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Background

- Massachusetts (MA) is undergoing a period of gambling expansion.
- More gambling opportunities might increase the prevalence of problem gambling (PG) and need for PG treatment.
- The behavioral health workforce must be prepared to screen for and manage PG.

MA Technical Assistance Center for Problem Gambling Treatment

- The MA Department of Public Health (DPH) Office of Problem Gambling Services has partnered with Health Resources in Action and the Division on Addiction at Cambridge Health Alliance to develop and implement the MA Technical Assistance Center for Problem Gambling Treatment (MTAC).
- MTAC provides DPH-funded clinical and community-based substance use treatment programs with tailored training, technical assistance, and resources to build program capacity to address PG and reduce persistent health disparities.
- Programs are paired with technical assistance (TA) Coordinators who identify, plan, and implement appropriate services.
- MTAC's first year of activities included a statewide needs assessment and the development of individualized TA plans.

Funding

MTAC is funded by the Massachusetts Department of Public Health Office of Problem Gambling Services.

Statewide Needs Assessment

- MTAC identified treatment providers' priority needs related to integrating PG treatment into their portfolio of services in a way that reduces or eliminates persistent healthcare disparities.
- 26 programs, some with multiple sites, completed the initial survey and a subset participated in a follow-up interview.
- Assessment questions focused on PG screening, assessment, and treatment; training; recruitment and retention; and marketing and promotion.

Selected Findings & Key Themes

PG Screening & Assessment

- 46% of programs screen most or all patients for PG; 38% of those who screen at least some patients use a validated screening tool.
- PG screening challenges included too much paperwork, too little time, and an already lengthy intake process.

PG Treatment

- 62% of programs provide PG treatment services to most or all patients who need them; on average, these programs have 10 or fewer patients receiving PG treatment at a time.
- PG treatment challenges included limited knowledge of billing practices, patients not disclosing PG symptoms due to stigma or not seeing gambling as a problem, PG as a secondary issue after another behavioral health concern, and lack of demand for services due to limited awareness among patients and communities.

PG Training

- 69% of programs indicated there is a high need for PG-related workforce development and training across a range of topics.
- 85% of programs reported having at least one provider who has participated in PG training; 42% have at least one provider who is a certified MA Problem Gambling Specialist (MA-PGS).
- Training challenges included limited provider/staff time, few training opportunities, and lack of or low provider compensation to attend training.

Recruitment & Retention

- 42% of programs indicated their ability to recruit and retain staff is somewhat or not effective; programs noted a need to increase the number of staff that represent and speak the languages of the populations they serve.
- Staffing challenges included difficulty retaining addiction-trained clinicians.

Marketing & Promotion

- 65% of programs indicated a high ability to market their overall services; most use websites, community events, and social media to promote services.

Technical Assistance Plan Development

- TA Coordinators developed individualized TA plans, leveraging program strengths in order to build program capacity to deliver PG treatment services, and outlined strategies to address five priority areas identified by the program.
- In total, 32 individual program sites are represented in 25 TA plans, with the most common priority areas and TA strategies being:

PG Screening & Assessment

- Training: Best practices, screening tools, implementation strategies
- Site support: Select and implement PG screener

PG Treatment

- Training: Best practices, tools/resources, implementation strategies, cultural humility
- Site support: Assist clinicians with MA-PGS certification

Marketing & Promotion

- Training: Best practices, MA Clearinghouse resources
- Site support: Develop marketing materials and communications plan

Recruitment & Retention

- Training: Best practices and strategies
- Site support: Implement strategies; build capacity to hire/retain staff that represent and speak the language of the client population

Challenges & Successes

Challenges

- Communication with and participation of programs due to staff turnover, limited staff time, perceived lack of need due to low PG service demands, and unprecedented demands faced by programs during COVID-19.
- Establishment of MTAC as a known TA provider in MA.

Successes

- Nearly all programs reported high provider satisfaction with MTAC services, TA Coordinators, the assessment process, and TA plans.
- Increased awareness among providers about PG; commitment and excitement to build PG treatment capacity among most programs.

Next Steps

- Implementation of TA plans with individual programs.
- Coordination of quarterly regional meetings to promote capacity building, resource sharing, and networking among sites in each geographic area.
- Creation of a learning management system for online PG training; development of a statewide training catalogue.