



JANUARY 1, 2026

FINANCIAL COUNSELING REFERRAL INFORMATION

INFORMATION ON STATE-FUNDED GAMFIN FINANCIAL
COUNSELING SERVICES FOR WA GAMBLING TREATMENT
CLIENTS - PILOT PROGRAM AND EVALUATION

EVERGREEN COUNCIL ON PROBLEM GAMBLING

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Information about this program and benefits to participants and providers

Research on the impacts of Problem Gambling and Gambling Disorder spans decades. Across the nation there are a variety of services and organizations dedicated to problem gambling help services, though there are far from enough to meet the need. Services include gambling treatment centers and providers, GA, Gam-Anon and other community support meetings, recovery centers, advocates, prevention and community health specialists, researchers, training programs, and government agencies and programs (both state and tribal). However, there is still today no funding (\$0) from the federal government to support problem gambling services, and help resources, and state funding is often limited. There is a great need for more services, and more research to help those impacted by gambling, whether it is their own or that of a loved one. One large gap in research is regarding financial counseling for those with impacts from gambling. Addressing financial issues is a standard part of Gambling Counselor Basic Training programs, gambling treatment services, and one of the number one help requests from clients, yet there is no research to suggest it is evidence-based. This program aims to make strides in two ways, to increase access to financial counseling services for gambling treatment clients, as well as collect data on the efficacy of such.

Benefits to clients for participating in this program:

- Free financial counseling services.
- Financial counseling services provided by accredited counselors with the three key specialties needed for this unique service: counseling, finance, and Gambling Disorder.
- Wholistic care coordinated with privacy compliance between the gambling treatment provider and financial counselor.
- Ability to provide program feedback to an objective external research team, which will be used to make improvements to the program that help other clients in the future.

Benefits to providers for referring their clients to this program:

- Ability to refer your gambling treatment clients to free financial counseling services (funded by HCA, services provided by GamFin).
- Financial counseling services provided by accredited counselors with the three key specialties needed for this unique population: counseling, finance, and Gambling Disorder.

This program is managed by the Evergreen Council on Problem Gambling (ECPG), a Washington state non-profit organization and Affiliate of the National Council on Problem Gambling. You can find more information about ECPG at:

<https://www.evergreencpg.org/>.



GamFin

Financial Services for this program are provided by GamFin, an organization that specializes in providing financial counseling and recovery tools for individuals and loved ones in financial distress due to gambling. You can find more information about GamFin at:

<https://www.gamfin.org/>

This program is funded by the Washington State Health Care Authority (HCA), Division of Behavioral Health and Recovery, Problem Gambling Program. You can find more information about the HCA Problem Gambling program at: <https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/problem-gambling>



Program Evaluation is conducted by the University of Washington (UW) Center for the Study of Health and Risk Behaviors (CSHRB).

You can find more information about CSHRB at:

<https://sites.uw.edu/cshrb/>

Collectively, the above partners hope that the services provided in this collaborative program serve to effectively help those impacted by the many harms of Gambling Disorder, from financial devastation to harming mental and physical health, relationships, lifestyle, and futures.

Thank you to all of the partners above, to all of the referring providers, and especially to all of the participants who so bravely model the miracle of a transformed life and transformed future to recovery, health, and wellness. May their strength inspire their children, grandchildren, and communities at large. We hope the findings of this program will bring awareness to the impacts of gambling-related harms and improve access to help services for all.

Any questions about this program can be directed to Project Manager, Tana Russell, Deputy Director of Evergreen Council on Problem Gambling at trussell@evergreencpg.org or by calling 360-352-6133.

Provider/Participant requirements

Referring providers must be:

- Licensed/Certified to practice within the state of Washington, by the Washington Department of Health.
- Be either of the following:
 - A **Certified Gambling Counselor** with either of the following credentials:
 - Washington State Certified Gambling Counselor (WSCGC-I/II)
 - International Certified Gambling Counselor (ICGC-I/II)
 - A **Certified Gambling Counselor In-Training** who has:
 - Completed a 30-hour basic training course in gambling counseling, such as the **Gambling Counselor Core Training (GCCT)** offered in Washington State by the Evergreen Council on Problem Gambling
 - Be working with an approved Gambling Counselor Supervisor (WSCGC-II/Supervisor or BACC) as evidenced by a signed agreement with the gambling supervisor
- Are providing gambling treatment services (individual, group, or family sessions) to those deemed to have a problem gambling condition or diagnosed Gambling Disorder, or their affected others or family members.

Eligible participants must be:

- A Washington state resident
- Involved in gambling treatment with a provider meeting the above requirements
- Referred by their gambling treatment provider as stated above and deemed to have a need for financial counseling services
- Amenable and willing to participate in at least an initial intake conversation with GamFin. Clients can ask questions about the services and expectations at that time and can decline services at any point.
- Willing to be contacted by the UW Center for the Study of Health and Risk Behaviors (CSHRB) to discuss providing feedback about their experience from and helpfulness of the financial services provided by their GamFin financial counselor. Participants may decline to participate in the program evaluation at any time. Should they participate, their feedback will be used to make improvements to this pilot program for future participants.
- Affected others/Family members are also eligible to participate in this program, with or without the involvement of their loved one with the Gambling Disorder. Affected others/Family members **DO** need to be enrolled in gambling counseling services themselves with a provider meeting the above requirements. **For this pilot, if a**

family member is not in treatment, they are not eligible to be referred to GamFin by a Certified Gambling Counselor at this time.

GamFin has been provided with a list of Washington counselors/therapists who may be qualified to make referrals based on the provider requirements above. If you have questions about your qualifications as a provider, or your client's qualifications to participate in this program, please contact the Project Manager, Tana Russell, Deputy Director of Evergreen Council on Problem Gambling at trussell@evergreencpg.org or by calling 360-352-6133.

Overview of GamFin Financial Counseling Services

GamFin provides specialized, no-cost financial counseling for individuals and families impacted by gambling-related financial distress. Our services bridge the gap between mental health treatment and financial recovery through expert guidance from accredited **Financial Counselors**, without the pressure of sales or commissions.

The Financial Counseling Process

The program follows a structured path to move clients from financial crisis to stability:

1. **Book an Initial Appointment:** Treatment providers or clients begin by booking an initial appointment via the secure portal at gamfin.org.
2. **Initial Appointment:** The client meets with an Intake Specialist to verify eligibility, discuss program expectations, and identify primary financial goals.
 - **Scheduling:** At the conclusion of this session, the Intake Specialist books the client's Initial Consultation with a Financial Counselor.
3. **Financial Counseling Sessions:** Clients typically participate in an initial consultation and 2 to 3 follow-up sessions.
 - All sessions are 25 - 50 minutes, conducted 100% virtually, and tailored to the client's unique financial situation.

Outcomes & Deliverables

During these sessions, Financial Counselors co-generate specific tools to support recovery:

- **Customized Financial Plans:** Including personalized budgets and strategic debt repayment plans.
- **Behavioral Tools:** Exploration of money-related biases and the implementation of financial "guardrails."

- **Coordinated Care:** With a signed Release of Information (ROI), results and case notes are shared with the treatment provider to ensure financial goals align with clinical recovery.

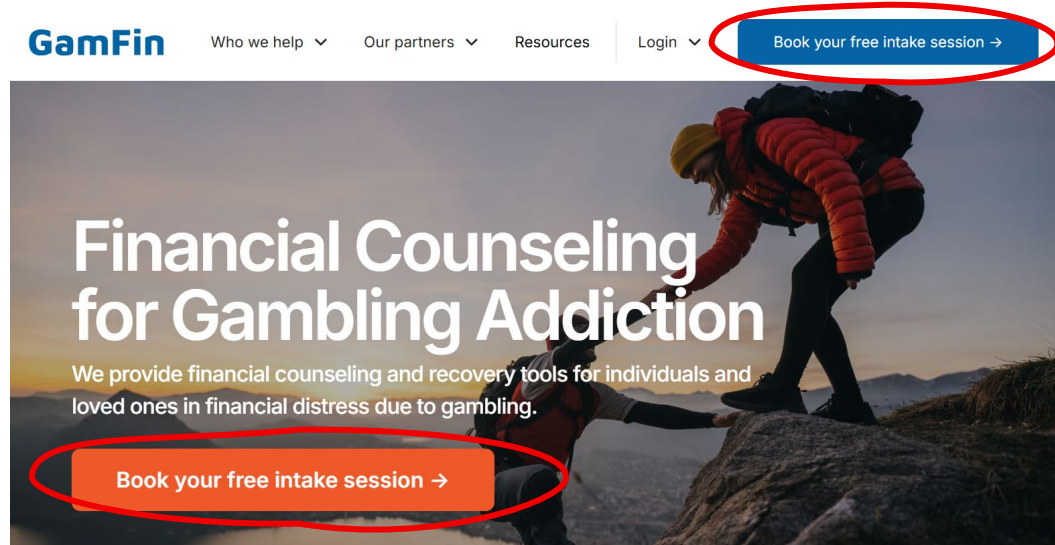
GamFin Referral/Scheduling page: <https://scheduling.gamfin.org/>

You can view more information about GamFin here: <https://www.gamfin.org/>

Making a Referral to GamFin

Steps for making a referral to GamFin for this Pilot Program

- 1) Review provider and participant eligibility requirements on page 4 and verify that you and your client meet these requirements.
- 2) Ensure your client signs a Release of Information between you and GamFin for financial counseling services and is notified that their participation involves an opportunity to participate in program evaluation measures. See the provided Consent for Program Participation and Release of Information Form provided at the end of this packet.
- 3) Schedule a time with your client to complete the referral, this may be done by phone, but they will need to be available to select an appointment time once prompted.
- 4) Complete the referral to GamFin online via their secure referral portal at:
<https://www.gamfin.org/>
 - a. Select “Book Your Free Intake Session”



- b. Select “Start”

Ready to schedule a
**Financial Counseling
appointment?**

Here's how it works...



Click the START button below to begin scheduling your appointment.

START →

If you're not ready to schedule an appointment right now, we have other options.

Group sessions

We now offer financial counseling group sessions online at no cost.

SIGN UP →

Need help?

If you have a question or need help, please send us a message.

SEND A MESSAGE

- c. Either the client or treatment provider can book the initial appointment, follow the prompts as appropriate. Keep your client's signed Consent for Program Participation and Release of Information page (see form at the end of this packet) on file for record keeping and to provide a copy if asked.
- d. **Your client can choose the best time for their appointment.** It is recommended to schedule within two weeks, and to write the appointment down for your client for ease of keeping track of their appointment. They will receive automatic reminders to the email and phone number provided. Clients can choose to opt-out of participating in the financial counseling services at any time, even after completing the initial consultation. At the initial appointment they will have an opportunity to ask any questions they would like, learn more about what to expect, and set their goals to work on with their financial counselor.

DATA SECURITY: The GamFin referral portal is data-secure, confidential, and compliant with HIPAA privacy and security standards. Verified by HIPAA Seal of Compliance Certificate, Compliancy Group.

About the Program Evaluation conducted by CSHRB

Program evaluation is provided by the University of Washington, Center for the Study of Health and Risk Behaviors (CSHRB). Participation is strongly encouraged but not required to receive free financial counseling services. Participants in this pilot program may be contacted by the CSHRB team after they complete their financial counseling services with GamFin, and they can decline to participate in the program evaluation. Their feedback on the program evaluation will be helpful in evaluating the success and barriers of this pilot program, evaluating the efficacy of the provision of financial counseling services to those in gambling treatment at large, and for improving the program for future participants.

Consent to Program Participation and Release of Information

I _____, hereby authorize the use or disclosure of my protected health information as described below:

1. AUTHORIZED PERSONS TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

I authorize _____ to disclose the following protected health information to **GamFin** (financial counseling for problem gambling service provider) via their referral portal.

2. DESCRIPTION OF INFORMATION TO BE DISCLOSED

My full name _____

Email: _____ (used for confirming appointments)

Phone: _____ (used for confirming appointments)

Treatment information that is relevant to the reason for the referral, if requested, for holistic and coordinated care.

3. PURPOSE OF THE USE OR DISCLOSURE

The purpose of this use or disclosure is so that I may be scheduled for an initial consultation with GamFin and receive financial counseling services. Should I choose to participate in financial counseling services, these services are provided for free due to a collaborative program funded by the Washington Healthcare Authority, Division of Behavioral Health and Recovery, Problem Gambling Program, project managed by the Evergreen Council on Problem Gambling, with services provided by GamFin, and program evaluation conducted by the UW Center for the Study of Health and Risk Behaviors.

4. CONSENT TO PROGRAM PARTICIPATION

By signing below, I understand that:

Program participation is completely voluntary, and I can refuse or decline to continue at any time.

Should I choose to initiate participation, it involves the release of my information for initial referral to GamFin, as stated above. They will explain my rights to confidentiality of their services as well.

As part of efforts to measure and improve quality and effectiveness of this program, GamFin may share participant contact information (name, phone number, and email address) with an independent evaluation team at the University of Washington Center for the Study of Health and Risk Behaviors (CSHRB). No medical or treatment information will be shared. The evaluation team will invite participants to provide feedback about their experience from the program. Participation in evaluation activities is strictly voluntary. I may decline to participate or request that I not be contacted by the evaluation team at any time. That decision will not affect my financial counseling services in any way. Should participants provide feedback as part of the program evaluation it will be used to make improvements to the program for future participants, as well as analyze data on the effectiveness of providing financial counseling services to individuals who are receiving gambling counseling services, an area of study that has historically not been adequately researched.

I have the right to refuse to sign this Consent to Program Participation and Release of Information Form. If signed, I have the right to revoke this authorization, in writing, at any time. I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

This Consent to Program Participation and Release of Information Form does NOT extend to either the program funding partner (Washington Healthcare Authority) or the project management partner (Evergreen Council on Problem Gambling). The program evaluation data that they will receive is de-identified and will not contain any participant protected health information.

Should I have questions about the program I can ask them at any time by contacting my referring gambling counselor, GamFin, or the project manager of this program, Tana Russell, Deputy Director of Evergreen Council on Problem Gambling at 360-352-6133 or by emailing trussell@evergreencpg.org. My choice to do so may fall outside of the terms of this Consent to Program Participation and Release of Information Form.

Patient signature

Referring provider signature

Printed name

Printed name and Credentials

Date

Date