



Evaluation of Ohio's Problem Gambling System and Continuous Quality Improvement Project (Grant #1674)

SFY 13-14 and 14-15 ADAMHS/ADAS Board Problem Gambling Plan Review

JUNE, 2015

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and
Continuous Quality Improvement Project**

**Ohio Department of Mental Health and Addiction Services
Grant #1674**

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**Prepared by:
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Most importantly, we offer our sincerest appreciation to the ADAMHS/ADAS Board staff members for their ongoing work to create problem gambling plans and community-based problem gambling service systems.

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Executive Summary

Over the last five years, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and local communities have been building problem gambling service systems at both the state and community levels. In order to better understand the current status of Ohio's problem gambling service system, along with needs that can be addressed in the future, OhioMHAS funded a statewide evaluation of the problem gambling service system during SFY15. The statewide evaluation of OhioMHAS' Problem Gambling efforts is a collaborative effort that includes evaluators from Ohio University's Voinovich School of Leadership and Public Affairs, the Pacific Institute for Research and Evaluation (PIRE), and the University of Cincinnati's Evaluation Service Center.

The evaluation team assessed the quality and completeness of the SFY 13-14 gambling plans and the SFY 15-16 Community Plan updates. Our analysis was designed to better inform OhioMHAS staff about the range and scope of problem gambling services being implemented or planned by Ohio communities; provide a mechanism to better utilize problem gambling plan and community plan data as ongoing management and planning tools; and assess the degree to which key elements of the problem gambling service system are being used by Ohio communities.

Community gambling plans were assessed on eight dimensions. The analysis of the SFY13 Problem Gambling Plans and the gambling content within the SFY15 Community Plan Updates suggests:

- A majority of Ohio communities are utilizing screening tools with clients and working to refer individuals with problem gambling issues to treatment.
- Many Ohio communities are engaging in needs assessment processes around problem gambling and are building or enhancing their capacities to deliver high-quality, evidence-based prevention and treatment services for problem gambling.
- Many communities appear to be sensitive to how problem gambling activities fit both with their understanding of problem gambling issues and with local community contexts.
- Fewer Ohio communities have collected or are planning to collect process or outcome data around problem gambling prevention, early intervention, and treatment.
- Many communities are not focusing on problem gambling as a major public health issue within their community plans, suggesting that key areas of work include education about problem gambling as a public health issue, along with helping communities understand commonalities (such as shared risk and protective factors) between problem gambling and alcohol, tobacco, and other drug prevention and treatment.

The accompanying report provides further details on the analysis process, along with recommendations of how these data can be used to enhance system capacity and to support enhanced planning at both the state and community levels.

Introduction

Over the last five years, Ohio has been building capacity at both the state and community levels for prevention, early intervention, and treatment of gambling disorders. During State Fiscal Year (SFY) 13, all 50 Boards were required to submit problem gambling plans for SFYs 13 and 14 that addressed activities to be implemented and how each Board would spend its allocation of funds. During SFY15, Boards were required to include gambling within their larger community plan updates for SFYs 15 and 16.

As part of Ohio's efforts to build and enhance state and community capacity for prevention, early intervention, and treatment of gambling disorders, researchers at Ohio University's Voinovich School of Leadership and Public Affairs, the Pacific Institute for Research and Evaluation, and the University of Cincinnati Evaluation Services Center assessed the quality and completeness of the SFY 13-14 gambling plans and the SFY 15-16 Community Plan updates using a structured rubric. This process was designed to inform three key evaluation questions:

- 1) What is the range and scope of problem gambling prevention, early intervention, and treatment activities being conducted or planned by Ohio communities?
- 2) How can OhioMHAS better utilize gambling plan and community plan data as ongoing management and planning tools?
- 3) To what degree are key elements of the problem gambling service system (including screening and utilization of the SPF Framework) being used by Ohio communities?

This summary report presents details about: the rubric that was developed to code plans, the coding and analysis process utilized, results from the coding process, and implications of the findings for continued system improvement.

Community Gambling Plans/Community Plan Updates

As a condition of funding, OhioMHAS required ADAS/ADAMHS Boards to submit Problem Gambling Plans during SFY13 and to include information about problem gambling services in their SFY15 Community Plan Updates. The Problem Gambling Plans submitted to OhioMHAS during SFY13 (and covering SFYs 13 and 14) were organized as a narrative and typically described activities to be implemented and provided a line-item budget for problem gambling expenditures. Depending on community readiness, allocations received, and whether a casino or racino was present in the community or nearby, these Problem Gambling Plans ranged from less than one page in length to multiple page documents with well-defined section headers.

Beginning in SFY15, the problem gambling plans were integrated into regular Community Plan Updates submitted to OhioMHAS. This change was designed to ensure that the full spectrum of ATOD and problem gambling-related activities were captured during required community planning processes. Unlike the narrative format of the Gambling Plans, the Community Plan Update format includes a brief section for narrative updates and utilized tables to identify community priorities, goals, strategies, progress and barriers toward goals, needs for technical assistance, and any changes being made to the status of the priority as part of the Community Plan Update.

Methodology

The sections below describe the rubric that was developed to analyze the SFY13 Problem Gambling Plans and the SFY Plan Updates and present details on the coding and analysis processes used in our analysis.

Instrumentation

The rubric (Appendix) was designed to assess community gambling plans on eight dimensions. These dimensions, which are outlined below and accompanied by research questions, emerged from meetings with OhioMHAS staff, and incorporate the five steps of SAMHSA's Strategic Prevention Framework. The rubric was designed to help OhioMHAS better understand the current status of community gambling plans, community capacity, and needs related to problem gambling prevention and treatment as well as inform state-level strategic planning, training, and technical assistance. It also was hoped that ongoing use of the rubric would allow OhioMHAS to track changes as state and community capacities to address gambling disorders are developed.

Community gambling plans were assessed on eight dimensions. A community plan rated as strong (or having strong fidelity) on all eight dimensions would include a full spectrum of problem gambling prevention, early intervention, and treatment services. These services also would be informed by needs assessment data and would be supported by partner engagement, adequate organizational and community capacity, strategic planning, evaluation, and continuous quality improvement processes. Conversely, a plan that received a low score would reflect a state where one or more of the major components of prevention, intervention, or treatment was missing from the plan.

The eight key dimensions assessed by the rubric and accompanying questions answered by each dimension follow below.

1. Community Needs Assessment: Does the plan include a needs assessment or plans for conducting a needs assessment?
2. Partner Engagement: Are key partners identified, along with specific steps to engage key community partners?
3. Capacity Development/Enhancement: Does the plan include specific steps to develop/enhance prevention/early intervention, and treatment capacity for gambling disorders?
4. Conceptual Fit: Does the plan include a logic model or theory of change that is designed to meet identified needs? Do identified strategies include evidence-based practices (EBPs) where possible? Are strategies connected to priority populations?
5. Practical Fit: Does the plan fit the community capacity, resources, and readiness to act? Does it incorporate utility and feasibility checks?
6. Screening and Conversion to Treatment: Does the plan show evidence that the Board area includes problem gambling screening and assessment processes at some point of client engagement and conversion to treatment of individuals with gambling disorder diagnoses?
7. Collection and Reporting of Process Data: Does the plan note efforts to collect and report process data or engage in continuous quality improvement (CQI) efforts?

8. Collection and Reporting of Outcome Data: Does the plan note efforts to collect and report outcome data and to use those data to refine Board efforts related to prevention, early intervention, and treatment of gambling disorders?

The rubric developed for this coding process was reviewed and approved by OhioMHAS staff in January 2015. During the coding process, the research team made a number of minor edits to help ensure that the coding process would reflect the full range of activities represented in the Plans. It also should be noted that even though the format of the plans changed between SFY13 and SFY15, the rubric was appropriate for both the SFY13 problem gambling plans and the problem gambling content of the SFY15 Community Plan Updates.

As the rubric (Appendix) shows, each plan could receive a score from 0 to 3 on each element, with 0 corresponding to “missing or no fidelity,” and 3 corresponding to “strong or strong fidelity.” In practice, this means that the total scores for each plan could range from 0 to 24.

Plan Coding and Reliability

A total of 49 SFY13 Problem Gambling Plans and the gambling content contained within 45 SFY15 Community Plan Updates were analyzed by two trained coders at the University of Cincinnati. The 49 SFY13 Problem Gambling Plans represent 98% of the 50 ADAMHS/ADAS Board areas, and the 45 SFY15 Community Plan Updates represent 90% of the 50 ADAMHS/ADAS Board areas.

Generally accepted methods for coding qualitative data were used to code open-ended text within the Plans and Plan Updates into quantitative indications of whether or not elements of the scoring rubric were present (Hallgren, 2012; Hruschka, et. al., 2014). Two coders coded the open-ended text within the SFY13 Plans and the SFY15 Plan Updates. In order to ensure high levels of inter-rater reliability between the coders, the following process was followed for both the SFY13 Plans. First, both coders were trained by PIRE on the operational definitions used in the rubric. Next, a randomly selected subset of ten plans were analyzed by both coders using the rubric. Any areas of difference in each coder’s scores were discussed and resolved through a consensus approach. Each coder then independently coded twenty SFY13 Plans using the rubric. Five plans from each coder’s group of twenty were then randomly selected for coding by the other coder. This second test confirmed that both coders had a shared understanding of the rubric and of the eight key dimensions.

Because of changes in format between the SFY13 Plans and the SFY15 Plan Updates, minor modifications were made to the rubric to ensure that it better reflected the tabular format of the SFY15 Plan Updates. These modifications did not impact the codes assigned to the SFY13 Problem Gambling Plans. However, because of the modifications, the process followed above for the SFY13 Plans was repeated for the SFY15 Plan Updates.

Inter-rater reliability was assessed using the intraclass correlation coefficient (ICC). The ICC is considered a rigorous method for examining reliability, as it considers both (a) the variability among coders and (b) the variability among sites being rated and (c) it allows the effects of these factors to be considered fixed or random (McGraw & Wong, 1996; Shrout & Fleiss, 1979). ICCs in between .40 and .75 are considered to be in the range of fair to good (Fleiss, 1986). The ICC model ran examined raters as a random selection of possible raters and Plans coded as a random

selection of all possible Plans/Plan Updates (i.e., two-way random model) for single item measures, absolute agreement (Hallgren, 2012; Shrout & Fleiss, 1979). These methods resulted in acceptable inter-rater reliability ICCs for both SFY13 Plans and SFY15 Plan Updates (i.e., ICCs were in the range of .45 to .70).

Data Analysis

Descriptive statistics were used to report the data from the analysis of the SFY 13 Plans and the SFY15 Plan Updates. Prior to reporting, however, a principal components analysis (Pearson, 1901) was conducted to ensure that summary descriptive statistics could be calculated across the eight plan elements. The analysis showed that the components accounted for 58% of the variance in the data and all loadings were greater than .60 on the first principal component. The results of the principal component analysis permit us to sum across the rubric elements and suggest that all of the elements are measuring the same underlying construct (local Problem Gambling System performance).

Results

SFY13 Problem Gambling Plans

Table 1 shows that there was wide variation across the 49 SFY13 problem gambling plans in how each of the elements was addressed. The most frequent scores received for each element were 0 and 1, suggesting that many of the problem gambling plans either did not address one or more of the eight elements included on the rubric or addressed them but provided few or no details on how the elements were guiding local problem gambling prevention, early intervention, and treatment efforts. However, for many of the eight elements, a number of plans also received the highest score of 3, suggesting that in some Board areas, the plans were well developed and reflected a high degree of local capacity around problem gambling prevention, early intervention, and treatment.

Table 1. *Summary Plan Analysis Results for SFY13 Problem Gambling Plans*

| Plan Element | Average Score | Minimum Score | Maximum Score |
|--|---------------|---------------|---------------|
| Element 1: Community Needs Assessment | 1.06 | 0 | 3 |
| Element 2: Community Partner Engagement | 1.08 | 0 | 3 |
| Element 3: Capacity Development/Enhancement | 1.06 | 0 | 3 |
| Element 4: Conceptual Fit | 0.63 | 0 | 2 |
| Element 5: Practical Fit | 0.53 | 0 | 2 |
| Element 6: Screening and Conversion to Treatment | 0.98 | 0 | 3 |
| Element 7: Collection/Reporting of Process Data | 0.49 | 0 | 3 |
| Element 8: Collection/Reporting of Outcome Data | 0.49 | 0 | 3 |
| Total Score | 6.36 | 0 | 19 |

In addition, Table 1 calculates a total score by summing across the eight elements. The average total score of 6.36 represents approximately 25% of the 24 possible points and highlights that in general the SFY13 gambling plans did not provide substantial detail on the eight elements coded. However, as with the scores for individual elements, the range of total scores varied widely,

ranging from 0 (for a Board that applied for and received a waiver to utilize all problem gambling funds for ATOD prevention and treatment) to 19 (for a Board that had a plan that addressed each of the elements in substantial detail).

SFY15 Community Plan Updates

Table 2 presents summary results for the gambling content contained within the SFY15 Community Plan Updates. As with the data for SFY13, Table 2 shows that there was wide variation in problem gambling content across the 45 SFY15 Community Plan Updates. The most frequent score received for each element was 0, suggesting that many of the Community Plan Updates did not address one or more of the eight elements included on the rubric.

Table 2. *Summary Plan Analysis Results for SFY15 Community Plan Updates*

| Plan Element | Average Score | Minimum Score | Maximum Score |
|--|---------------|---------------|---------------|
| Element 1: Community Needs Assessment | 0.33 | 0 | 2 |
| Element 2: Community Partner Engagement | 0.38 | 0 | 2 |
| Element 3: Capacity Development/Enhancement | 0.33 | 0 | 2 |
| Element 4: Conceptual Fit | 0.36 | 0 | 2 |
| Element 5: Practical Fit | 0.24 | 0 | 2 |
| Element 6: Screening and Conversion to Treatment | 0.64 | 0 | 2 |
| Element 7: Collection/Reporting of Process Data | 0.15 | 0 | 2 |
| Element 8: Collection/Reporting of Outcome Data | 0.22 | 0 | 2 |
| Total Score | 2.67 | 0 | 16 |

In addition, Table 2 calculates a total score by summing across each of the eight elements. The average total score of 2.67 represents approximately 10% of the 24 possible points and highlights that, in general, the SFY15 Community Plan Updates did not provide substantial detail on the eight elements coded. However, as with the scores for individual elements, the range of total scores varied widely, ranging from 0 (for a Board that applied for and received a waiver to utilize all problem gambling funds for ATOD prevention and treatment) to 16 (for a Board that had a plan that addressed many of the elements in substantial detail). Although scores for the SFY15 Community Plan Updates were substantially lower than those for the SFY13 Problem Gambling Plans, the lower scores should not be considered to be a reduction in local system capacity around problem gambling prevention, early intervention, and treatment. Instead, the evaluation team suspects that the reduction in scores was an artifact of the reporting format change and that additional guidance related to reporting would help communities as they work to create well-specified and comprehensive planning documents for problem gambling. This is addressed further in the recommendations below.

Comparing SFY13 to SFY15

As Ohio’s Problem Gambling Service System builds capacity, the problem gambling content within Community Plan Updates should reflect higher scores and include an increasing number of the eight core elements included on the rubric. In order to compare the Plans and Plan Updates from SFY13 and SFY15 and to categorize the problem gambling plans more broadly we next

recoded the data to analyze the extent to which community planning around problem gambling included the eight core elements in at least some capacity.

To do this, the 0 to 3 scale scores for each element in the SFYs 13-14 Gambling Plans and the SFYs14-15 Community Plan Updates were into dichotomous 0 and 1 scores. In this approach, zeros were assigned if the element was not included in the plan and ones were assigned if the element was included in the plan, even at a basic level. This allowed us to calculate the percentages SFY13 Plans and SFY15 Plan Updates that included each element. Table 3 presents these data.

Table 3. *Summary Plan Analysis Results for SFYs 13-15*

| Plan Element | % of SFY13 Plans Including Element | % of SFY15 Updates Including Element |
|--|---|---|
| Element 1: Community Needs Assessment | 59% | 20% |
| Element 2: Community Partner Engagement | 78% | 29% |
| Element 3: Capacity Development/Enhancement | 63% | 24% |
| Element 4: Conceptual Fit | 47% | 29% |
| Element 5: Practical Fit | 43% | 22% |
| Element 6: Screening and Conversion to Treatment | 84% | 62% |
| Element 7: Collection/Reporting of Process Data | 29% | 11% |
| Element 8: Collection/Reporting of Outcome Data | 31% | 16% |
| Average Across Elements | 54% | 27% |

Examined in this way, about half of the SFY13 Problem Gambling Plans included 4 or more of the core elements. Further, As Table 3 shows, more than half of the SFY13 Plans included elements 1, 2, 3, and 6. Even the lowest-rated elements (E7: collection and reporting of process data and E8: collection and reporting of outcome data) were included in approximately one third of the SFY13 Plans. As with the data in Tables 1 and 2, the SFY15 Community Plan Updates included fewer of the eight core elements. Only 13% if the Plan Updates included four or more of the core elements. However, many of the elements were included in a significant minority of the Plan Updates and 62% of the Plan Updates mentioned how the Board or community was screening potential problem gambling clients and referring individuals with potential gambling issues to treatment.

Conclusions

With the introduction of casinos and racinos, Ohio has moved rapidly to develop capacity at the state and local levels to provide a full and effective system of problem gambling prevention, early intervention, and treatment services. Because Ohio’s problem gambling service system is still developing, this analysis of the SFY13 Problem Gambling Plans and the SFY15 Community Plan Updates provides a status check on the current range and scope of problem gambling prevention, early intervention, and treatment activities being planned or implemented by Ohio communities.

A key contribution of this work has been to provide a summary of the degree to which key elements of the problem gambling service system (including screening and utilization of

elements of SAMHSA's Strategic Prevention Framework) are being used by Ohio communities. Analysis of the SFY13 Problem Gambling Plans and the gambling content within the SFY15 Community Plan Updates suggests:

- A majority of Ohio communities are utilizing screening tools with clients and working to refer individuals with problem gambling issues to treatment.
- Many Ohio communities are engaging in needs assessment processes around problem gambling and are building or enhancing their capacities to deliver high-quality, evidence-based prevention and treatment services for problem gambling.
- Many communities appear to be sensitive to how problem gambling activities fit both with their understanding of problem gambling issues and with local community contexts.
- Fewer Ohio communities have collected or are planning to collect process or outcome data around problem gambling prevention, early intervention, and treatment.
- Many communities are not focusing on problem gambling as a major public health issue within their community plans, suggesting that key areas of work include education about problem gambling as a public health issue, along with helping communities understand commonalities (such as shared risk and protective factors) between problem gambling and alcohol, tobacco, and other drug prevention and treatment.

Because the results of the analysis of the problem gambling plans highlight that a number of the key elements we coded are being utilized by a small number of communities, additional guidance, planning, and resources can help ensure that community planning better incorporates all eight of the key system elements.

However, the analysis in some cases likely underestimated levels of utilization of each of the eight key elements in Ohio communities. Two factors likely account for this. First, plan contents are largely driven by guidance provided to communities—and in some cases, communities may have written their plans (or plan updates) to respond to the guidance provided but not necessarily to reflect the full degree of activities in local problem gambling service systems. Second, the changes in plan format and guidance to communities for SFY15 may have resulted in communities focusing less on problem gambling and more on other prevention and treatment activities occurring in the community. CQI work being conducted by Dr. Matt Courser has found that in a number of cases, Board areas with low scores on their plans actually had a much more complete and active spectrum of problem gambling prevention, early intervention, and treatment services than their plans reflected. Finally, it should be noted that problem gambling is a new area of work for Ohio communities and as such state and local service systems are still developing.

Despite these limitations, the results of this analysis suggest that continuing this type of work would provide a useful mechanism for OhioMHAS to more fully utilize the data contained in Problem Gambling Plans and Community Plan Updates for ongoing management and strategic planning for the problem gambling service system.

Recommendations

The results of the Problem Gambling Plan analysis can be used to inform a number of process enhancements around problem gambling and lead to the following recommendations:

1. Enhance Plan Guidance: If the eight elements contained in the rubric represent an ideal state for communities to work towards with their problem gambling prevention, early intervention, and treatment activities, then both the guidance to communities and the format of the Community Plan Updates should be adjusted to centrally feature these core elements.
2. State and Local System Improvement: The SFY13 Problem Gambling Plans and the SFY15 Community Plan Updates provide important information about Ohio's problem gambling service system and about the development of problem gambling service systems in Ohio communities. Although OhioMHAS reviews these Plans and Plan Updates carefully, it has not had a mechanism to summarize the data across communities and in doing so, to provide system level data to inform planning. The results of this analysis suggest that continuing it in future SFYs can help provide system-level data needed by OhioMHAS. Continuing to monitor Plan content using this rubric or another systematic way of looking at the Plan data as a whole will provide feedback on system state and local system performance and data that can be used by OhioMHAS and communities for planning purposes.
3. Continue and Expand Efforts to Summarize Plan Update Data: As this report highlights, Problem Gambling Plans and Community Plan Updates do not always reflect the full spectrum of problem gambling activities in Ohio communities. For this reason, if analysis efforts are continued with future Plan Updates, we recommend that they be expanded to include mid-year and end-of-year reporting, and any relevant local reports/local data. These additional resources will complement the data contained in Plan Updates and provide a more complete picture of local problem gambling service systems.
4. Assist Ohio Communities in Adapting Lessons Learned from ATOD to Problem Gambling: Just as Ohio's state and local problem gambling service systems are developing, the larger fields of problem gambling prevention and treatment are developing as well. The results of the analysis of SFY13 Plans and SFY15 Plan Updates suggest that a key long-term planning objective of OhioMHAS should be to support communities in adopting strategic thinking and evidence-based practices for problem gambling prevention, early intervention, and treatment. Certainly, much of this work has begun, but more work is needed to move communities toward being able to translate lessons learned from ATOD prevention and treatment to problem gambling--particularly related to planning, capacity development, and utilization of evidence-based practices.

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Appendix: Problem Gambling Plan Rubric

| Plan Element | 0 = Missing / No Fidelity | 1 = Weak / Weak Fidelity | 2 = Moderate / Moderate Fidelity | 3 = Strong / Strong Fidelity |
|---|---|--|--|---|
| E1: Community needs assessment | Plan does not include a needs assessment and/or does not include a plan for conducting a needs assessment. | Plan does not include a needs assessment or a plan for conducting a needs assessment but identifies source(s) of needs assessment data to be explored. | Plan identifies source(s) of relevant and obtainable needs assessment data and includes details of how a needs assessment will be conducted. | Plan includes source(s) of community needs assessment data, along with details on how community needs assessment data will be used to plan & make adjustments. |
| E2: Key community partner engagement | Plan does not mention key community partners or their role in PG prevention, early intervention, and treatment. | Plan notes key community partner(s) but does not mention specific role(s) of partner(s) in PG prevention, early intervention, or treatment. No rationale is included for why partner(s) were chosen. | Plan notes key partner(s), evidence of engagement, and role in PG prevention, early intervention, or treatment. Plan describes how engagement addresses important gaps and brings expertise. | Plan notes key partner(s), evidence of engagement, and role in PG prevention, early intervention, or treatment. Plan describes how engagement addresses important gaps and brings expertise. Also includes specific, strategy-driven scopes of work for partners and sustainability plans for partner engagement. |
| E3: Capacity development / enhancement | Plan does not include any discussion of developing or increasing capacity around problem gambling. | Plan includes a limited discussion of how capacity around problem gambling will be developed or increased. | Plan discusses how capacity around problem gambling will be developed or increased, including capacity development by partners/ providers. | Plan discusses how capacity around problem gambling will be developed or increased, including capacity development by partners/ provider, and how capacity enhancements will address community needs. |

| Plan Element | 0 = Missing / No Fidelity | 1 = Weak / Weak Fidelity | 2 = Moderate / Moderate Fidelity | 3 = Strong / Strong Fidelity |
|--|--|--|--|---|
| E4: Conceptual fit | Plan includes no logic model or theory of change, does not discuss an evidence base or level of evidence, and strategy does not identify or address a priority population. | Plan references a logic model and/or theory of change but does not include one in the plan; discusses an evidence-base for one strategy; does not identify or address a priority population. | Plan includes a logic model and/or theory of change but model/ theory does not apply to all aspects of plan; plan discusses evidence base for one or more strategies (but not all); identifies a priority population but only some of the strategies address priority population(s). | Plan includes a logic model/theory of change that links all strategies/activities, discusses an evidence-base for all strategies, and links all strategies to priority population(s). |
| E5: Practical fit | Plan includes no discussion of whether the plan and strategies fit the community capacity, resources, and/or readiness to act. | Plan discusses the fit of the strategies with community capacity, resources, and/or readiness to act but does not include utility or feasibility checks for any strategies. | Plan discusses the fit of the strategies with community capacity, resources, and/or readiness to act and includes utility or feasibility checks for at least one strategy (but not all). | Plan discusses the fit of the strategies with community capacity, resources, and/or readiness to act; plan includes utility or feasibility checks for all strategies. |
| E6: Inclusion of PG screening and assessment, and conversion to treatment | Plan does not mention utilizing PG screening, assessment, or conversion to treatment at any point of engagement. | Plan mentions PG screening, assessment, or conversion to treatment but does not discuss all three or when used (intake vs. ongoing). | Plan discusses PG screening, assessment, and conversion to treatment but applies these only at intake. | Plan discusses PG screening, assessment, and conversion to treatment throughout client engagement, and CQI efforts in these areas at Board and provider level. |
| E7: Collection / reporting of relevant process data | No discussion of process data other than activities will be implemented. | Potential process data elements identified. | Specific process data sources identified that are relevant & are/ will be obtainable. | Specific process data sources identified & plan discusses how they will be collected and reported. |
| E8: Collection / reporting of relevant outcome data | No discussion of specific outcome data collection or reporting. | Potential sources of outcome data identified. | Specific outcome data sources identified that are relevant & are/will be obtainable. | Specific outcome data sources identified & plan to collect or retrieve data specified. |