2012

Increasing Gambling Treatment Enrollment in Iowa

April 5, 2012 – Des Moines, Iowa – Workshop Report

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Workgroup Facilitators:

Mark Vander Linden, Program Manager, IDPH

Bob Kerksieck, Health Facilities Surveyor, IDPH

Janet Zwick, Zwick Healthcare Consultants, LLC

Jeff Marotta, Problem Gambling Solutions, Inc.

Participants of the Increasing Gambling Treatment Enrollments Workshop Meeting:

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Kevin Frampton	Kelly Grunhovd	Terry Hornbuckle
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The views and opinions expressed in this report do not necessarily reflect the views of the Iowa Department of Public Health or any other organization involved in this project.

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INTRODUCTION

Prompted by a commitment to continually improve problem gambling services in Iowa, the Iowa Department of Public Health (IDPH) partnered with Training Resources and Problem Gambling Solutions, Inc. to deliver a four-hour workgroup designed to solicit input and ideas to increase gambling treatment enrollments. Based on IDPH's desire to obtain diverse viewpoints and recommendations, the workshop fostered productive discussions by incorporating a "world café" process into the workshop's design; a practice that utilizes a series of small group discussions on pre-selected topics. The staff of the IDPH Office of Problem Gambling Prevention and Treatment identified a limited number of individuals to invite to the workshop. Development of the workshop invitee list began by identifying stakeholder groups and organizations who serve populations with heightened risk for problem gambling. Next, individuals in leadership positions within identified groups and organizations where identified and invited (see Appendix A for a list of workshop participants). The number of workshop participants was limited to 25 in order to facilitate discussion (see Appendix B for Workshop Agenda).

Stakeholders at this event were tasked with addressing four critical questions; identifying system challenges related to these questions, brainstorming possible solutions, and prioritizing system improvement actions. The small group discussion topics where:

- What can be done to increase outreach effectiveness?
  - Discussion facilitated by Jeff Marotta, Problem Gambling Solutions, Inc.
- What can be done to increase inter-system coordinator?
  - Discussion facilitated by Mark Vander Linden, IDPH
- What can agencies do to increase enrollments?
  - Discussion facilitated by Janet Zwick, Zwick Healthcare Consultants, LLC
- What can IDPH do to increase enrollments?
  - Discussion facilitated by Bob Kerksieck, IDPH

The body of this report provides key discussion points that occurring during the workgroups, as noted by the facilitators of the small group discussions. The report is structured by "critical questions" where a brief synopsis of the critical question discussion is followed by an outline of identified issues and possible solutions, in rank order of popularity, as voted on by workshop participants (bolded numbers represent votes cast by participants as "priority item").

I. WHAT CAN BE DONE TO INCREASE OUTREACH EFFECTIVENESS?

Synopsis

There are a number of significant barriers to problem gambling treatment including a general lack of societal consciousness about problem gambling and treatment availability. Because tending to problem gambling is often not part of a professional culture, many stakeholders recommended developing initiatives to partner with institutions to educate professions who interact with populations considered at higher-risk for problem gambling. Some of those proposed initiatives involve working with higher education to add problem gambling topics into program curriculums, developing projects with the Department of Corrections, and work to change the culture within mental health treatment facilities and agencies to include gambling and problem gambling as areas of interest. Several other activities and tactics to increase outreach effectiveness are presented under the heading, "Solutions: Workgroup Brainstorming List of Actions to Improve Gambling Treatment Enrollments".

Challenges: Perceived Issues Negatively Impacting Gambling Treatment Enrollments

- Treatment has a negative stigma
- There is a negative stigma associated with being labeled a "problem gambler".
- Problem or pathological gambling is often not considered a legitimate psychiatric condition, instead it may too commonly be viewed as a moral weakness
- When the term "gambling" is used, it may be interpreted differently as many people hold different ideas of what gambling is.
- Among helping professionals, there is a lack of problem gambling awareness including understanding what problem gambling is, and feeling competent and comfortable in screening for, identifying, and responding to a person with a gambling problem.
- There is a lack of a systematic screening or assessment process for problem gambling within many public service institutions including within the Corrections Department.

- There may not be a willingness to add problem gambling specific questions to an assessment or intake process that is already viewed as time intensive and burdensome to the consumer.

- May problem gamblers may lack the self-awareness that they have a gambling problem.

- Local public health plans typically lack any mention of problem gambling.

- There are turf issues between providers that may contribute to the low number of referrals from treatment agencies who are not funded to provide problem gambling treatment. There may be concerns about losing clients to other providers.

- For the most part, the people doing problem gambling outreach are not the right people. Many are counselors who may not have the time, aptitude, or training to conduct successful community outreach efforts.

- Rural communities lack the resources to reach problem gamblers
    - There are very few Gamblers Anonymous groups in the rural areas of the state.
    - There are few treatment programs located in rural regions

- Education or outreach initiatives aimed at shareholders or potential partners occurs sporadically which isn't as effective as a well thought-out and designed systematic approach.

- The service regions for problem gambling differ from the mental health and addiction treatment service areas. This contributes to the lack of uniformity in efforts across regions or areas of the state.

- Community awareness of problem gambling is low and this is compounded by decreased levels of funding in problem gambling public awareness.

- There is no funding for gambling treatment providers to market their services.

- The advertising aimed at getting problem gamblers or their concerned others into treatment is not effective and too narrow (mostly television and outdoor ads).

- There is a lack of input from consumers of services as to what is needed, what works, were the barriers exists, etc.

- There is a lack of attention given to fostering word of mouth referrals.

Solutions: Workgroup Brainstorming List of Actions to Improve Gambling Treatment Enrollments

- Develop better partnerships with higher education **(9)**
    - Introduce the topic of gambling and problem gambling during freshman orientation and include information within the entrance packet new student's receive.

- Work to change education standards within a number of majors to include the topic of problem gambling within their program and/or course curriculum. Target education to gatekeepers **(7)**
    - Clergies, bankers, nursing professionals, consumer credit counselors, etc.

- Develop better partnership the Department of Corrections **(3)**
    - Develop screening and assessment procedures for all new inmates
    - Develop education and/or intervention program addressing problem gambling to be used as a component of a larger community re-entry program.

- Work to change the culture within mental health treatment facilities and agencies to include gambling and problem gambling as areas of interest. **(3)**
    - Provide more training to the mental health professional community
        - Require at least 2-hours of problem gambling education in order to be a licensed or certified mental health professional. Consider also requiring for recertification.
    - Integrate the issue of problem gambling into team meetings
    - Addictions professionals serving a larger mental health team should be required to have a minimum number of educational hours on problem gambling and expected to serve the team as the resident problem gambling advisor, resource person, and PG awareness reminder person.

- Expand the marketing of problem gambling services and other efforts to increase public awareness of problem gambling. **(3)**
    - Increase use of social media such as Facebook and Twitter
    - Utilize non-traditional print such as bathroom stall signage, ads in personal section with newspapers, increase types of messaging in casinos and other gambling venues
    - Expand web presence / exposure
    - Design messaging to normalize treatment

- Develop a service culture among all mental and physical health care providers for a client centered holistic care approach toward services. **(3)**

- Develop partnership initiatives with the aging network **(2)**

- Meals on Wheels informational campaign
- Train and supply in-home care service workers with information about problem gambling

- Piggyback on treatment outreach and awareness efforts by other organizations or groups. **(1)**
  - Example, include info on problem gambling within information about tobacco cessation or alcohol and drug abuse prevention, etc.

- Increase coordination between services **(1)**
  - Align problem gambling service regions with other behavioral health service regions.
  - Integrate problem gambling training, materials, topics, into other services
  - Bring a problem gambling component into the substance abuse recovery network

- Develop problem gambling training initiatives targeting divisions within the IDPH.
  - Start by gaining support from leadership and accompany with IDPH policies/expectations.
  - Training key personnel within all IDPH divisions
  - With trained personnel, deliver training and materials to local or county programs funded by the various IDPH divisions

- Enable problem gambling providers to more effectively conduct treatment outreach
  - Provide education and tools on effective outreach practices
  - Provide a budget to both conduct gambling treatment outreach and agency advertising
  - Link local gambling treatment agencies with gatekeepers or potential partners within their community

- Develop initiatives within the judicial system to identify and refer more problem gamblers to treatment
  - Provide training to persecutors, district attorneys, and judges
  - Assist in the development of policies that promote gambling treatment as an alternative to incarceration

- Incentivize referrals to gambling treatment from IPHD funded programs
  - Provide benchmarks and financial incentives for reach benchmarks
  - Track and report on gambling treatment referrals from all IPHD funded agencies
  - Provide in-house trainings (CEU opportunities) to assist agencies develop problem gambling screening, assessment, and referral programs

II. WHAT CAN AGENCIES DO TO INCREASE ENROLLMENTS?

Synopsis

Several issues negatively affecting agencies ability to identify and/or treat problem gamblers were identified. The primary recommended resolution was that departments and agencies collaborate with each other in making problem gambling referrals. For this to occur, several actions were suggested including targeting education to allied professionals to better enable them to identify and refer problem gamblers for specialized treatment. Specific groups that may be instrumental in partnering with IDPH Office of Problem Gambling Prevention and Treatment included the National Guard and the Iowa Substance Abuse Information Center. Several other activities and tactics that agencies can take to better address problem gambling are presented under the heading, "Solutions: Workgroup Brainstorming List of Actions Agencies Can Take".

Challenges: Perceived Issues Negatively Affecting Agencies

- Funding competitiveness makes it difficult to refer between programs
- Referrals with a primary substance abuse or mental health problem are minimal
- Stigma of receiving any type of counseling; mental health, substance abuse or gambling
- Cost of treatment varies between mental health, gambling and substance abuse and client might not know the cost
- No insurance to treat gambling
- Not aware of local treatment options for the gambling client
- Potential clients might not understand the criteria for help especially when using the self-help. Even one criterion might mean you should see someone
- No assessment for gambling in the correctional system
- If gambling is not the primary problem it is not getting treated within the mental health or substance abuse system
- If we get more admissions is there the capacity to expand?
- Service areas too large
- Assessment across areas is not the same

- Clinicians in other fields might not have skill level to evaluate
- ROSC model-not getting the right people to the table
- Philosophy of the community
- Iowa does not have a no wrong door approach
- Internet is not available in many households. DHS did a study in one county in Iowa after the flooding and discovered 30% don't have internet capability
- Workforce capacity
- Knowledge of the problem
- No residential service for problem gambling, but it really should be for co-occurring
- Clinicians feel that intake is already too long and adding gambling questions makes it longer
- Agency wide lack of education on Problem gambling

Solutions: Workgroup Brainstorming List of Actions Agencies Can Take

- Departments and agencies collaborate with each other in making referrals **(11)**
- Connect with other agencies that don't have problem gambling services to provide education to the clinicians **(6)**
- Reach out to higher education and the National Guard **(5)**
- Iowa Substance Abuse Information Center (ISAIC) as a part of the weekly paper do a feature on programs including the best source of referral **(5)**
- Agencies share with each other their best source of referral **(3)**
- Area Agency on Aging needs to provide this information on their website. Call the agency and ask to talk to the information and referral person **(2)**
- Licensure/certification of mental health and substance abuse clinicians should require 2 hours of continuing education related to gambling **(2)**
- Think outside the box for referrals e.g. lawyers, financial institutions **(1)**
- Make more use of social media **(1)**

- Help general public to understand that gambling can be a problem and the correlation between substance abuse and mental health **(1)**
- All departments (mental health, aging, corrections etc.) use the same assessment questions **(1)**
- Corrections provide a gambling assessment during classification and then refer the person at time of parole
- Target community leaders especially within financial institutions to get information out about treatment
- Use peer recovery coaches to help
- Marketing
- Outreach workers who understand the health literacy issue
- ROSC model
- Educating the community so they understand it is a community problem
- Educate clinicians the importance of adding questions related to problem gambling to the assessment
- Licensure of mental health and substance abuse programs should require 2 hours of continuing education related to gambling
- Utilize the mental health block grant for training mental health clinicians
- Train and education care coordinators on gambling issues. This would include the Integrate Health Home coordinators funded through Magellan. There are also care coordinators for the Department of Aging in the health care bill.
- An Aging and Disability Resource Center (ADRC) is currently being developed through Department of Aging. Gambling and/or substance abuse centers could apply to become an ADRC. Be sure the programs are listed in the ADRC
- Information and education provided at meal sites
- Iowa Work Force Centers need the prevention and education information
- Replicate the workshop provided today on a local level (1 vote)
- Time and funds for outreach (12 votes)

- Change gambling contract funding formula to allow increased money for programs who are seeing clients
- IBHA should reintroduce legislation that has providers doing banning rather than casinos
- Recovery Support Services needs to be available for concerned person clients
- Require sister agencies (mental health, aging, corrections etc.) to assess for gambling issues.

III. WHAT CAN BE DONE TO INCREASE INTER-SYSTEM COORDINATION?

Synopsis

There were several perceived issues negatively affecting inter-system coordination, including a sense that most systems lack resources to invest in areas of expansion without new funds. A number of strategies were suggested to increase inter-system coordination and topping that list was providing education at the community level through the use of regional structured discussions and training for key staff in key systems. As a means to incentivize systems, it was suggested IDPH invest in a "Prime the Pump" approach were specific activities could receive payment or other material support. Another popular suggestion was to systematically screen for problem gambling through the integration of problem gambling questions into existing questionnaires or intakes. Several other activities and approaches to increase inter-system coordination are presented under the heading, "Solutions: Workgroup Brainstorming List of Actions to Increase Inter-system Coordination".

Challenges: Perceived Issues Negatively Affecting Inter-system Coordination

- Corrections – not a requirement to do screenings and hence a reluctance to do so.
- Systems are overburdened
  - Dept of Human Services
  - Courts
  - IA Bar Association
- Uprooting a client from one system and moving them to a different system to Address PG
- Gambling not seen as a real disorder
- Lack of confidence between systems

- Casinos not invested in addressing PG

- "Don't make me go to another appointment"
    - Clients tired of going from one appointment to another.
        - Don't want to seek out issue specific help.
        - Want to stay with the person/counselor they trust.

Solutions: Workgroup Brainstorming List of Actions to Increase Inter-system Coordination

- Community level education
    - Regional level Café Process **(20)**

- Incentives to other systems "Prime the Pump" **(10)**
    - Pay Care Coordination to staff in other systems
    - Pay for referral/enrollment in gambling system from other systems
    - Provide training opportunities to other systems
        - Training for key staff in key systems **(10)**
            - Scholarships to Regional/National Conferences
            - Provide training with free CEU's
            - Key staff in key systems

- Create/Funding for new brochures **(5)**
    - Specific brochures about claiming gambling losses at tax time
    - Specific brochures about not blowing tax return on gambling

- At a statewide system level, integrate PG screening **(4)**
    - System = jail administrator **(1)**
    - Ia Sherriff Association **(2)**
    - Ia Corrections Association **(1)**
    - Drug Courts
    - Financial Institutions
        - Iowa Bankers
        - Tax Preparations
            - HR Block

- Create a cohort of Trainers **(3)**

- CPC's and Chamber of Commerce - Education/Info* **(2)**

- More Training for the National Guard **(2)**
    - Send key staff to MCPGSA or National Conference

- A more flexible system within gambling treatment i.e. pay travel rate for treatment **(1)**

- Engagement of 18 – 34 yo =target audience
  - University
  - Casinos
  - Booster clubs

- Survey providers about their most successful relationships with key systems and share (Emily Bloome)
  - We are "system rich"

- Training for Magellan Care Coordination

- PG Screening at IMCC
  - Condition of release with parole board

- Link training to Department of Public Safety (Kevin Frampton)

- Iowa Association of Community Providers and IA alliance of Community Health Providers (Cynthia Stidel Bishop)

- Bring providers to a state-wide systems meeting

- Connect with Juvenile justice system/

- Education to VITA – program sponsored by United Way and IRS to do tax prep for low income

IV. WHAT CAN IDPH DO TO INCREASE GAMBLING TREATMENT ENROLLMENTS?

Synopsis

Participants of the workgroup identified several measures IDPH could take to increase problem gambling treatment enrollments. The foremost recommended strategy was helping other agencies recognize problem gambling is a problem, through a variety of initiatives. There was a call for IDPH to work across department silos and thereby creating efficiencies while increasing overall efforts targeting problem gambling. Workshop participants also recommended a greater investment in media purchases and population specific targeted brochures to create a better informed public. A relatively large number of endorsements were cast to redevelop the

residential or transitional housing system to create capacity to serve problem gamblers. Several other IDPH improvement actions were discussed and outlined below.

Solutions: Workgroup Brainstorming List of Actions IDPH Can Do To Increase Enrollments

- Help other agencies recognize problem gambling is a problem, including: **(9)**
  - Cross discipline trainings
  - Target areas where clients are at higher risk: financial services, MH services, suicide prevention programs, etc.
  - Promote cultural change in agencies

- Work across silos at IDPH, including: **(8)**
  - Train about problem gambling across IDPH (use staff meetings), LBOH, VNA Nurses
  - Use ISAIC Clearing house to get materials to other areas ISAIC serves
  - Annual conferences for other PH areas – and better visibility while there

- Need more media dollars **(8)**
  - Design ads geared toward early intervention without being negative.
  - Need a new ad firm.
  - ZLR Ads retrigger problem gambling trauma for recovering people and focus on those with the most problems
  - More social media
  - Ads need to be targeted and thoughtful
  - MAKE SURE BOCHURES have Website
  - Low risk gambling cards are very popular

- Develop brochures for different populations, including: **(7)**
  - Age, Gender, Ethnic group
  - Group really liked idea to develop a specific brochure for the financial services sector: bankers, accountants, tax preparers
  - Group really liked idea to develop a specific brochure for lawyers
  - Group really liked idea to develop a specific brochure for ministers
  - Groups that license and certify helping professionals

- Re-develop residential or transitional housing capacity **(7)**

- Educate public about low risk gambling **(3)**

- Need different levels of care and a more structured treatment protocol **(3)**

- Reduce barriers for access to RSS **(2)**
- Develop an integrated treatment model for treating co-occurring disorders **(1)**

- Use this group to develop a larger Stakeholders group: Quarterly conference calls **(1)**

Appendix A

Workshop Participants

Increasing Gambling Treatment Enrollments

April 5, 2012

Name	Organization
Jerry Bauerkemper	NCCG
Emily Blomme	Iowa Substance Abuse Information Center
Debra Buckner	Pathways Behavioral Services
Audrey Carlson	Iowa Racing and Gaming Commission
Katrina Carter	IDOC-Offender Services
Nicolas Foss	ADDS Gambling Treatment Services
Kevin Frampton	Iowa Department of Public Safety
Kelly Grunhovd	Prairie Ridge Addiction TX Svcs
Terry Hornbuckle	Iowa Department on Aging
John Hostetler	Community & Family Resources
Karen Hyatt	Iowa Department of Human Services
Lindsay Kalvig	Pathways Behavioral Services
Andrea Meylink	MECCA
Shaun Myers	IA National Guard
Mary Neubauer	Iowa Lottery
Candace Peters	Prairielands ATTC
Paul Stageberg	Department of Human Rights
Cynthia Steidl	Eyerly Ball
Diane Thomas	Substance Abuse Services Center
Michele Tilotta	Iowa Department of Public Health
Margaret VanGinkel	ISU Ext Outreach

Appendix B

Increasing Gambling Treatment Enrollments

Workshop Agenda

8:00 am ***Welcome; Purpose & Introductions***

- Why we undertook this project.
- Agenda review
- How information gathered today will be used.

8:30 am ***Increasing Gambling Treatment Enrollments: Background Information***

- Overview of Iowa Problem Gambling System
- Increasing Treatment Utilization: Lessons from the Field

9:10 am ***World Café Process – Discuss Initiatives to Increase Utilization***

- Participate in small group discussions, each table address one of the following questions:
  - What can be done to increase outreach effectiveness?
  - What can be done to increase inter-system coordinator?
  - What can agencies do to increase enrollments?
  - What can IDPH do to increase enrollments?

9:15 am ***BREAK***

9:20 am ***Round 1 – Small Group Discussion***

9:40 am ***Round 2 – Small Group Discussion***

10:10 am ***Round 3 – Small Group Discussion***

10:30 am ***Round 4 – Small Group Discussion***

10:50 am ***BREAK***

11:00 am ***Report out (10 minutes per table/program area)***

- Work groups report out on their top priorities for action.
- Synthesize small group discussions.
- Debrief work group recommendations.
- Are any recommendations missing or critical?

11:40pm ***Prioritization & Next Steps***

- Indicate individual priorities of work group recommendations.
- Next steps in this process; questions or input on process.

12:00pm ***ADJOURN***