambling, substance use or mental health disorder treatments, or any combination and/or integration.* Programs can be reimbursed for services provided to treat singly or in combination gambling, substance use or mental health disorders. There are no specific requirements for the individual to have a substance use or other mental health disorder in addition to a gambling disorder.

II. Program Milieu

IIA. Routine expectation of and welcome to treatment for gambling as well as substance use and/or other mental health disorders.

Definition: Persons with any/all types of disorders are welcomed by the program or facility, and this concept is communicated in supporting documents. Persons who present with gambling disorders are not rejected from the program because of the presence of this disorder.

Source: Observation of milieu and physical environment, including posters on walls in waiting rooms and group rooms, as well as interviews with clinical staff, support staff, and clients. Admission criteria.

Item Response Coding: Coding of this item requires a review of staff attitudes and behaviors, as well as the program’s philosophy reflected in the organization’s mission statement and values.

- Non-gambling Integrated Services (NGIS) = (Score – 1): *Program expects substance use and/or non-gambling mental health disorders only, refers or deflects persons with gambling disorder or symptoms.* The program focuses on individual with substance use and/or non-gambling mental health disorders only. There is no acknowledgement of services to address problem gambling or of addressing the impact of gambling on recovery. The environment provides no indication that the topics of gambling or problem gambling are appropriate in this setting.
- (Score – 2): *Documented to expect substance use and/or non-gambling mental health disorders only (e.g., admission criteria, target population), but has informal procedure to allow some persons with gambling disorder to be admitted.* The program generally expects to manage only individuals with substance use and/or non-gambling mental health disorders, but does not strictly enforce the refusal or deflection of persons with gambling problems. The acceptance of persons with gambling disorders likely varies

according to the individual clinician's preferences or competency. There is no formal documentation indicating acceptance of persons with gambling disorders.

- Problem Gambling Capable (PGC) = (Score – 3): *Focus is on substance use and/or NG mental health disorders, but expects and accepts gambling disorders by routine and if co-occur with substance use or NG mental health disorders on which the agency focuses.* The program tends to primarily focus on individuals with substance use and/or non-gambling mental health disorders, but routinely expects and accepts persons with gambling disorders as secondary to substance use and/or other mental health disorders. This is reflected in the program's documentation, surroundings (brochures, posters, etc) and staff awareness.
- (Score – 4): *Program formally defined like PGC, but clinicians and program informally expect and treatment gambling disorder as a primary as well as secondary disorder; not well documented.* The program expects and accepts individuals with gambling disorders either as primary or secondary disorder, **but** the program has evolved to this level informally and does not have the supporting documentation to reflect this.
- Problem Gambling Enhanced (PGE) = (Score – 5): *Clinicians and program expect and treatment gambling disorders regardless of primacy or whether a substance use or non-gambling mental health disorder co-occurs with the gambling; well-documented.* The program routinely accepts individuals with gambling disorders regardless of occurrence of any other substance use or mental health disorder. Additionally, clinicians and program routinely and has formally mandated this through its mission statement, philosophy, welcoming policy and appropriate protocols.

IIB. Display and distribution of literature and client educational materials.

Definition: Programs that treat persons with gambling disorders (either as primary or as co-occurring) and address the impact of gambling on recovery create an environment which displays, distributes, and provides literature and educational materials that address problem gambling and the impact of gambling on recovery as well as material that addresses substance use and non-gambling mental health disorders.

Source: Observation of milieu and physical settings, review of documentation of client handouts, videos, brochures, posters and materials for clients and families that are available and or used in individual or group sessions. Client interviews are also completed.

Item Response Coding: Coding this item depends on examination of the clinic environment and waiting areas as well as review of client and family educational materials. Specifically the different types and displays of educational materials and public notices are considered.

- Non-gambling Integrated Services (NGIS) = (Score – 1): *Substance use or non-gambling mental health disorder or peer support (e.g., AA) only.* Materials that address Substance use or non-gambling mental health disorders are the only type that are routinely available (e.g., brochures on depression, warning signs of drug abuse).

- (Score 2): *Some material available for problem gambling along with material on substance use or NG mental health disorders – OR – some minimal mention of gambling as a co-occurring problem on some substance use or NG mental health material. Material on gambling and/or problem gambling is not offered routinely or formally available. Materials for problem gambling or that address the impact of gambling on recovery are available, but they are not routinely accessible or displayed equally (for example, some clinicians may have access to these materials based on their individual awareness or expertise). The majority of materials and literature are focused on substance use and NG mental health disorders.*
- Problem Gambling Capable (PGC) = (Score – 3): *Routinely available for problem gambling as well as the impact of gambling on recovery in waiting areas, client orientation materials, family visits, but distribution is less than for substance use and/or NG mental health disorders. Materials are routinely available for problem gambling as well as for the impact of gambling on recovery and are equitably displayed. However, materials for gambling disorders or the impact of gambling on recovery are not as frequently distributed by staff or the program.*
- Problem Gambling Enhanced (PGE) = (Score – 5): *Routinely and equivalently available for problem gambling as with substance use and NG mental health disorders and for the impact of gambling on recovery from a comprehensive range of other disorders (e.g., alcohol use disorder, depression, anxiety, schizophrenia, etc). Materials and literature address problem gambling as well as substance use and other mental health disorders and also attend to the impact of gambling (as well as problem gambling) on recovery from a full range of medical, substance use and mental health disorders. The topics of gambling and problem gambling are well integrated into a full range of materials addressing recovery. Materials also address issues of the impact of gambling on general health and well being (finances, loss and grief issues, etc).*

III. Clinical Process: Assessment

IIIA. Routine screening methods for problem gambling symptoms and the impact of gambling on recovery.

Definition: Programs that provide services to individuals with substance use or mental health disorder routinely and systematically screen for gambling problems and comprehensively assess the impact and role of gambling on an individuals recovery from substance use and/or other mental health disorders. The following text box provides a standard definition of “screening” adapted from SAMHAS’s Co-Occurring Measure (2007)

Screening: The purpose of screening is to determine the likelihood that a person has a gambling problem. It is also a preliminary evaluation of the possible impact of gambling on a person’s recovery from substance use or other mental health disorder. The purpose is not to establish the presence of a gambling disorder, but to evaluate the need for an in-depth assessment. Screening is a formal process that typically is brief and occurs soon after the patient presents for services. There are three essential elements that characterize traditional screening: intent, formal process, an early implementation.

- Intent: Screening is intended to determine the possibility of a co-occurring disorder [and in our context the potential impact of gambling on recovery], not to establish definitively the presence or absence or specific type of a disorder.
- Formal process: The information gathered during screening is substantially the same no matter who collects it. Although a standardized scale or test need not be used, the same information must be gathered in a consistently applied process and interpreted or used in essentially the same way for everyone screened.
- Early implementation: Screening is conducted early in a person’s treatment episode. For the purpose of this questionnaire, screening would routinely be conducted within the first four visits or within the first month following admission to treatment.

Source: Interviews with program leadership and staff, observations of medical record (or electronic medical record system) and intake screening form packets.

Item Response Coding: Coding of this item requires the evaluation of screening methods routinely used in the program.

- Non Gambling Integrated Services (NGIS) = (Score – 1): *Preadmission screening based on client self-report. Decision based on clinician inference from client presentation or by history.* The program has essentially no screening for gambling disorder or for addressing the impact of gambling on recovery. On occasion, a program at this level offers a minimal problem gambling screen (i.e., Lie-Bet questions) which is generally minimized or glossed over by program staff.

- (Score – 2): Pre-admission screening for problem gambling symptoms, treatment history prior to admission. The program includes some evidence based set of problem gambling screening questions, but completion of these items is not mandated or routinely utilized (occurs less than 80% of the time). At this level, the screen might include some questions regarding frequency of gambling activities or a research based brief problem gambling screen, history of attendance at GA as well as other 12 step groups, etc. However, items may frequently be left incomplete or unasked and considerable variability occurs across clinicians.
- Problem Gambling Capable (PGC) = (Score – 3): Routine set of standard interview questions for gambling problems using a well validated framework (e.g., PERC, SOGS, NODS) and integration of questions on impact of gambling in at least 50% of sections of intake data collection (i.e., family history, leisure activities). The program conducts a screening process with interview questions for gambling problems; it is incorporated into a more comprehensive and gambling integrated evaluation procedure and occurs routinely (at least 80% of the time). The problem gambling screening is standardized using evidence based, validated questions and procedures. Additionally, questions regarding the impact of gambling are integrated throughout the intake assessment (in at least 50% of major assessment categories). The format of the questions may be open-ended or discrete, but they are used consistently.
- Problem Gambling Enhanced (PGE) = (Score – 5): Screen using standardized or formal instruments for problem gambling with established psychometric properties. Screen includes standardized assessment of frequency of gambling on comprehensive range of gambling activities. Screening questions for evaluation the impact of gambling or problem gambling included in at least 80% of major categories of biopsychosocial intake assessment, including impact on medical conditions, finances, living situation, relationships, leisure activities, interaction with other mental health/substance use disorders, family history of gambling (along with substance use and mental health disorders), legal issues, cultural/spiritual preferences. The program conducts a systematic screening process which uses standardized, reliable and validated instruments and the impact of gambling is integrated comprehensively throughout the biopsychosocial assessment. All aspects of the gambling screening/impact screening are routinely (80% of time) by all clinicians and it is considered an essential component in directing the individual's care.

IIIB. Routine assessment if screened positive for problem gambling symptoms.

Definition: Programs that provide services to persons with substance use and mental health disorders should routinely and systematically assess for gambling problems. The following text box provides a standard definition of “assessment” and is adapted from SAMHSA’s Co-Occurring Measure (2007).

Assessment: An assessment consists of gathering information and engaging in a process with the client that enables the provider to establish the presence or absence of a gambling disorder and determine the client’s readiness for change; identify client strengths or risk factors that may affect the processes of treatment and recovery and particularly affect the client’s risk for gambling problems or for gambling to adversely impact their recovery and engage a person in the development. The purpose of the assessment is to establish (or rule out) the existence of a clinical disorder or service need and to work with the client to develop a treatment and service plan. Although a diagnosis is often an outcome of an assessment, a formal diagnosis is not required to meet the definition of assessment, as long as the assessment establishes (or rules out) the existence of a gambling disorder.

Assessment is a formal process that may involve clinical interviews, administration of standardized instruments, and/or review of existing information. For instance, if reasonably current and credible assessment information is available at the time of program entry, the (full) process need not be repeated. There are two essential elements for the definition of assessment: establish or rule-out a gambling disorder (diagnosis) and use results of the assessment in the treatment plan.

Establish (rule out) gambling disorder: The assessment must establish justification for services and yield sufficient information to determine or rule out the existence of a gambling disorder. (A specific diagnosis is not required).

Use results in the treatment plan: The assessment results must routinely be included in the development of a treatment plan.

Source: Interview with program leadership and staff, assessment forms or sections of EMR, policy and procedure manual, and medical record.

Item Response Coding: Coding of this item requires the evaluation of the assessment methodology routinely used in the program or facility.

- Non Gambling Integrated Services (NGIS) = (Score – 1): *Assessment for gambling problems and/or the impact of gambling on a client’s recovery is not recorded in the records.* There is no formal or standardized process that assesses for gambling disorder when such is suspected.
- Score – 2: *Assessment for gambling problems occurs for some clients, but is not routine or is variable by clinician.* This may include a more detailed biopsychosocial assessment that includes gambling items, but it is clinician driven with some clinicians assessing for gambling problems and others not (or clinicians deciding to ask some clients about gambling and not others). The program does not offer a standardized process to assess for gambling problems, but there are variable arrangements for a problem gambling assessment that are provided based upon clinician preference and expertise.
- Problem Gambling Capable (PGC) = (Score – 3): *Assessment for gambling disorder is present, formal, standardized and documented in 50-69% of the records.* Formal gambling disorder assessment typically occurs, particularly if there are positive indicators on initial intake/screening. The program has a formal policy and a regular mechanism for providing a formal problem gambling assessment as is necessary based on positive screening/intake indicators. A formal gambling disorder assessment is defined as a standardized set of elements or interview questions that assesses problematic gambling along (symptoms of gambling disorder, history of gambling and problem gambling, stage of change regarding gambling, etc) in a comprehensive fashion. This level of gambling assessment requires the expertise of an individual who is capable of conducting such an evaluation, either by education, training, licensure, certification, or supervised experience. This could be done on site or off site with a formal relationship as documented in a memorandum of understanding, for example.
- (Score – 4): *Assessment for gambling disorder is present, formal, standardized and documented in 70-89% of the records.* This includes having a policy and capacity for formal gambling assessments, as defined above, following all cases in which there are positive screening/intake indicators.
- Problem Gambling Enhanced = (Score-5): *Assessment for gambling disorder is formal, standardized and integrated with assessment for substance use symptoms and mental health symptoms and documented in at least 90% of the records.* The program provides standardized or formal integrated assessment to all individuals following any positive indicators on screening/initial intake per formal policy. An integrated assessment entails comprehensive assessment for gambling disorders along with substance use and mental health disorders, which is conducted in a systematic, integrated and routine manner by a competent provider.

IIIC. Routine assessment of impact of gambling on recovery.

Definition: Programs that provide services to persons with substance use and mental health disorders should routinely and systematically assess for the impact of gambling on their substance use disorder and/or mental health recovery. The following text box applies a standard definition of “assessment” adapted from SAMHSA’s Co-Occurring Measure (2007) to the process of evaluating the impact of gambling on recovery.

Assessment: An assessment consists of gathering information and engaging in a process with the client that enables the provider to broadly evaluate the impact of gambling on the client’s recovery; determine the client’s readiness for change; identify client strengths or risk factors that may affect the processes of treatment and recovery and particularly affect the client’s risk for gambling to adversely impact their recovery and engage a person in the development of a recovery plan. The purpose of the assessment is to establish (or rule out) adverse effects of gambling on their recovery and to work with the client to develop a treatment and service plan. Although a diagnosis is often an outcome of an assessment, a formal diagnosis is not required to meet the definition of assessment, as long as the assessment establishes (or rules out) the existence of a gambling disorder and clarifies the impact of gambling (and potential risk for development of gambling problems) on the client’s recovery.

Assessment is a formal process that may involve clinical interviews, administration of standardized instruments, and/or review of existing information. For instance, if reasonably current and credible assessment information is available at the time of program entry, the (full) process need not be repeated. There are two essential elements for the definition of assessment: establish or rule-out a gambling disorder (diagnosis) and to specify the current and potential effects that gambling is likely to have on the client’s recovery and use results of the assessment in the treatment plan (i.e. establish guidelines for gambling in recovery).

Establish (rule out) gambling disorder: The assessment must establish justification for services and yield sufficient information to determine or rule out the existence of a gambling disorder as well as establish the potential risks or benefits of gambling in recovery (A specific diagnosis is not required).

Use results in the treatment plan (particularly include the impact of gambling on recovery as part of treatment planning): The assessment results must routinely be included in the development of a treatment plan.

Source: Interview with program leadership and staff, assessment forms or sections of EMR, policy and procedure manual, and medical record.

Item Response Coding: Coding of this item requires the evaluation of the assessment methodology routinely used in the program or facility.

- Non Gambling Integrated Services (NGIS) = (Score – 1): *Assessment for the impact of gambling on a client’s recovery is not recorded in the records.* There is no formal or standardized process that assesses for the impact of gambling on a client’s recovery.
- Score – 2: *Assessment for the impact of gambling on client’s recovery occurs for some clients, but is not routine or is variable by clinician.* This may include a more detailed biopsychosocial assessment that includes gambling items, but it is clinician driven with some clinicians assessing for the impact of gambling and others not (or clinicians deciding to ask some clients about gambling and not others). The program does not offer a standardized process to assess for the impact of gambling, but there are variable arrangements for a gambling assessment that are provided based upon clinician preference and expertise.
- Problem Gambling Capable (PGC) = (Score – 3): *Assessment for the impact of gambling is present, formal, standardized and documented in 50-69% of the records.* Formal impact of gambling assessment typically occurs, particularly if there are positive indicators on initial intake/screening. The program has a formal policy and a regular mechanism for providing a formal impact of gambling assessment as is necessary based on positive screening/intake indicators. A formal impact of gambling assessment is defined as a standardized set of elements or interview questions that assesses the impact of gambling on recovery (history of gambling and and/or gambling problems, history of the interconnection between gambling, substance use and mental health concerns, benefits and risks of gambling in client’s life, family and cultural gambling traditions, impact of family member’s gambling on client’s recovery, stage of change regarding gambling, etc) in a comprehensive fashion. This level of gambling assessment requires the expertise of an individual who is capable of conducting such an evaluation, either by education, training, licensure, certification, or supervised experience. This could be done on site or off site with a formal relationship as documented in a memorandum of understanding, for example.
- (Score – 4): *Assessment for /impact of gambling is present, formal, standardized and documented in 70-89% of the records.* This includes having a policy and capacity for formal gambling assessments, as defined above, following all cases in which there are positive screening/intake indicators.
- Problem Gambling Enhanced = (Score-5): *Assessment for impact of gambling is formal, standardized and integrated with assessment for substance use symptoms and mental health symptoms and documented in at least 90% of the records.* The program provides standardized or formal integrated assessment to all individuals following any positive indicators on screening/initial intake per formal policy. An integrated assessment entails comprehensive assessment for impact of gambling, which is conducted in a systematic, integrated and routine manner by a competent provider.

IIID. Gambling Disorder diagnosis made and documented along with substance use and/or mental health disorders.

Definition: Programs have the capacity to routinely and systematically diagnose gambling disorders along with substance use and/or mental health disorders.

Source: Interview with staff, medical record/chart.

Item Response Coding: Coding of this item requires the review of diagnostic practices within the program.

- Non Gambling Integrated Services (NGIS) = (Score – 1): *Gambling Disorder diagnoses are neither made nor recorded in records.* The program does not provide diagnosis for gambling disorder. In some cases, diagnosis of gambling disorder may be discouraged or not recorded.
- (Score-2): *Gambling disorder diagnostic impressions or past treatment records are present in records, but the program does not have a routine process for making and documenting gambling disorder diagnosis.* The program has a limited capacity to provide gambling disorder diagnosis in an inconsistent capacity. At most, this service is provided occasionally or on an as needed basis.
- Problem Gambling Capable (PGC) = (Score – 3): *The program has a mechanism for providing gambling disorder diagnostic services in a timely manner.* Gambling disorder diagnoses are documented in 50 – 69% of the records. The program has established a formal mechanism for gambling disorder diagnosis to be provided and documented. There is some variability in the program’s capacity to do this, but these diagnostic services are provided with enough regularity to meet the needs of individuals with severe or acute gambling problems.
- (Score – 4): *The program has a mechanism for providing routine, timely gambling disorder diagnostic services.* Gambling disorder diagnoses are documented in 70-89% of appropriate cases in the record. Gambling disorder diagnosis are more frequently recorded, but somewhat inconsistently; it is done if issues are identified in the assessment.
- Problem Gambling Enhanced = (Score – 5): *Comprehensive gambling disorder diagnostic services are provided in a timely manner.* Gambling disorder diagnosis is documented in the record in at least 90% of appropriate cases. Standard and routine gambling disorder diagnoses are consistently made. The program has a formal mechanism to ensure a comprehensive diagnostic assessment for each individual which ensures that gambling disorder diagnosis, when warranted, is consistently made and documented.

IIIE. Gambling history reflected in the medical record.

Definition: Biopsychosocial and other clinical assessment and evaluation processes routinely assess and describe current and past history of gambling and problems related to gambling, including family history of gambling and problem gambling.

Source: Medical record.

Item Response Coding: Coding of this item requires the review of documentation, specifically the protocols or standards for the collection of the individual's gambling history.

- Non Gambling Integrated Services (NGIS) (Score – 1): *Collection of substance use and/or mental health history only.* The program does not utilize or promote standardized collection of gambling history and only collects substance use and/or mental health history on a routine basis.
- (Score – 2): *Standard form collects substance use and mental health history only. Gambling history collected inconsistently.* In addition to the routine collection of substance use and mental health history, the program encourages collection of gambling history, but this history is neither structured nor incorporated in to the standardized assessment process. The degree and variability in collection methods varies considerably by clinician preference and competency. If the program provides a means of collecting formal gambling history, the program does so only variably (less than 80% of the time).
- Problem Gambling Capable (PGC) = (Score – 3): *Routine documentation of gambling along with substance use and mental health history in record and in narrative section (even if this means that there is documentation of no history of gambling or problem gambling).* In the course of routine collection of substance use or mental health history, there is a narrative section in the record that discusses gambling/problem gambling history and this documentation occurs at least 80% of the time. When applicable for an individual's history, narrative section even notes the absence of a gambling/problem gambling history
- (Score 4): *Specific section in the record dedicated to history and chronology of gambling as well as mental health and Substance use disorders*
- Problem Gambling Enhanced = (Score -5): *Specific section in record devoted to history and chronology of course of gambling disorder as well as mental health and/or substance use disorder and the interaction between them is examined temporally.* The program has established a specific standardized section of the assessment that is devoted to impact of gambling/gambling disorder as well as to substance use and/or mental health disorders, and this section also provides historical information regarding the interactions among the disorders. The impact of gambling/gambling disorder section is structured and has specific content or elements that are to be covered in this section of the assessment, **and** this documentation is completed at least 80 percent of the time.

IIIF. Program acceptance based on problem gambling symptom acuity/severity/persistence: low, moderate, high.

Definition: Programs offering services to individuals with co-occurring disorders use problem gambling symptom acuity/severity/persistence within the current presentation to assist with the determination of the individual's needs and appropriateness, and whether the program is capable of effectively addressing these needs.

Source: Interview with program leadership and staff, policy and procedure manual, and initial contact and/or referral form.

Item Response Coding: Coding of this item requires an understanding of clinical protocol for individuals who present with different levels of problem gambling symptom acuity/severity/persistence (e.g., severity of financial problems, legal problems, relapse potential). The level of care capacities within the program must be taken into account when rating this item.

- Non Gambling Integrated Services (NGIS) (Score – 1): *Admits persons with no to low acuity/severity/persistence.* The program does not care for individuals who present with any level of problem gambling symptom acuity.
- Problem Gambling Capable = (Score – 3): *Admits persons in program with low to moderate acuity/severity/persistence, whose gambling behavior does not create immediate crisis in terms of debt, legal issues, housing, etc. or whose gambling behavior creates serious emotional problems (i.e. severe depression or anxiety) or whose gambling history is prolonged and unresponsive to interventions.* The program is capable of providing care to individuals who present with low to medium acuity/severity/persistence of problem gambling symptoms (i.e., there is no immediate financial, legal, housing or relational crisis due to gambling or history of severe and persistent gambling and gambling consequences) and there is some capacity for self-regulation. These programs are able to plan for and temporarily manage some crisis stabilization interventions with gambling relapses or increases, but tend to rely on linkages/referrals to problem gambling specific programs.
- Problem Gambling Enhanced = (Score – 5): *Admits persons in program with moderate to high acuity/severity/persistence, including severe and persistent financial, legal, emotional etc consequences of gambling and/or are at high relapse risk potential.* The program is capable of providing services to individuals who present with all ranges of problem gambling symptom acuity/severity/persistence, including those with high acuity and severity and long term persistence of symptoms. These programs have the capacity to provide comprehensive treatment in an integrated manner for these high-acuity/severity/persistence individuals and are not dependent on a referral system with problem gambling services. These individuals are often characterized as having chronic, potentially lifelong impairment and consequences as a result of gambling behavior. In this case, there may be a significant history of gambling recurrence and/or evidence of continued impairment due to gambling behavior. PGE programs are able to comprehensively manage the complex treatment needs of these individuals.

IIIG Stage-wise assessment.

Definition: For individuals with gambling problems along with substance use and mental health disorders, the assessment of readiness to change for the gambling problems as well as for the substance use and/or mental health disorders is essential to the planning of appropriate services. Assessment of motivational stages across all the identified areas of need is a comprehensive approach. Doing so helps to more strategically and efficiently match the individual to appropriate levels of service intensities.

Source: Interview with program staff, medical records.

Item Response Coding: Coding of this item requires an understanding of the assessment procedures used in the determination of the stages of change or a similar model to systematically determine treatment readiness or motivation.

- Non Gambling Integrated Services (NGIS) (Score – 1): *Not assessed or documented.* The program does not have an established protocol within the evaluative procedures that assesses or documents motivation (stage of change or stage of treatment) for gambling problems.
- Score – 2: *Assessed and documented variably by individual clinician.* The program has an informal non-standardized process to assess motivation (stage of change or stage of treatment) or the program has encouraged the use of a protocol that assesses motivation, but the process is irregularly used (less than 80% of the time).
- Problem Gambling Capable (Score – 3): *Clinician assessed and routinely documented, focused on substance use and/or mental health motivation.* The program has a routinely used assessment protocol that incorporates an assessment of motivation (stage of change or stage of treatment) primarily for substance use and/or mental health and documents this consistently for these disorders (at least 80% of the time) and more variably by individual clinician for gambling problems (less than 60% of the time).
- Score – 4: *Formal measure used and routinely documented focusing on problem gambling.* The program has a formal measure for gambling motivation along with those for substance use and/or mental health but the process is used irregularly (less than 80% of the time).
- Problem Gambling Enhanced = (Score – 5): *Formal measure used and routinely documented that focuses on problem gambling as well as substance use and/or mental health motivation.* The program has a routinely used assessment protocol that incorporates standardized instruments to assess and document motivation (stage of change or stage of treatment) for gambling problems as well as substance use and/or mental health (80% or more of the time).

IV. Clinical Process: Treatment

IVA. Treatment Plans.

Definition: In the treatment of individuals with SUD, MH and co-occurring disorders, the treatment plans indicate that gambling problems/impact of gambling will be addressed as well as substance use and mental health disorders.

Source: Review of treatment plans.

Item Response Coding: Coding of this item requires an understanding of the program's treatment planning process as well as any standardized procedures and formats used in treatment planning.

- Non Gambling Integrated Services (NGIS) (Score – 1): *Address substance use and/or mental health disorders only (problem gambling/impact of gambling not listed).* Within the program, the treatment plans focus exclusively on substance use and/or mental health disorders only.
- Score -2: *Variable by individual clinician (i.e., plans vaguely or only sometimes address gambling problems/impact of gambling).* Within the program, treatment plans for individuals with co-occurring disorders do not often or specifically address the gambling problems/impact of gambling while the substance use and/or mental health disorders are more comprehensively targeted. The variability is likely due to individual clinician preferences/competencies or resource/time constraints.
- Problem Gambling Capable = (Score – 3): *Plans routinely address all disorders although substance use and/or mental health disorders are addressed as primary, gambling problems as secondary with generic interventions.* Within the program, the treatment plans of individuals with co-occurring gambling issues routinely (at least 80% of the time) address both the gambling as well as the substance use and/or mental health disorders, although the treatment planning for the substance use and/or mental health disorders tends to be more specific and targeted. Gambling problems/impact of gambling are regularly addressed, albeit in a somewhat non-specific fashion and often within the framework of substance use or mental health relapse prevention.
- Score – 4: *Plans routinely address problem gambling/impact of gambling issues along with substance use and mental health disorders; equivalent focus on all disorders; some individualized detail is variably observed.* Within the program, the treatment plans of individuals with co-occurring disorders routinely consider gambling problems/impact of gambling equivalently along with substance use and/or mental health disorders. However, individualized objectives and interventions specific to each disorder are not consistently incorporated.
- Problem Gambling Enhanced = (Score – 5): *Plans routinely address problem gambling/impact of gambling issues equivalently with substance use and/or mental health disorders and in specific detail; comprehensive interventions for*

gambling issues are used. Within the program, the treatment plans of individuals with co-occurring disorders consistently (at least 80% of the time) and equivalently address problem gambling/impact of gambling issues along with substance use and/or mental health disorders with clear, specific, measurable objectives and individualized interventions that systematically target symptoms of all of the specific disorders. Additionally, the interventions used by the program include both psychosocial and pharmacological treatments.

IVB. Assess and monitor interactive courses of both disorders.

Definition: In the treatment of persons with SUD, MH and co-occurring disorders, the continued assessment and monitoring of problem gambling/gambling behaviors along with substance use and/or mental health disorders as well as the interactive courses of the disorders is necessary.

Source: Medical records.

Item Response Coding: Coding for this item requires an understanding of the program's process and procedures for monitoring co-occurring disorders.

- Non Gambling Integrated Services (NGIS) (Score – 1): *No attention or documentation of progress with gambling problems.* Within the program, treatment monitoring and documentation reflect a focus on substance use and/or mental health disorders only.
- Score – 2: *Variable reports of progress on gambling problems by individual clinicians.* Within the program, treatment monitoring of co-occurring gambling problems is conducted inconsistently, largely depending on clinician preference/competence as well as staff resources.
- Problem Gambling Capable = (Score 3): *Routine clinical focus in narrative (treatment plan review or progress note) on gambling problem change; description tends to be generic.* Treatment monitoring for individuals with co-occurring disorders routinely (at least 80% of the time) reflects a clinical focus on changes in problem gambling symptoms, but this monitoring tends to be a basic, generic or qualitative description within the record.
- Score – 4: *Treatment monitoring and documentation reflecting equivalent in-depth focus on gambling problems along with substance use and/or mental health disorders is available by variably used.* Treatment monitoring and documentation sometimes reflect a more systematic and equally in-depth focus on the changes in problem gambling symptoms as well as changes in substance use and mental health symptoms, although this is done variably (less than 80% of the time).
- Problem Gambling Enhanced = (Score – 5): *Treatment monitoring and documentation routinely reflects clear, detailed and systematic focus on change for gambling problems as well as substance use and/or mental health*

disorders. Treatment monitoring and documentation routinely (at least 80% of the time) reflect a systematic and in-depth focus on changes in gambling problems as well as symptoms of substance use and/or mental health disorders.

IVC. Stage-wise treatment.

Definition: Within programs that treat individuals with SUD, MH and co-occurring disorders, ongoing assessment of readiness to change contributes to the determination of continued services which appropriately fit that stage in terms of treatment content, intensity and utilization of outside agencies.

Source: Interviews with clinicians, review of treatment plans/reviews and progress notes.

Item Response Coding: Coding of this item requires an understanding of the program's protocol for the continued assessment and monitoring of the individual as well as whether the stages of change assessment is part of this continued follow-up. Note: Programs that do not routinely assess the stage of motivation in the initial assessment will likely not consistently address this issue during the course of treatment.

- Non Gambling Integrated Services (NGIS) (Score – 1): *Not assess or explicit in the treatment plan.* The program does not monitor motivational stages for gambling problems/impact of gambling in an ongoing fashion throughout treatment.
- Score – 2: *Stage of change or motivation to address gambling problems/impact of gambling documented variably by individual clinician in the treatment plan.* The program assesses and documents problem gambling/impact of gambling stages of change/motivation on an inconsistent and informal basis throughout the course of treatment. This is largely driven by clinician preference or competence.
- Problem Gambling Capable = (Score – 3): *Stage of change/motivation for substance use issues routinely incorporated into individualized plan, but no specific stage-wise treatments and stage of change/motivation for gambling issues variably and inconsistently addressed and not integrated into comprehensive stage wise treatment plan.* The program has endorsed the concept of ongoing stage of change assessment and has inserted this into clinical procedures related to substance use disorders. The program routinely (at least 80% of the time) assesses and documents stage of change related to substance use issues throughout the treatment course, but more variably and inconsistently (less than 60% of the time) assesses and documents stage of change related to gambling issues. Also, treatment interventions **do not** reflect these ongoing stage-wise assessments either for substance use/mental health or gambling issues. This mismatch is often due to the generic application of core services or the placement of individuals into service tracks as opposed to an individualized approach.
- Score – 4: *Stage of change or motivation routinely incorporated into individualized plan; general awareness of adjusting treatments done by substance abuse stage consistently, with gambling issues variably included in integrated stage-wise treatment matching.* There is evidence that the program considers individual stage of change/motivation in delivering treatments for substance use disorders throughout the

course of treatment although still somewhat variable (less than 80% of the time). Gambling issues are inconsistently integrated into comprehensive stage-wise matched treatment interventions (less than 80% of the time).

- Problem Gambling Capable = (Score – 5): *Stage of change/motivation routinely incorporated into individualized plan, and formally prescribed and delivered stage-wise treatments for substance use, mental health and gambling issues.* The program regularly assesses and documents stage of change/motivation for substance use/mental health and gambling problems/impact throughout the course of treatment, and specific stage-wise treatments for all disorders are routinely provided (at least 80% of the time) to individuals based on these re-assessments.

IVD. Integration of Problem Gambling/Impact of Gambling in treatment content

Definition: Programs that are problem gambling/impact of gambling integrated consistently reference gambling and problem gambling along with substance use and mental health disorders. That is clinicians talk about alcohol, drugs and gambling consistently and as part of program policy. Clinicians are sure to utilize examples that are appropriate to problem gambling as well as to substance use and mental health disorders on a routine basis. All treatment manuals and protocols reference gambling and problem gambling along with substance use and mental health disorders. Problem gambling is routinely addressed as a distinct addiction and the interactions among gambling behavior, substance use and mental health are routinely discussed.

This PGCAP item pertains to the consistent infusion of the topic of gambling and problem gambling both as they specifically interact with SUD and MH disorders. Frequently, providers include gambling or problem gambling only as a topic for a special psychoeducational group offered only occasionally. This item rather refers to the inclusion of problem gambling and/or the impact of gambling on recovery consistently across all formats and is routinely reference in the language used by providers to refer to the scope of disorders clients are likely to experience. For example, it is rare today that providers would refer exclusively to alcohol use in the treatment of SUD's or refer only to cocaine or opiate use. In this way gambling and problem gambling are equally included, referenced and discussed in fully integrated programs.

PGC programs will typically have consistent, but isolated interventions which address the impact of gambling/problem gambling, with variable integration into standard materials and intervention. For example they may have a discrete module on problem gambling, but do not routinely speak in terms of alcohol, drugs and gambling. They may address problem gambling as an additional addictive behavior, but do not consistently in treatment materials, practice and policy address the interaction among gambling, substance use and mental health. The extent to which the impact of gambling/problem gambling is integrated is more variable and related to provider preference, skill and experience.

PGE programs will consistently and routinely reference and include the impact of gambling and problem gambling in all treatment interventions. For example, in talking about the range of disorders clients are experiencing or be likely to experience, providers will refer to substance use, mental health and gambling disorders or when discussing relapse triggers will discuss how alcohol use might trigger mental health or gambling problems or how gambling might trigger substance use or gambling problems. PGE programs routinely discuss not only SU, MH and PG as distinct disorders, but also routinely address the interactions and potential interactions among even non-problematic levels of gambling and other disorders or risky behaviors. PGE programs also utilize available integrated manual based treatments (e.g. Problem Gambling Integrated Florida State Manual for Co-Occurring Disorders; PG Integrated Matrix Manual), or since there are few such PG integrated manualized treatments, they have collaborated to integrate PG into treatment materials in use in their agency.

Source: Interviews with clinicians and patients, review of treatment plans, progress notes, treatment manuals and materials, group schedule and curriculum, and observation of groups.

Item Response Coding: Coding of this item requires an understanding of the program's clinical interventions particularly with regard to consistency of referencing and addressing both the impact of gambling on recovery, problem gambling as a unique addictive disorder and the interactions between gambling, substance use and mental health.

- Non Gambling Integrated Services (NGIS) (Score – 1): *Not addressed in program content.* The program services do not include any impact of gambling/problem gambling references, interventions, materials.
- (Score – 2): *Based solely on judgment by individual clinician; variable penetration into routine services.* The program very inconsistently provides isolated interventions for the impact of gambling/problem gambling. The variability is secondary to the judgment or expertise/interest of the individual clinician.
- Problem Gambling Capable = (Score – 3): *In program routinely as an isolated intervention (e.g. monthly group on problem gambling) with variable integration into standard practices dependent on clinician judgment, interest, skill (e.g., clinicians with training in PG are likely to include the topic of gambling or use appropriate examples of gambling behaviors along with substance use and mental health).* The program is able to routinely incorporate impact of gambling/problem gambling interventions (at least 80% of the time). This is translated to mean that clients attending this program almost always receive some treatment intervention that addresses the impact of gambling on recovery and problem gambling. **And:** There is some effort to integrate the impact of gambling/problem gambling more comprehensively throughout all treatment interventions. Some clinicians may integrate impact of gambling/problem gambling throughout their interventions.
- (Score – 4): *There is more substantial movement toward inclusion of the impact of gambling/problem gambling in all aspects of treatment intervention.* The program meets the standards set at DDC, **and** the program shows movement to routinely addressing the interaction among gambling, substance use and mental health. At least 60% of treatment interventions are gambling/problem gambling integrated.

- Problem Gambling Enhanced = (Score – 5): *Consistent inclusion of the impact of gambling/problem gambling references, examples and content throughout treatment interventions by practice and policy.* The program includes impact of gambling/problem gambling specific interventions (e.g. groups focused on the topic of problem gambling) but these are viewed as only one aspect of a more comprehensive integration of the topic of gambling throughout all treatment interventions. Reference is consistently made to substance use, gambling and mental health by all clinicians in all aspects of treatment (at least 80% of the time). Treatment materials consistently reference and integrate the impact of gambling/problem gambling into content (at least 80% of the time). The interaction among gambling, substance use and mental health is routinely blended into treatment interventions.

IVE. Specialized, stage appropriate individualized interventions with problem gambling content

Definition: Programs that treat individuals with substance use, mental health or co-occurring disorders utilize specific therapeutic interventions and practices that target specific problem gambling signs and symptoms in an individualized and stage specific manner. Interventions that could be applied to persons with co-occurring disorders include both abstinence-based and limited gambling/harm reduction, evidence based treatments (e.g., CBT, Twelve Step Facilitation, MI).

This PGCAP item pertains to the availability of stage appropriate individualized therapeutic interventions for those clients who present signs or symptoms of gambling problems or for those clients for whom gambling negatively impacts their recovery. While providers may focus on the primary issue that brought a client into treatment, they are open to addressing gambling problems as contributing to the primary diagnosis as well as to gambling problems being of equal significance or even being an unrecognized primary clinical issue.

PGC programs will typically routinely address gambling problems/behaviors as significant, but secondary to substance use and/or mental health disorders. Gambling problems may receive specific therapeutic interventions, but are seen as a secondary issue. PGC programs are likely to be able to address mild to moderate gambling problems. PGC programs are likely to refer out clients for whom problem gambling is seen as a primary or severe problem.

PGE programs will routinely address the full range of severity of gambling problems among clients. By both practice and policy that routinely provide a continuum of stage appropriate PG specific treatment interventions that address gambling as either a secondary or primary disorder.

Source: Interviews with clinicians and clients, review of treatment plans, progress notes, program policies and procedures. Review of treatment protocols and materials.

Item Response Coding: Coding of this item requires an understanding of the programs interventions for individuals with co-occurring gambling problems that focus on gambling concerns, symptoms and disorders.

- Non Gambling Integrated Services (NGIS) (Score – 1): *Problem gambling signs and symptoms not addressed in program interventions.* The program services do not include therapeutic interventions intended to specifically address problem gambling concerns, symptoms of disorders.
- (Score – 2): *Based on judgment/expertise of individual clinician, variable penetration into routine services.* The program inconsistently provides interventions that are problem gambling specific for those individuals who present signs or symptoms of gambling problems or for whom gambling negatively impacts their recovery. The variability is secondary to the judgment or expertise of the individual clinician.
- Problem Gambling Capable = (Score-3): *Program routinely addresses problem gambling signs and symptoms as secondary to SUD or MH disorder. Routine clinician adaptation of an evidence-based treatment to address gambling as a relapse risk factor or co-occurring addiction.* The program is able to routinely incorporate (at least 80% of the time) problem gambling specific interventions for those individuals who show signs and symptoms of a gambling disorder or for whom gambling is a significant risk factor for relapse or exacerbation of substance use and/or mental health disorder. This is translated to mean that individuals with co-occurring gambling problems who are treated within the program almost always received treatment interventions that specifically target gambling problems. However, gambling issues are viewed and address as secondary to MH and/or SUD. Clinicians are likely to adapt standard or evidence based treatments employed in their MH or SUD interventions to address gambling issues rather than employ specific evidence based problem gambling interventions (e.g. imaginal desensitization, budget management and money protection, CBT strategies that include gambler’s irrational thinking, etc).
- (Score – 4): *Some PG specialized interventions by specifically trained clinicians in addition to more general adaptations of MH and SUD approaches.* The program meets standards of PGC **and** shows some movement toward the PGE level by having some capacity to provide components of more specialized PG interventions by clinicians who have specific PG training.
- Problem Gambling Enhanced = (Score – 5): *Routine PG specific individualized interventions are provided in stage appropriate manner for individuals who present signs and symptoms of problem gambling. Problem Gambling disorders are treated as primary and co-equal to MH and SUD. Program has capacity to treat individuals with all levels of problem gambling severity along with co-occurring substance use and mental health disorders.* The program through both policy and practice routinely (at least 80% of the time) provides targeted PG interventions that are individualized and stage appropriate to the disorder. This is translated to mean that individuals with co-occurring PG almost always receive skilled interventions specific to their gambling problems regardless of whether the PG is viewed as primary or secondary to co-occurring disorders. The PG interventions at this level are characterized as

comprising a comprehensive array of services including PG specific, evidence based interventions as well as integrated treatments for co-occurring disorders.

IVF. Education about gambling disorder, treatment and interaction with substance use and mental health disorders.

Definition: Programs that offer treatment to individuals with substance use and/or mental health disorders provide education about problem gambling and the impact of gambling on SUD and MH recovery, including characteristics, features and interactive courses of all disorders, prevention and treatment information. Programs also integrate problem gambling throughout all psychoeducational offerings.

Source: Interviews with staff and clients, review of schedules and materials used in psychoeducational groups, group curriculum, and progress notes.

Item Response Coding: Coding of this item requires an understanding of the program's educational components, how they integrate problem gambling and how they address gambling disorder and the impact of gambling on MH and SUD recovery.

- Non Gambling Integrated Services (NGIS) = (Score – 1): *PG and the impact of gambling on recovery is not at all included in psychoeducational offerings and materials.* The program does not offer education about problem gambling, its interaction with MH and SUD or the impact of gambling in MH and SUD recovery.
- (Score – 2): *PG education offered variably or by clinician judgment.* The program may occasionally offer education about PG or the impact of gambling on MH and SUD recovery, but such programming is not a consistent part of the psychoeducational curriculum, nor is PG integrated into other MH or SUD educational components. It is mentioned only variably based on clinician training or interest.
- Problem Gambling Capable = (Score – 3): *Program offers routine education on problem gambling or the impact of gambling on recovery as an isolated class or group as part of a cycle of educational topics and is routinely delivered in individual and/or group formats.* The program routinely (at least 80% of the time) provides to all patients general education about problem gambling and/or the impact of gambling on MH and SUD recovery. Examples include educational lectures on problem gambling as a sequential addiction, lectures on signs and symptoms of gambling problems, lecture gambling as a relapse trigger. These lectures are designed to inform and not designed to treat.
- (Score – 4): *In addition to routine education specifically on problem gambling, more general or MH/SUD educational offerings integrate gambling/problem gambling and the interaction among all 3 disorders is addressed in educational offerings variably.* Program meets criteria for PGC and is beginning to integrate gambling/problem gambling throughout its range of psychoeducational offerings

(at least 60% of the time). These integrated educational components consistently speak in terms of SUD/MH/PG and address the interactions among the disorders. The program provides some education that specifically address a client's specific gambling problems, but this is done variably and driven primarily by clinician expertise and preference.

- **Problem Gambling Enhanced** = (Score – 5): *PG specific educational components are included in group and individual curriculum and problem gambling/gambling impact content is thoroughly infused in all educational modules and topics. Additionally a continuum of PG specific educational components are available to address the needs of clients with the full range of gambling problems. The program routinely offers to all clients' basic education on problem gambling, the impact of gambling on MH and SUD recovery as described at the PGC level. The program has also integrated the topic of gambling/gambling impact throughout all of its educational modules (at least 80 %). The interaction among problem gambling/SUD/MH is a standard aspect of all educational offerings (at least 80%). Additionally, the program provides specific educational components that can address clients' specific gambling issues in terms of gambling severity, types of gambling, client's motivation, etc.). These instructional sets tend to be more in-depth and are designed to address specific needs and risks of individuals in treatment.*

IVG. Family Education and Support.

Definition: Programs that offer treatment to individuals with substance use, mental health or co-occurring disorders integrate the topic of gambling/problem gambling into all educational components offered to family members. PG is integrated into educational components so that collaterals as well as clients, are educated about the potential risk of gambling as its own addictive behavior and of its potential risk for SUD and MH recovery. Also, for those clients who present signs and symptoms of problem gambling or for whom gambling negatively impacts their recovery, programs provide education and support to family members regarding specific gambling issues and their interaction with SUD and MH. This specific education is designed to provide realistic expectations, information on interactive course of disorders, and positive prospects for recovery. It is also designed to provide a safe and supportive environment for family members to address specific concerns and be involved in the individual's treatment planning as necessary. Family education and support can occur in individual or group formats. Family is broadly defined to include any significant others and members of support systems.

Source: Interviews with clinicians and clients, schedule of and curriculum for support groups, and review of treatment plans and progress notes.

Item Response Coding: Coding of this item requires an understanding of the programs educational and supportive components for the family or significant others that address

problem gambling, the impact of gambling on recovery and the interaction among disorders.

- Non Gambling Integrated Services (NGIS) (Score – 1): *For substance use or mental health disorders only, or no family education at all.* The program may provide education and support to family members, but the focus is only on substance use and/or mental health disorders.
- (Score – 2): Variably or by clinician judgment. The program sometimes provides educational groups or support to families regarding problem gambling along with other disorders and may at times address problem gambling/gambling if questions raised. These services are informally conducted and usually depend on the competency and preference of the treating clinician.
- Problem Gambling Capable = (Score – 3): *Problem gambling issues routinely but informally incorporated into family education or support sessions. Available as needed.* The program offers some routine education about problem gambling (e.g. one lecture in a family education series) to support and education family members about problem gambling as a unique disorder as well as risk factor in substance use and mental health recovery. Gambling/problem gambling is addressed as secondary to substance use and mental health disorders. Capacity to provide individualized support for family members of a client with a gambling problem is variable and generally secondary to counselor competency and preference.
- (Score – 4): Problem gambling issues routinely and more formally incorporated into family education or support sessions. Structured family interventions to specifically address gambling issues and support families dealing with gambling problems more routinely accessible. The program has established family education and support groups that intentionally address gambling problems as well as MH and SUD. **And** the program makes some effort to have individualized supports available to specifically support and provide more in depth education to specifically address the issue of gambling problems in families. More options are available to address gambling as a primary focus of family interventions but still less than 80% of the time.
- Problem Gambling Enhanced = (Score – 5): *Routine and systematic problem gambling integrated family group integrated into standard program format. Problem Gambling specific family supports also routinely available for those families for whom gambling is identified as a recovery issue (at least 80% of the time).* The program routinely includes problem gambling and the impact of gambling as a comprehensively integrated topic into its family education interventions. Family education references problem gambling consistently along with SUD and MH, addresses the interactions among disorders, discusses problem gambling as co-equal disorder, and addresses the impact of gambling on recovery within families. **And:** the provision of this service is considered a standard part of treatment interventions with the majority of families/significant others of individuals with identified co-occurring disorders participating in these activities. Additionally, program has the capacity to routinely provide in-depth education and support for families to address the unique problem gambling issues for those families for whom this is pertinent (at least 80% of the time).

IVH. Specialized interventions to facilitate use of peer support groups.

Definition: Substance use, mental health and co-occurring disorder programs provide information, education and access to problem gambling recovery peer support resources along with those for MH and SUD. . Individuals in SUD and MH treatment are at heightened risk for gambling problems and can benefit from receiving general information about the availability and nature of PG peer support groups and resources. Additionally, as PG peer support resources may be more limited in communities than other SUD and MH peer support groups, additional interventions may be required to help individuals find and access PG peer support groups.

Source: Interviews with clinicians and clients, schedule or calendar of available peer recovery supports, and review of treatment plans and progress notes.

Item Response Coding: Coding of this item requires an understanding of the mechanism through which individuals are linked with appropriate peer recovery supports that address specific disorders as well as respect the interactions among disorders.

- Non Gambling Integrated Services (NGIS) = (Score – 1): *No interventions used to facilitate use of PG peer support.* The program does not encourage and does not offer a mechanism to encourage or link individuals identified with signs and symptoms of problem gambling to PG peer supports.
- (Score – 2): *Some availability of information on PG peer supports, addressed variably and infrequently by clinicians.* The program has information on PG peer supports available, but does little to bring this information to clients' attention or encourage use of PG peer supports. Linking clients with PG peer supports is done infrequently and the result of clinician judgment or preference.
- Problem Gambling Capable = (Score – 3): *Information on PG peer supports routinely available and provided to clients in conjunction with information on other SUD and MH peer supports. However, no routine interventions to specifically link to PG peer supports.* The program routinely provides information and education about the nature and availability of PG peer support resources (e.g. lists of GA meetings, GA literature, etc) to at least 80% of all clients. Gambler's Anonymous is referenced equally with other self-help groups such as AA and NA. While use of PG peer support resources may be encouraged for those who show signs and symptoms of problem gambling, providing linkages to PG peer supports is done variably by clinician judgment and preference.
- (Score – 4): *Meets criteria for PGC and occasional though variable linkages made to PG peer support as appropriate.* The program may have some connections to the PG peer support resources, however, linkages to PG peer support remain variable (less than 80% of the time).
- Problem Gambling Enhanced = (Score – 5): *Routine facilitation to engage clients presenting signs and symptoms of problem gambling with peer support resources either via onsite PG peer support groups, PG support resources routinely referenced along with other SUD and MH peer supports, and linkages made for*

individual clients with PG peers supports routinely. The program systematically advocates for the use of and makes access available for PG peer supports equally with SUD and MH peer supports (e.g. on site GA meetings or PG peer facilitated twelve step groups). Treatment plans and/or progress notes indicate that linkage with self-help resources and peer support resources are routinely made for those presenting signs and symptoms of problem gambling. Examples of individualized approaches to linking a client with peer support include the following: 1. identifying a liaison who assists the client in getting to GA meetings 2. consultation with the PG recovery support group on behalf the client 3. On site peer facilitated recovery or 12 step introduction group 4. assisting individuals to identify specific strategies to help them connect to PG peer support. This specialized support is a standard part of program activities for clients with identified gambling problems (at least 80% of the time)

IVI. Availability of peer recovery supports for clients with gambling disorder.

Definition: Substance use, mental health and co-occurring disorders programs encourage and support the use of peer supports and role models that include peer counselors, recovery coaches/mentors, consumer liaisons, alumni groups, etc. Assistance is provided to individuals in developing a support system that includes the development of relationships with individual peer supports (in addition to peer support groups described in the previous item). For the purpose of this item, peer is defined as a person with a gambling disorder.

Source: Interviews with clinicians and clients, review of treatment plans, calendar of available peer recovery supports, understanding of onsite peer counseling/mentoring, consumer liaisons, and alumni staff/volunteers.

Item Response Coding: Coding of this item requires an understanding of the availability of gambling disorder specific peer supports and role models.

- Non Gambling Integrated Services (NGIS) = (Score – 1): *PG peer supports not present, or if present, not recommended.* The program does not support or guide individuals with gambling problems toward peer supports or role models with gambling problems
- (Score – 2): *Off site, recommended variably.* The program may occasionally offer referrals to offsite peer support. This is largely dependent on the providers' preferences and knowledge of the available individual supports in the area.
- Problem Gambling Capable = (Score – 3): *Off site or on consultation basis with local contact person or informal matching with peer supports in the community with PG focus.* The program routinely (at least 80% of the time) attempts to refer and link individuals with gambling problems to peer supports and role models located off site or on a consultation basis. This is considered a standard support service that can be offered to individuals but is not formally integrated into treatment planning or program structure.

- (Score – 4): Off site, integrated into treatment planning routinely. The program routinely (at least 80% of the time) for those individuals with gambling problems integrates off site PG peer recovery supports into the treatment plan. Utilization of peer recovery supports is considered a part of standard programming and treatment plans consistently reflect the utilization of these peer recovery supports. PG recovery supports are viewed as equal with SUD and MH supports.
- Problem Gambling Enhanced = (Score – 5): On site, facilitated and formally integrated into program. PG peer supports equally available with SUD and MH supports (e.g. alumni groups, peer mentorship/coaching); routinely used and documented. The program routinely support the use of PG peer supports and role models for individuals with gambling problems, developing and having available these PG peer supports on site. Treatment plans consistently document the utilization of these recovery supports.

V. Continuity of Care

VA. Problem Gambling/Impact of Gambling addressed in discharge planning process.

Definition: Programs that are disordered gambling integrated develop discharge plans that include an equivalent focus on needed services for gambling problems as for substance use and mental health disorders. Discharge plans also address the impact of gambling on ongoing treatment and recovery needs of individuals with substance use and mental health disorders.

Source: Discharge plans, memoranda of understanding.

Item Response Coding: Coding of this item requires an understanding of the key elements considered in the documented discharge plan of individuals with co-occurring gambling disorders and/or for whom gambling impacts their recovery.

- Non Gambling Integrated Services (NGIS) = (Score – 1): Not addressed. Within the program, the discharge plans of individuals with co-occurring gambling problems or for whom gambling effects their recovery routinely focus on substance use or other mental health disorders only and do not address gambling/problem gambling concerns.
- (Score -2): Variably addressed by individual clinicians. Within the program, the discharge plans of individuals with co-occurring gambling disorders/issues occasionally address both the gambling and substance use and/or mental health disorders, with the substance use/mental health disorder taking priority over the gambling issues. The variability is typically due to individual clinician judgment or preference.
- Problem Gambling Capable = (Score – 3): Gambling disorder/gambling impact systematically addressed as secondary in planning process for offsite referral. Within the program, the discharge plans of individuals with co-occurring gambling disorder routinely (at least 80% of the time) address the gambling as well as substance use and/or

mental health disorders, but the substance use and/or mental health disorder takes priority and is likely to continue to be managed within the program's overall system of care or by the next substance use or mental health provider. Follow-up problem gambling services are managed through an offsite linkage or are generically addressed as part of the relapse (substance use/mental health) prevention plan.

- (Score – 4): *Some capacity (less than 80% of the time) to plan for integrated follow-up (i.e., equivalently address gambling, substance use and mental health as priorities).* Discharge plans occasionally include appropriate follow-up services for gambling issues equally with substance use and mental health issues. The variability is secondary to the judgment or expertise of the individual clinician.
- Problem Gambling Enhanced = (Score – 5): *All disorders/issues are seen as primary with confirmed plans made for onsite follow-up; at least 80% of the time.* Within the program, the discharge plans of individuals with co-occurring gambling disorder routinely (at least 80% of the time) address the problem gambling equally with substance use and/or mental health disorders. **And:** The gambling problem is considered a priority, with equivalent emphasis placed on ensuring appropriate follow-up services for each disorder. Additionally, in cases of sub-clinical gambling issues, the impact of gambling on on-going recovery and the interaction of gambling with substance use and mental health disorders is considered equivalently as the interaction between substance use and mental health. The program/agency may have the capacity to continue management and support of gambling along with other disorders in-house or have a formalized agreement with a problem gambling specific program to provide needed services. In the case of discharge, appropriate services are identified to address gambling along with other disorders. Referrals are routinely made, confirmed and documented in the discharge plan. The program has specific protocols that guide the inclusion of gambling issues in the discharge process.

VB. Capacity to maintain treatment continuity.

Definition: When programs address the continuum of treatment needs for individuals with co-occurring gambling issues, there should be a formal mechanism for providing ongoing needed problem gambling follow-up or for tracking the impact of gambling on substance use and/or mental health recovery. Best practice indicates that gambling concerns are followed up and monitored in a manner that is integrated with substance use and/or mental health follow-up. The program emphasized continuity of care within the program's scope of practice but if a linkage with another level of care is necessary it sets forth the expectation that treatment continues indefinitely with a goal of illness management.

Source: Interview with clinicians, medical records, and policy and procedure manual.

Item Response Coding: Coding of this item requires an understanding of the continuity of care available for the continued treatment and monitoring of gambling disorder or issues in conjunction with substance use and/or mental health disorders. Outpatient

programs or programs in an agency with an outpatient component, will have a great capacity to provide ongoing follow-up services, even if linkage with another level of care is necessary. Inpatient or residential programs that stand alone, or serve a large geographic area, may not have this option.

- Non Gambling Integrated Services (NGIS) = (Score – 1): *No mechanism for managing ongoing care of problem gambling needs when substance use or mental health treatment program is completed.* With regard to treatment continuity, the program’s system of care may offer follow-up for substance use and/or mental health disorders only, and there is no internal mechanism for providing any follow-up care, support, or monitoring of gambling issues. Follow-up problem gambling treatment is referred to an offsite provider without any formal consultation or collaboration. Programs at this level may discharge individuals for gambling symptoms or relapse to substance use with minimal expectation or preparation for returning to services.
- (Score – 2): *No formal protocol to manage problem gambling needs once program is completed, but some individual clinicians may provide extended care until appropriate linkage takes place; variable documentation.* With regard to treatment continuity, the program’s system of care is similar to that of an NGIS system, **but** there are individual clinicians who are competent and willing to provide some increased follow-up care for gambling problems and to continue to address the impact of gambling on substance use and mental health recovery into the continuing care phase of treatment.
- Problem Gambling Capable = (Score – 3): *No formal protocol to manage problem gambling needs once program is completed, but when indicated, most individual clinicians provide extended care and/or monitor the impact of gambling on substance use or mental health until appropriate linkage takes place; routine documentation.* With regard to treatment continuity, the program’s system of care has the capacity to provide continued monitoring/support for gambling issues in addition to any regularly provided follow-up care for substance use and/or mental health disorders until the client is systematically linked to problem gambling services (if needed) through collaborative efforts. Additionally, impact of gambling on recovery is monitored as deemed appropriate. The program does not routinely discharge a client for gambling relapse, substance use relapse or mental health symptoms, but instead reviews on a case by case basis with the goal of maintaining the individual in treatment when possible; if referral to another level of care is necessary, the program ensures a rapid return for a new episode of program services when indicated.
- (Score – 4): *Formal protocol to manage problem gambling needs indefinitely, but variable documentation that this is routinely practiced, typically within the same program or agency.* With regard to treatment continuity, the program’s system of care has the capacity to provide continued monitoring and treatment for gambling disorder/problems in addition to any regularly provided follow-up care for substance use and mental health disorders, but use of this continuum is inconsistently documented.
- Problem Gambling Enhanced = (Score – 5): *Formal protocol to manage problem gambling needs indefinitely and consistent documentation that this is routinely practiced, typically within the same program or agency.* With regard to treatment continuity, the program’s system of care has the capacity to monitor and treat gambling problems/issues as well as substance use and mental health disorders over an extended or indefinite period.

Onsite clinical recovery check-ups may be an annual or more frequent option in this type of program. The program, within its scope of practice, treats gambling relapse/exacerbation, substance use relapse and exacerbation of mental health symptoms on an individualized basis and maintains individuals in treatment whenever possible. If referral to another level of care is necessary, the program ensures a rapid re-admission when indicated.

VC. Focus on ongoing recovery issues for all disorders

Definition: Programs that offer services to individuals with co-occurring disorders including gambling disorder and address the impact of gambling on recovery support the use of a recovery philosophy (vs. symptom remission only) for all disorders; gambling disorder, substance use and mental health disorders and to monitor the impact of gambling on client's recovery.

Source: Interviews with clinicians and clients, document review (mission statement, brochures, policy and procedure manual), and review of treatment plans.

Item Response Coding: Coding of this item requires an understanding of the program's philosophy and how the concept of recovery (vs. remission) is used in the treatment and planning for gambling disorders as well as substance use and mental health disorders.

- Non Gambling Integrated Services (NGIS) = (Score – 1): *Not observed.* The program embraces the philosophy of recovery for substance use and/or mental health disorders only. Problem gambling recovery is not incorporated, nor is the impact of gambling on substance use or mental health recovery addressed.
- (Score – 2): *Individual clinician determined.* The program embraces the philosophy of recovery for substance use and/or mental health disorders only, **but** there are individual clinicians who use recovery philosophy when planning for gambling disorder or addressing the impact of gambling on substance use and/or mental health recovery.
- Problem Gambling Capable = (Score – 3): *Routine focus is on recovery from substance use and/or mental health disorders, problem gambling issues are viewed as secondary to substance use and/or mental health issues.* The program systematically embraces the philosophy of recovery for substance use and/or mental health issues and also includes a recovery philosophy for co-occurring gambling issues, but primarily as they impact substance use and mental health recovery. For example, a problem gambling disorder is perceived as a recovery issue in terms of its probability of leading to substance use relapse if not appropriately treated.
- Problem Gambling Enhanced = (Score – 5): *Routine focus on gambling, substance use and mental health recovery and management, all seen as primary and ongoing. Focus includes interaction and impact of each overall recovery.* The program embraces the philosophy of hope and recovery equivalently for all

disorders, and articulates specific goals for persons to achieve and maintain recovery that include gambling, substance use and mental health objectives.

VD. Specialized interventions to facilitate the use of community-based peer support groups during discharge planning.

Definition: Programs that offer services to individuals with problem gambling along with substance use and/or mental health disorders recognize the need for community recovery supports that specifically address gambling recovery in combination with those for substance use and or mental health issues and anticipate difficulties that individuals might experience when linking or continuing with peer recovery support groups in the community. Thus these programs provide the needed assistance to support this transition beyond active treatment.

Source: Interviews with clinicians and clients, review of progress notes, discharge procedures.

Item Response Coding: Coding of this item requires an understanding of peer support groups within the program's continuum of services and the systems for facilitating the connection with groups in the community. Note: Some programs have difficulty with specialized interventions to facilitate the use of peer support groups while the individual is in treatment. These programs will likely have difficulty meeting this goal when the individual is discharged.

- Non Gambling Integrated Services (NGIS) = (Score – 1): *No interventions made to facilitate use of any gambling specific peer support groups upon discharge. The program does not advocate or assist with linking individuals with gambling specific peer supports even while they may recommend substance use, co-occurring or mental health peer support groups on discharge.*
- (Score – 2): *Used variably or infrequently by individual clinicians for individual clients, mostly for facilitation to substance abuse or mental health peer supports. The program does not advocate or generally assist with linking persons with gambling disorder with peer support groups or document any such attempts. The attitude may be that support for gambling can generically come from substance use or mental health peer supports. However, there is some indication that referral to gambling specific peer supports may happen as a result of clinician judgment of preference.*
- Problem Gambling Capable = (Score – 3): *While there is no official policy or protocol, there is more routine offering of information and recommendation of gambling specific peer supports during discharge planning, but this is still viewed as secondary to substance use and/or mental health peer supports. More routine facilitation to substance use peer support groups or SUD/MH co-occurring peer supports upon discharge. The program facilitates the process of linking individuals with gambling disorders to peer support groups at discharge. This is not a systematic part of standard discharge planning, but occurs with*

some frequency. Individuals with co-occurring problem gambling may be informed about the availability of Gamblers Anonymous and given a meeting list, but there is variable preparation for what to expect and how best to utilize these meetings based on individual clinician expertise and preference.

- (Score – 4): Assertive linkages and interventions variably made targeting specific problem gambling needs to facilitate use of problem gambling peer supports equally with peer supports for substance use and/or mental health disorders. The program sometimes facilitates the process of assertively matching individuals with co-occurring gambling disorders to peer supports at discharge. While not a part of the standard discharge planning, active preparation for problem gambling peer supports for those with gambling disorders occurs with moderate frequency (at least 50 percent of the time)
- Problem Gambling Enhanced = (Score – 5): Assertive linkages and interventions routinely made targeting specific problem gambling needs to facilitate use of problem gambling peer support groups or groups specific to all addictive disorders (all recovery groups) upon discharge. The program recognizes the need for problem gambling specific peer supports (i.e. GA) for those with gambling disorder. It also recognizes the differences in character of GA from Substance use peer supports such as AA and NA. It routinely (at least 80% of the time) facilitates the process of assertively informing and matching individuals with gambling problems to GA or all recovery groups at discharge. This may be a component of the program’s continuity of care policy, and it may include directed introductions to recovering individuals from the community, accompanying clients to meetings in the community or enabling clients to attend in-house mutual aid meetings on site indefinitely.

VI. Staffing

VIA. Onsite clinical staff members with problem gambling licensure, certification or competency.

Definition: Substance Use Disorder, Co-occurring disorder, or Mental Health treatment programs employ clinical staff with expertise in gambling disorder and the impact of gambling on recovery to enhance their capacity to treat the complexities of gambling problems that co-occur with substance use and mental health disorders.

Source: Interview with leadership and clinicians, review of staff composition.

Item Response Coding: Coding of this item requires an understanding of the program’s clinical staff composition, particularly the number of those certified, licensed or trained problem gambling staff (e.g. NCGC-I or II, SCPG). Competence is defined as a demonstrated capability to screen, assess and diagnose gambling disorder and/or to evaluate the impact of gambling on substance use and mental health recovery, determine treatment needs including stage of motivation and appropriate level of care, deliver

integrated gambling interventions and provide gambling specific treatments. Clinical staff are so defined if they carry a caseload, conduct individual or group sessions, or provide clinical supervision or medication management.

- Non Gambling Integrated Services (NGIS) = (Score – 1): *Program has no staff who are certified, licensed or trained or has sufficient experience to establish competence as a problem gambling counselor. This program has no staff members with specific expertise or competencies in the provision of services to address problem gambling or the impact of gambling on recovery.*
- (Score – 2): *1 to 24% of clinical staff have certification or license or sufficient clinical experience to establish competence in problem gambling treatment. The program has less than 25% of clinical staff with specific expertise or competencies in addressing problem gambling or the impact of gambling on recovery among individuals with substance use and mental health disorders.*
- Problem Gambling Capable = (Score – 3): *25 – 33% of clinical staff has certification, license or substantial experience to establish a competence in problem gambling treatment. The program has at least 25% of clinical staff with specific expertise or competencies in addressing problem gambling or the impact of gambling on recovery among individuals with substance use and mental health disorders*
- (Score – 4): *34-49% of clinical staff has certification, license or substantial experience to establish a competence in problem gambling treatment. The program has at least 34% of clinical staff with specific expertise or competencies in addressing problem gambling or the impact of gambling on recovery among individuals with substance use and mental health disorders.*
- Problem Gambling Enhanced = (Score – 5): *50% or more of clinical staff has certification, license or substantial experience to establish a competence in problem gambling treatment. The program has at least 50% of clinical staff with specific expertise or competencies in addressing problem gambling or the impact of gambling on recovery among individuals with substance use and mental health disorders.*

VIB. Access to problem gambling clinical supervision or consultation.

Definition: Programs that are problem gambling integrated provide problem gambling/gambling informed supervision by a licensed/certified gambling counselor (NCGC-II) and ideally by a problem gambling Board Certified Clinical Consultant (BACC - a certified gambling counselor who is also certified to provide supervision and case consultation) for both trained providers of substance use and mental health services who do not have certification or competence in problem gambling, and those who are licensed or certified in problem gambling who are developing fidelity to evidence-based practices.

Source: Interview with clinical supervisors and staff, staff composition.

Item Response Coding: Coding of this item requires an understanding of the program’s supervision structure, e.g., frequency, duration, supervision “tree,” etc., specifically the credentials/qualifications of those individuals who provide supervision for gambling issues.

- Non Gambling Integrated Services (NGIS) = (Score – 1): *No access.* The program does not have the capacity to provide supervision for gambling issues.
- (Score – 2): *Consultant or contractor off site, variably provided.* The program provides a very limited form of problem gambling supervision that is informal, irregular, and largely undocumented. This service is typically offered through an offsite consultant or only in emergent situations on site.
- Problem Gambling Capable = (Score – 3): *Provided routinely and consistently by consultant or contractor either off site, via telephone or onsite.* The program offers regular supervision for gambling issues through an off site consultant. This may be done through off site meetings, phone case consultation or onsite supervision and may be done in group or individual context. Supervision at this level tends to be focused on case presentation, problem solving and basic skill development. Staff attendance may be tracked, but there is little or no formal documentation of individual supervision.
- (Score – 4): *Routinely provided on site by staff member.* The program offers regular supervision for gambling services and issues through an onsite, problem gambling credentialed supervisor, which includes some in-depth learning of assessment and treatment skill development and may include activities such as rating forms, review of taped sessions, or group observation, **but** this supervision is not formally or consistently documented.
- Problem Gambling Enhanced = (Score – 5): *Routinely provided on site by staff member and focuses on in-depth learning.* The program has the capacity to offer a structured and regular supervision for problem gambling services/issues on site and there is evidence that the supervision is focused on in-depth learning of assessment and treatment skill development, which includes use of at least one of the following activities: fidelity rating forms, review of taped sessions or group observation, **and** documentation is available that demonstrates these activities and regularly scheduled supervision periods occur.

VIC. Case review, staffing or utilization review procedures emphasize and support problem gambling integrated treatment.

Definition: Programs that are problem gambling integrated conduct case reviews or engage in a formal utilization review process that routinely and systematically incorporates gambling issues and specifically reviews cases of those individuals with co-occurring gambling disorder to continually monitor the integration of gambling into treatment as well as the effectiveness and appropriateness of services to this population.

Source: Interview with clinicians, agency documents.

Item Response Coding: Coding of this item requires an understanding of the program’s formal process for reviewing gambling issues and specifically cases of individuals at risk for or identified as having a gambling disorder.

- Non Gambling Integrated Services (NGIS) = (Score – 1): *Not conducted.* The program has no protocols to include gambling issues in case reviews nor to review the cases of individuals with at risk or problem gambling through a formal case or utilization review process.
- (Score – 2): *Consultant or contractor off site, variably provided.* The program has an offsite consultant who occasionally conducts reviews of records to determine quality of gambling integration and of cases of individuals identified as at risk for or having a gambling disorder. It appears to be a largely unstructured and informal process, implemented variably with minimal or no documentation.
- Problem Gambling Capable = (Score – 3): *Documented, on site, as needed coverage of problem gambling issues.* The program has a regular procedure for reviewing the cases of individuals with co-occurring at risk or problem gambling through a case or utilization review process by an onsite supervisor. This process is a regular procedure within the program that allows for a general review of client progress on gambling issues. Documentation supports the consideration of gambling services within this process. Procedure for including the impact of gambling on recovery in case/utilization reviews occurs more variably (less than 50% of the time) and largely secondary to clinician/team expertise or preference.
- (Score – 4): *Documented, routine review of problem gambling issues with increasing attention review of impact of gambling issues among all cases.* The program routinely conducts case reviews of individuals with at risk or problem gambling issues. Reviews are documented and the program may use a standard format that includes general categories related to problem gambling issues. Reviews include consideration of the impact of gambling on recovery somewhat regularly (more than 50% of the time) but still variable.
- Problem Gambling Enhanced = (Score – 5): *Documented, routine and systematic review of problem gambling issues and the impact of gambling on recovery.* The program has a routine, formalized protocol that ensures that the impact of gambling on recovery is considered in cases of all clients. This process takes a client-centered approach that allows for a systematic and critical review of

targeted interventions for gambling problems, risk factors and issues in order to determine appropriateness or effectiveness, and the process may include the client. Documentation of this formalized process is available.

VID. Peer/Alumni supports are available with problem gambling.

Definition: Programs that problem gambling integrated maintain staff or a formalized relationship with volunteers who can serve as gambling disorders peer/alumni supports.

Source: Interviews with clinicians and clients, staff and volunteer composition.

Item Response Coding: Coding of this item requires an understanding of the programs staff composition and the availability of staff or volunteers as peer/alumni supports specifically the presence of individuals in recovery from gambling disorders.

- Non Gambling Integrated Services (NGIS) = (Score – 1): *Not available.* The program offers neither onsite staff volunteers nor offsite linkages with either alumni or peer supports with gambling disorders.
- (Score – 2): *Available, with gambling disorder, but as part of the community. Variably referred by individual clinician.* Referrals are made secondary to clinician knowledge and judgment.
- Problem Gambling Capable = (Score – 3): *Available with problem gambling disorder, but as part of community. Routine referrals made through clinician relationships or more formal connections such as peer support groups (e.g. GA).* The program provides offsite linkages with peer/alumni supports on a consistent basis.
- (Score – 4): *Available on site, with problem gambling disorders, either as paid staff, volunteers, or program alumni. Variable referrals made.* The program has developed onsite peer recovery supports, although referrals are not routinely made and may be made for only those clients who present the most severe problem gambling symptoms.
- Problem Gambling Enhanced = (Score – 5): *Available on site with problem gambling disorder, either as paid staff, volunteers or program alumni. Routine referrals made for individuals at risk for as well as those with clearly identified gambling disorder.* The program maintains a network of staff or volunteers on site who can provide peer/alumni support. Referrals are routinely made for individuals through out the continuum of problem gambling risk as well as those considering the impact of gambling on their recovery. Clinicians have developed relationships with the peer supports that facilitate strategic matching of clients with peers. The program has a formal protocol to ensure the ongoing availability of these supports.

VII. Training

VIIA. All staff members have basic training in attitudes, prevalence, common signs and symptoms, detection and triage for gambling disorder as well as training on assessing and addressing the impact of gambling on substance use and mental health recovery.

Definition: Problem gambling integrated programs ensure that **all** staff who have contact with clients have basic training in gambling disorder and the impact of gambling on substance use and mental health recovery. For the purpose of this item, basic training minimally includes understanding one's own attitudes, the prevalence of problem gambling (particularly in substance use and mental health populations) its screening and assessment, common signs and symptoms of gambling problems, motivational approaches to talking about gambling and gambling issues, and triage/brief interventions and treatment decision making. Staff includes positions such as administrators, receptionists, security, finance and billing staff, residential 3rd shift and weekend staff, etc).

Source: Interviews with clinical leadership and administration, interviews with support and non-clinical staff, review of strategic training plan and staff training records.

Item Response Coding: Coding of this item requires an understanding of the program's requirements for basic skills and training with regard to gambling disorder and the impact of gambling on recovery, and knowledge of the number of staff who have completed this training.

- Non Gambling Integrated Services (NGIS) = (Score – 1): *No staff have basic training (0% trained).* The program's staff has no training and is not required to be trained in basic problem gambling/impact of gambling issues.
- (Score – 2): *Variably trained, no systematic agency training plan or individual staff member election (1-24% of staff trained).* The program encourages basic problem gambling/impact of gambling training but has not made this a part of their strategic training plan. A portion of the program's staff are trained as a result of management's encouragement or individual staff interest.
- Problem Gambling Capable = (Score – 3): *Certain staff trained, encourage by management and with systematic training plan (25-50% of staff trained).* The program's strategic training plan requires basic training in problem gambling/impact of gambling for certain staff. **And:** At least 25% of all program staff is trained in attitudes, prevalence, screening and assessment, common signs and symptoms and triage/brief interventions and decision making for problem gambling/impact of gambling.
- (Score – 4): *Many staff trained and monitored by agency strategic training plan (51-79% of staff trained).* The program's strategic training plan requires the majority of staff to have basic training in problem gambling/impact of gambling. **And:** The majority of staff is trained. The program uses the plan to monitor the

number of staff who are trained and to ensure they receive problem gambling training, typically at least annually.

VII B. Clinical staff members have *advanced* specialized training in problem gambling integrated treatment of substance use and mental health disorders.

Definition: Problem gambling integrated programs ensure that clinical staff has advanced specialized training to increase the needed capacity to address gambling problems and the impact of gambling on recovery within the program and create a “no wrong door” experience for clients and to create an environment that comprehensively gambling informed. This aspect of training is incorporated into the program’s strategic training plan. For the purpose of this item, advanced specialized training in problem gambling integrated treatment minimally includes knowledge of specific therapies and treatment interventions that address gambling problems and the impact of gambling on recovery, assessment and diagnosis, knowledge of strategies for integrating gambling into standard substance use and mental health educational and treatment interventions, motivational approaches to addressing the full range of gambling issues in substance use and mental health populations. Clinical staff is defined as those staff who carry a caseload, conduct individual or group sessions or provide clinical supervision or medication management.

Source: Interviews with executive director, clinical leadership and clinicians, review of strategic training plan and staff training records.

Item Response Coding: Coding of this item requires an understanding of the program’s requirements for advanced specialized training in problem gambling/impact of gambling and knowledge of the numbers of staff who have completed this training.

- Non Gambling Integrated Services (NGIS) = (Score – 1): *No clinical staff have advanced training (0% trained).* The program has no staff with advanced specialized training in problem gambling integrated treatment and does not require this training.
- (Score – 2): *Variably trained, no systematic agency training plan, or individual staff member election (1-24% of clinical staff trained).* A portion of the program’s clinical staff have advanced specialized training in problem gambling integrated treatment. This is either encouraged by management or the result of individual staff interest, but this is not a part of the program’s strategic training plan.
- Problem Gambling Capable = (Score – 3): *Certain staff trained, encouraged by management and with systematic training plan (25-50% of clinical staff trained).* The program’s strategic training plan requires advanced specialized training in problem gambling integrated treatment for certain staff. **And:** At least 25% of clinical staff is trained in specific therapies and treatment interventions,

assessment and diagnosis, and gambling integrated protocols to address gambling problems and the impact of gambling on recovery.

- (Score – 4): Many staff trained and monitored by agency strategic training plan (51-79% of clinical staff trained). The program’s strategic training plan requires the majority of clinical staff to have advanced specialized training in problem gambling integrated treatment. **And:** The majority of staff is trained. The program uses the plan to monitor the number of staff who are trained.
- Problem Gambling Enhanced = (Score – 5): Most staff trained and periodically monitored by agency strategic training plan (80% or more of the clinical staff trained). The program’s strategic training plan requires advanced specialized training in problem gambling integrated treatment for all clinical staff. **And:** At least 80% of all clinical staff is trained in specific therapies and treatment interventions, assessment and diagnosis, and gambling integrated protocols to address gambling problems and the impact of gambling on recovery. The program periodically monitors the number of staff who are trained and uses the strategic training plan to ensure that this number of trained staff is maintained despite staff turnover.