Indiana Problem Gambling Treatment and Outreach Resource Network Manual

As of July 1, 2014

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Introduction

Studies indicate that there is an estimated 1% of the US population who meet the Pathological Gambling criteria set forth in the DSM-IV and another 2-3% who, while not meeting the full diagnostic criteria as a Pathological Gambler, have experienced one or more problems as a result of their gambling. Studies also show that within forensic populations the percentage of Problem Gamblers increases by 1-5%.

The Indiana Family and Social Services Administration - Division of Mental Health and Addiction (FSSA-DMHA) understands the impact of Compulsive Gambling and is committed to providing quality evidence-based treatment, intervention, prevention, and education resources for professionals who work with Compulsive Gamblers in Indiana. In order to facilitate the success of the Indiana Problem Gambling Treatment and Outreach Resource Network, this manual has been produced as a reference.

This manual was developed by a multi-disciplinary team dedicated to helping Compulsive Gamblers and their families. The content reflects the most current information on treatment options and the service delivery system utilized in Indiana. This manual will provide you with resources and tools to assist you with the provision of care for Compulsive Gamblers as required by your contract with the Indiana Division of Mental Health and Addiction (DMHA).

DMHA recognizes that many terms have been used to describe Problem Gambling over the years. These terms include “Pathological”, “Compulsive”, “Excessive”, “Addictive”, and “Problem” Gambling. For the purposes of this document, the terms may be used interchangeably. It is important to note, however, that “compulsive” gambling is the language used in the Indiana statute as it relates to providing gambling treatment services, and the DSM-IV only provides diagnosis criteria for “Pathological” Gambling.

This manual was prepared by the Indiana Problem Gambling Awareness Program through a contract with FSSA-DMHA with funding from the Indiana Gamblers’ Assistance Fund. Due to the evolving nature of the Indiana Problem Gambling Treatment and Outreach Resource Network (IPGTRN) we will continue to update and provide new resources and information to assist you as it becomes available. You may download copies of the manual and other IPGTRN materials at: www.ipgap.indiana.edu/

Data Collection

All contracted Problem Gambling service providers utilize two data systems, the Data Assessment Registry Mental Health and Addiction (DARMHA) system and the Web Infrastructure for Treatment Services (WITS). DARMHA is the primary data collection system for the Gamblers' Assistance Fund. All information about consumers with Problem Gambling must be entered into DARMHA in accordance to the documents on the DARMHA website at dmha.fssa.in.gov/DARMHA/mainDocuments.aspx and any updates thereto. Specifically, the following documents contain instructional information related to the submission of data:

- DARMHA User Manual
- Performance Measure Definitions Manual
- Import and Export Specifications Manual
- Web Services Specifications Manual
- Required Data from Contracted Providers

All contracted Problem Gambling service providers must also submit data into the Web Infrastructure for Treatment Services (WITS) in order to generate a voucher for payment of gambling services. Data submission to generate a voucher for payment will include basic demographics, service encounter information, and screening. Information must be submitted in accordance with the instructions in this manual and in *WITS Billing and Entry Guide Section.*

It is imperative that all contracted Problem Gambling service providers enter the identical name of a consumer into each system. For example, if a consumer's name is Charles, do not enter Charley or Chuck into one system and Charles in another. The consumer's **legal name** should be entered into systems, **not** a nickname or a shortened version of the name.

DMHA is responsible to many internal and external stakeholders, and often the data collected in both systems are reported to demonstrate success of the Problem Gambling Treatment Resource Network. For example, DMHA collects and reports information to the Governor's office each quarter. DMHA is required to define and measure data as it relates to the Problem Gamblers' Assistance Fund.

The definitions in this section are specifically for contracted Problem Gambling service providers in Indiana. Details provided in this excerpt are not meant to repeat the SFY 2015 contract but to clarify or expand on definitions for reimbursable services.

Screening Requirements for Contracted Problem Gambling Service Providers

Screening of All Clients

Contracted Problem Gambling service providers are required to screen all clients ages 12 and older for Problem Gambling upon intake and re-assessment with a screening tool. Re-assessment screening should occur every 180 days, a good time to consider doing this is when the CANS/ANSA is due to be completed.

The South Oaks Gambling Screen (SOGS) and the South Oaks Gambling Screen Revised Adolescent (SOGS-RA) is the tool used for Enrollment into treatment in Indiana. The SOGS is based on DSM-IV criteria, is widely used, and has a good reliability and validity rate in clinical samples (Lesieur & Blume, 1987). When administering the SOGS, clinicians are instructed to complete the form with the consumer and to ask questions that reflect gambling behavior 12 months prior to the screening. Other available screening tools for Compulsive Gambling that can be utilized, including the Gamblers' Anonymous 20 Questions tool, are available on the IPGAP website.

Requirements for Screening and Enrolling Consumers with Problem Gambling

1. A completed SOGS or SOGS-RA. Payment will be made for individuals meeting eligibility criteria with scores equal to or greater than three (3). The score must reflect gambling activity over the past twelve (12) months and be documented in the clinical record. To alleviate confusion, paper SOGS or SOGS-RA should indicate the following: the individual's name, unique ID, the date the screen was completed, and the timeframe of symptoms reflected on the SOGS or SOGS-RA (e.g. symptoms of Problem Gambling occurred more than one year ago, less than one year but more than six months ago, or six months ago). The date on the SOGS or SOGS-RA should correlate with the individual's progress note located in the clinical record.

    a. State funding for gambling is allowable only for individuals with a **current episode** of Compulsive Gambling over the past twelve (12) months. An individual who has a history of Compulsive Gambling but has not experienced problematic gambling behavior within the previous twelve (12) months is not appropriate for state funding for gambling.
    Note: If the consumer has been in continuous treatment and is being screened to be re-enrolled at the beginning of the fiscal year, then the timeframe of gambling

behavior may exceed 12 months. This must be indicated on the SOGS and in the progress note.

2. If an individual is identified as a Compulsive Gambler, then this must be reflected on the individual's master Individualized Integrated Care Plan. The plan should specifically identify Compulsive Gambling as a problem to be addressed. Objectives and interventions shall be individualized to support the individual's needs and goals.

3. If an individual scores a three (3) or more on the SOGS or SOGS-RA, which reflects gambling behavior over the past twelve (12) months, but refuses services for Compulsive Gambling, the refusal for treatment must be clearly documented in the progress notes. The progress note should specifically state that the individual scored a 3 or more on the SOGS or SOGS-RA and was offered but refused a full continuum of care to address his/her Compulsive Gambling needs, including financial management counseling and linkage to mutual aid group meetings. The date of the progress note should correlate with the date on the SOGS.

Compulsive Gambling Treatment Counselor Competency

An individual who meets Compulsive Gambling Treatment Counselor Competency is defined as an individual meeting the following criteria:

1. Individuals providing problem gambling treatment services will meet the following criteria:

a) Be qualified to provide counseling, therapy, case management, or like services as defined by the Indiana Professional Licensing Agency; ***and***

b) Achieve completion of 30 hours of Division of Mental Health and Addiction approved training or training endorsed by the National Council on Problem Gambling, American Compulsive Problem Gambling Counselor Certifications Board or the American Academy of Health Care Contractors;

OR

Hold a national certification as a problem gambling treatment counselor from the National Council on Problem Gambling, American Compulsive Problem Gambling Counselor Certifications Board or the American Academy of Health Care Contractors.

2. Problem gambling treatment services may also be provided by a counselor in training, which is defined as an individual who meets criteria **a)** above and meets the following additional criteria:

a) Has completed a minimum of eight hours of gambling training, including specific training on Problem Gambling 101 and financial issues/planning for problem gamblers;

b) Is actively supervised by an individual who meets criteria **a)** and **b)** above; ***and***

c) Is working towards obtaining the full 30 hours of training. Counselors in training that began providing problem gambling treatment on or before July

1, 2014, must obtain the full 30 hours of training within 90 days of July 1, 2014. Counselors in training that began providing problem gambling treatment any day after July 1, 2014, must obtain the full 30 hours of training within 90 days of the date they begin providing the services.

3. Training for individuals providing problem gambling treatment must be documented to include specific training on Problem Gambling 101 and financial issues/planning for problem gamblers. Trainings going towards the 30 required hours must be related to the topic of gambling. Five (5) of the 30 required hours of training may be non-gambling related if they are related to the topics of outreach or prevention and are approved by DMHA. Criteria for DMHA-approved trainings are listed in the *Indiana Problem Gambling Treatment & Outreach Resource Network Manual.*

- Documentation of competency and training must be maintained in the counselor's personnel file and must be made available upon request.

DMHA-approved training consists of trainings and courses in gambling endorsed by the following organizations:

- Indiana Problem Gambling Awareness Program;
- Indiana Council on Problem Gambling;
- North American Training Institute (online trainings);
- Credentialed counseling organizations such as the Association of Addiction Professionals, American Compulsive Gambling Counselor Certification Board, American Academy of Health Care Providers in the Addictive Disorders, National Council on Problem Gambling, Indiana Association of Addiction Professionals, Indiana Counselor's Association on Alcohol and Drug Abuse, the International Certification & Reciprocity Consortium (IC&RC), and the National Association of Alcohol and Drug Abuse Counselors;
- Mental Health America Indiana or the National Alliance on Mental Illness;
- Universities;
- Substance Abuse and Mental Health Services Administration.

If you plan to attend a training to meet competency requirements that is offered by an organization not listed here please contact the Indiana Problem Gambling Awareness Program to ensure that the organization offerings are in line with the intent of the Problem Gambling Treatment and Outreach Network.

Compulsive Gambling Treatment Counselor Competency Limitations

Counselors who meet Compulsive Gambling Treatment Counselor Competency as outlined above are authorized to provide the following modalities/types of service: Enrollment/Intake, Individualized Integrated Care Plan, Individualized Integrated Care Plan Review, Case Management, Intensive Outpatient Treatment, Outpatient Treatment (Group), Individual Counseling, Residential, Financial Counseling, Family Support Services, and Education.

Four (4) modalities are <u>outside the scope of practice</u> for a professional meeting Compulsive Gambling Treatment Counselor Competency requirements. The four (4) modalities are: Acute Stabilization including Detoxification; Medication, Evaluation, and Monitoring; Psychiatric Consultation; and a Session with a Certified Recovery Specialist. DMHA requires that Acute Stabilization including Detoxification be under the supervision of a physician. The following providers may provide Medication, Evaluation, and Monitoring within the scope of practice as defined by federal and state law: Licensed Physicians, Authorized Health Care Professionals, Registered Nurses, Licensed Practical Nurses, and Medical Assistants who have graduated from a two-year clinical program. In addition, Licensed Physicians and Authorized Health Care Professionals can provide Psychiatric Consultation within the scope of practice as defined by federal and state law. Furthermore, the modality/type of service Session with a Certified Recovery Specialist **can only be provided by** individuals who have successfully completed the DMHA-approved Certified Recovery Specialist training.

The following modalities can be provided by an individual who <u>does not</u> meet Compulsive Gambling Treatment Counselor Competency: Enrollment/Intake, Financial Counseling, Transportation, and Case Management services. However, the individual must be **actively collaborating** with the counselor who meets competency requirements and is meeting with the Compulsive Gambler. Individuals who are Certified Recovery Specialists may provide the modality/type of service: Session with a Certified Recovery Specialist.

Professional Definitions and Acronyms

A licensed professional is defined by any of the following provider types:

- A psychiatrist or physician
- Licensed Psychologist or a psychologist endorsed as a Health Service Provider in Psychology (HSPP)
- Licensed Clinical Social Worker (LCSW)
- Licensed Mental Health Counselor (LMHC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Clinical Addiction Counselor (LCAC) as defined under *IC 25-23.6-10.5*

Certification organizations approved by DMHA for addiction counseling other than those approved for Problem Gambling-specific services are:

- The International Certification and Reciprocity Consortium / Alcohol and Other Drug Abuse (IC&RC/AODA)
- National Association of Alcoholism and Drug Abuse Counselors (NAADAC)
- American Academy of Health Care Providers in the Addictive Disorders
- Indiana Counselor's Association on Alcohol and Drug Abuse (ICAADA)
- Indiana Association for Addiction Professionals (IAAP)
- Indiana Professional Licensing Agency (IPLA)

Qualified Behavioral Health Professional (QBHP) is defined by any of the following provider types:

1. An individual who has had at least two (2) years of clinical experience treating persons with mental illness under the supervision of a licensed professional, as defined above, such experience occurring after the completion of a master's degree or doctoral degree, or both, in any of the following disciplines:
    - Psychiatric or mental health nursing from an accredited university, plus a license as a registered nurse in Indiana;
    - Pastoral counseling from an accredited university; or
    - Rehabilitation counseling from an accredited university.
2. An individual who is under the supervision of a licensed professional, as defined above, is eligible for and working toward licensure, and has completed a master's or doctoral degree, or both, in any of the following disciplines:
    - Social work from a university accredited by the Council on Social Work Education;
    - Psychology from an accredited university;
    - Mental health counseling from an accredited university; or
    - Marital and family therapy from an accredited university.
3. A Licensed Independent Practice School Psychologist under the supervision of a licensed professional, as defined above.

An Authorized Health Care Professional (AHCP) is defined as:

A physician assistant with the authority to prescribe, dispense, and administer drugs and medical devices or services under an agreement with a supervising physician and subject to the requirements of IC 25-27.5-5; or a nurse practitioner or a clinical nurse specialist, with prescriptive authority and performing duties within the scope of that person's license and under the supervision of, or under a supervisory agreement with, a licensed physician pursuant to IC 25-23-1.

Other Behavioral Health Professional (OBHP) is defined by any of the following provider types:

1. An individual with an associate or bachelor degree, and/or equivalent behavioral health experience, meeting minimum competency standards set forth by the Community Mental Health Center (CMHC) and supervised by a licensed professional, as defined above, or QBHP, as defined above.
2. Licensed Addiction Counselor (LAC) and Licensed Clinical Addiction Counselor (LCAC), as defined under IC 25-23.6-10.5, supervised by a licensed professional, as defined above, or QBHP, as defined above.

Definitions of a licensed professional, a QBHP, an ABHP, and an OBHP are taken from the Medicaid Rehabilitation Option (MRO) Provider Manual. The most current version of this manual is available for access at: provider.indianamedicaid.com/general-provider-services/manuals.aspx

Telemedicine

Definitions for Approved Telemedicine Services

- Hub Site – Location of the provider rendering consultation services

- Spoke Site – Location where the Problem Gambler is physically located when services are provided
- Interactive Television (IATV) – Videoconferencing equipment at the hub and spoke sites that allows real-time, interactive, and face-to-face consultation
- Store and Forward – Electronic transmission of medical information for subsequent review by another health care provider

Note: Telemedicine is <u>not</u> the use of the following:

(1) Telephone transmitter for trans-telephonic monitoring; or

(2) Telephone or any other means of communication for consultation from one provider to another

Conditions of Payment

- Reimbursement for telemedicine services will occur only when the hub and spoke sites are greater than 20 miles apart**.**
- The member must be present and able to participate in the visit.
- The audio and visual quality of the transmission must meet the needs of the provider located at the hub site. The IATV technology must meet generally accepted standards to allow the provider at the hub site to render treatment decisions.

Only Individual Counseling can be rendered as a reimbursable service using telemedicine and may only be provided by a clinician who meets Compulsive Gambling Treatment Counselor Competency.

Documentation Standards

- Documentation must be maintained at the hub and spoke locations to substantiate the services provided. Documentation must indicate the services were rendered via telemedicine.
- Documentation requirements of modality/type of service rendered must follow the modality/type of service reimbursable definitions.
- Documentation must clearly indicate the location of the hub and spoke sites.
- Providers must have written protocols for circumstances when the consumer must have a hands-on visit with the consulting provider. The consumer should always be given the choice between a traditional clinical encounter versus a telemedicine visit. Appropriate consent from the member must be obtained by the spoke site and maintained at the hub and spoke sites.

Relay Indiana Telecommunication Services for Deaf and Hard of Hearing

Relay Indiana is a free service that provides full telecommunications accessibility to people who are deaf, hard of hearing, or speech impaired. This service allows users with special telecommunication devices to communicate with standard users through specialty trained Relay Operators. Relay Indiana provides free and loaned equipment to those that qualify. Find their website at: relayindiana.com

Only Individual Counseling can be rendered as a reimbursable service using Relay Indiana telecommunication services and must be provided by a clinician who meets Compulsive Gambling Treatment Counselor Competency.

Documentation requirements of modality/type of service rendered must follow the modality/type of service reimbursable definitions. Documentation must include that Relay Indiana telecommunication services were utilized to deliver treatment to the consumer.

Claims

Providers are encouraged to submit to WITS the voucher for services within 14 days of providing the service. This will ensure a consistent flow of funds and allow for monitoring of total draw down of gambling funds. The state has set quarterly targets for funding and a delay in submitting could have an impact on quarterly targets.

Reminder: when you open a voucher in WITS, you set it for a 30 day time frame. If you find you have to delay submission beyond the 30 days, you must contact DMHA to allow for delayed billing.

Modality/Type of Service Reimbursable Definitions

This section includes definitions of reimbursable modalities/types of services rendered to individuals with a gambling problem. Services that are reimbursed on an hourly basis can include up to 10 minutes of documentation; for example, Education could be a session 50 minutes in length with 10 additional minutes utilized for documentation. Services rendered on a 30-minute basis can include up to 5 minutes of documentation.

Modality/Type of service that is provided to a consumer with Compulsive Gambling must be billed as outlined in the SFY 2015 contract and must follow the definitions for reimbursable services as outlined in this section. **Partial units are not permitted unless otherwise specified**.

Please be sure to clearly document gambling services in the treatment notes.

Enrollment/ Data Entry (Includes SOGS & Enrollment)	**Cost $90.00**	**Flat Fee (1 max)**	**$90.00**

Modality/Type of Service: Enrollment/Intake
Enrollment/Intake includes the completion of the South Oaks Gambling Screen (SOGS) or South Oaks Gambling Screen Revised Adolescent (SOGS-RA) and Enrollment of an individual into WITS meeting eligibility criteria with a score equal to or greater than three (3). The score must reflect gambling activity that has occurred within the twelve (12) month period prior to screening and must be documented in the clinical record. **A SOGS or SOGS-RA without Enrollment in treatment is not sufficient for reimbursement.** The SOGS must be completed and documented as stated in the SFY 2015 contract. You may claim Enrollment/Intake for the consumer, even if there is another payer source for the treatment. For

data collection purposes, registration into DARMHA and completion of the ANSA/CANS must also occur.

Individualized Integrated Care Plan	**Cost $100.00**	**Flat Fee**	**Maximum per Consumer $100.00**

All individuals seeking gambling treatment services must have a treatment plan that integrates all components and aspects of care deemed necessary to achieve recovery. The Individualized Integrated Care Plan (IICP) is a treatment plan that integrates all components and aspects of care that are deemed medically necessary, are clinically indicated, and are provided in the most appropriate setting to achieve recovery.

An IICP must be developed for each consumer. The IICP must include all indicated medical and remedial services needed by the consumer to promote and facilitate independence and recovery. In addition, the IICP focuses on treating the addiction and improving the consumer's level of functioning.

The IICP is developed through a collaborative effort that includes the consumer, identified community supports (family/non-professional caregivers), and all individuals involved in assessing and/or providing care for the consumer. The IICP is developed after completing a holistic clinical and biopsychosocial assessment. The holistic assessment includes documentation in the consumer's medical record of the following:

- Discussion and documentation of the consumer's recovery desires, needs, and goals;
- When appropriate, review of psychiatric symptoms and how they affect the consumer's functioning and ability to attain recovery desires, needs, and goals;
- Review of the consumer's skills and the support needed for the consumer to participate in a recovery process, including the ability to function in living, working, and learning environments;
- Review of the consumer's strengths and needs, including medical, behavioral, social, housing, and employment.

An IICP is developed with the consumer and must reflect the consumer's desires and choices. The consumer's signature demonstrating his/her participation in the development is required. If a consumer refuses to sign, the provider must document that the IICP was discussed and the consumer chose not to sign. The IICP must also include the following documentation:

- Outline of goals directed at recovery that promotes independence and integration into the community, treatment of Compulsive Gambling, and rehabilitation of functional deficits related to the Compulsive Gambling;
- Individuals or teams responsible for treatment, coordination of care, linkage, and referrals to internal or external resources and care providers to meet identified needs;
- A comprehensive listing of all specific treatments and services that will be provided to the consumer, including the frequency, duration, and timeframe of each service.

Individualized Integrated Care Plan Review	Cost $25.00	Per Hour (10 Hour max)	Maximum per Consumer $250.00

Individualized Integrated Care Plan Review includes monitoring/follow-up activities and contacts necessary to ensure the Individualized Integrated Care Plan is effectively implemented and adequately addresses the needs of the consumer. The activities and contacts may be with the consumer, family members, non-professional caregivers, providers, and other entities. Monitoring and follow-up are necessary to help determine if services are being furnished in accordance with a service plan of the consumer, the adequacy of the services in the IICP, and changes in the needs or status of the consumer. This function includes making necessary adjustments in the IICP and service arrangement with providers. It also must include review of the following documentation:

- Outline of goals directed at recovery that promotes independence and integration into the community, treatment of Compulsive Gambling, and rehabilitation of functional deficits related to Compulsive Gambling;
- Individuals or teams responsible for treatment, coordination of care, linkage, and referrals to internal or external resources and care providers to meet identified needs;
- Comprehensive listing of all specific treatments and services that will be provided to the consumer, including the frequency, duration, and timeframe of each service.

The consumer's signature demonstrating his or her participation in the ongoing IICP review is required. If a consumer refuses to sign, the provider must document that the IICP review was discussed and the consumer chose not to sign.

IICP reviews shall be completed face-to-face at intervals not to exceed 90 days.

24-hour Crisis Intervention	Cost $132.00	Flat Fee	No Limit

Twenty-four-hour Crisis Intervention is a short-term emergency behavioral health service, available twenty-four (24) hours a day, seven (7) days a week. Crisis Intervention (CI) includes, but is not limited to crisis assessment, planning and counseling specific to the crisis, intervention at the site of the crisis (when clinically appropriate), and pre-hospital assessment. The goal of CI is to resolve the crisis and transition the consumer to routine care through stabilization of the acute crisis and linkage to necessary services. CI may be provided in an emergency room, crisis clinic setting, or within the community. The individual must be at imminent risk of harm to self or others or experiencing a new symptom which puts the individual at risk. **The following providers may provide CI: licensed professionals, QBHP's, and OBHP's. The individual providing Crisis Intervention does not need to have Compulsive Gambling Counselor Competency.** The Consulting Physician, AHCP, or Licensed Psychologist (HSPP) must be available twenty-four (24) hours a day seven (7) days a week. A physician or HSPP must approve the crisis treatment plan. Approval can be verbal or written. Program standards include the following:

- The IICP must be updated to reflect the Crisis Intervention for consumers currently active with the behavioral health service provider;

- A brief crisis IICP must be developed and certified by a physician or HSPP for consumers new to the system, with a full IICP developed following resolution of the crisis;
- CI is face-to-face services, and may include contacts with the family and other non-professional caretakers to coordinate community service systems. These collateral contacts are not required to be face-to-face, but must be in addition to face-to-face contact with the consumer;
- A face-to-face service must be delivered to the consumer in order to bill CI;
- CI is, by nature, delivered in an emergency and non-routine fashion;
- CI should be limited to occasions when a consumer suffers an acute episode, despite the provision of other community behavioral health services;
- The intervention should be consumer-centered and delivered on an individual basis;
- CI is available to any consumer in crisis;
- Documentation of action to facilitate a face-to-face visit must occur within one (1) hour of initial contact with the provider for a consumer at imminent risk of harm to self or others;
- Documentation of action to facilitate a face-to-face visit must occur within four (4) hours of initial contact with the provider for a consumer experiencing a new symptom that places the consumer at risk.

Case Management	**Cost $7.00**	**Per Half Hour (15 Hour Max)**	**Maximum Per Consumer $210.00**

Case Management consists of services that help consumers gain access to needed medical, social, educational, and other services. This includes direct assistance in gaining access to services, coordination of care, oversight of the entire case, and linkage to appropriate services. Case Management does not include direct delivery of medical, clinical, or other direct services. Case Management is on behalf of the consumer, not to the consumer, and is management of the case, not the consumer. Case Management **can include** referral/linkage to activities that help link the consumer with medical, social, educational providers, and/or other programs and services that are capable of providing needed rehabilitative services.

Intensive Outpatient Treatment	**Cost $20.00**	**Per Hour (72 Hour Max)**	**Maximum Per Consumer $1,440.00**

Intensive Outpatient Treatment (IOT) is a treatment program that operates **a minimum of two (2) consecutive hours per day at least three (3) days per week** and is based on an IICP. IOT is planned and organized with addiction professionals and clinicians providing multiple treatment service components for rehabilitation of Compulsive Gambling and alcohol and other drug abuse or dependence in a group setting. IOT includes group therapy, interactive education groups, skills training, random drug screenings if warranted, and counseling. If the IOT is comprised of individuals with substance use disorders and Compulsive Gambling, in order to bill for IOT, some topics of the group need to specifically be related to the Compulsive Gambling behavior and not exclusively substance use disorders. This must be clearly

documented in the progress note. Documentation must support how the counseling benefits the individual. The IOT must be face-to-face contact and shall consist of regularly scheduled sessions. The IOT must demonstrate progress toward and/or achievement of the individual's treatment goals or failure to do so.

Outpatient Treatment (Group)	**Cost $25.00**	**Per Hour (30 Hour Max)**	**Maximum Per Consumer $750.00**

Outpatient Treatment (Group; OT) is a planned and organized service provided in a group setting. It is designed to be less rigorous than Intensive Outpatient Treatment. The individual receiving services is the focus of the counseling. OT may include, but is not limited to the following: skills training in communication, anger management, stress management, relapse prevention, harm reduction planning, coping skills, and referral to mutual aid groups and community support. Documentation must support how the OT benefits the individual. The counseling must be face-to-face contact and shall consist of regularly scheduled sessions. The counseling must demonstrate progress toward and/or achievement of the individual's treatment goals or failure to do so. If the session is facilitated in an outpatient group that is comprised of individuals with substance use disorders and Compulsive Gambling, in order to bill for IOT, some topics of the group need to specifically be related to the Compulsive Gambling behavior and not exclusively substance use disorders. This must be clearly documented in the progress note.

Individual Counseling	**Cost $25.00**	**Per Half-Hour (25 Hour Max)**	**Maximum Per Consumer $1,250.00**

Individual counseling (IC) is a planned and organized service with the consumer and/or family members or non-professional caregivers where counselors provide counseling intervention that works toward the goals identified in the IICP. IC is designed to be a less intensive alternative to IOT. IC may include, but is not limited to, the following: skills training in communication, anger management, stress management, relapse prevention, harm reduction planning, coping skills, Family Counseling, and referral to mutual aid groups and community support. Documentation must support how IC benefits the individual. The counseling shall be face-to-face contact and shall consist of regularly scheduled sessions. The counseling must demonstrate progress toward and/or achievement of the individualized treatment goals or failure to do so.

Acute Stabilization including Detoxification	**Cost $78.00**	**Per Day (3 days max)**	**Maximum Per Consumer $234.00**

Acute Stabilization including Detoxification consists of twenty four (24) hour monitoring by staff that are appropriately licensed, trained, and experienced in dealing with detoxification (detox). **The detox facility must be hospital-based or licensed by the Indiana State Department of Health (ISDH), and/or approved by DMHA (DMHA requires detox to be under the supervision of a physician).** In order to bill Acute Stabilization including Detoxification with Compulsive Gambling funding, the detox episode must be directly related to the Compulsive Gambling behavior. It must be clearly documented in the progress note that

the individual receiving detox has a South Oaks Gambling Screen score of three (3) or more, and that in order to address their gambling behavior they must first complete detox.

Detoxification is used to reduce or relieve withdrawal symptoms while helping the addicted individual to prepare for living without drug use; detoxification is not meant to treat addiction, but be an early step in long-term treatment. Detoxification may be achieved drug-free or with the use of medications as an aspect of treatment. Detoxification programs vary based on the location of the treatment, but most detox centers provide treatment to avoid the physical withdraw symptoms of alcohol and other drugs. Most will also include counseling and therapy to help with the consequences of withdrawal. The individual receiving detox must be willing to address their gambling behavior once the detox episode is complete. If an individual refuses further treatment for Compulsive Gambling after completing detox, then this must be clearly documented in the progress note.

Residential Services	**Cost $75.00**	**Per Day (7 days max)**	**Maximum Per Consumer $525.00**

Residential Services includes providing housing to consumers being treated for Compulsive Gambling. Housing must be provided in a facility certified, licensed, and approved under 440 IAC 7.5. Housing must be in an environment that is supportive of recovery. Lack of housing or housing as a barrier to treatment must be tied to the individual's Compulsive Gambling and clearly documented in the IICP and progress notes. Clinical and recovery services provided to the individual during the course of receiving Residential Services must specifically address the individual's Compulsive Gambling.

Medication, Evaluation, & Monitoring	**Cost $20.00**	**Per day (60 days max)**	**Maximum Per Consumer $1,200.00**

Medication, Evaluation, and Monitoring involves face-to-face contact with the consumer and/or family or non-professional caregivers in an individual setting for the purpose of monitoring medication compliance, providing education and training about medications, monitoring medication side effects, and providing other nursing or medical assessments. The consumer must be the focus of the service. **The following providers may provide Medication, Evaluation, and Monitoring within the scope of practice as defined by federal and state law: Licensed Physician, AHCP, Registered Nurse (RN), Licensed Practical Nurse (LPN), and Medical Assistant (MA) who has graduated from a two (2) year clinical program.** Medication, Evaluation, and Monitoring may also include the following services that are not required to be provided face-to-face with the consumer: transcribing physician or AHCP medication orders; setting or filling medication boxes; consulting with the attending physician or AHCP regarding medication-related issues; ensuring linkage that lab and/or other prescribed clinical orders are sent; ensuring that the consumer follows through and receives lab work and services pursuant to other clinical orders; and follow-up reporting of lab and clinical test results to the consumer and physician. Documentation must support how the service benefits the consumer, including when the consumer is not present, and it must demonstrate movement toward and/or achievement of consumer treatment goals identified in the IICP.

Psychiatric Consultation	Cost $120.00	Per hour (Max 2)	Maximum Per Consumer $240.00

Psychiatric Consultation (PC) consists of face-to-face activities that are designed to provide psychiatric assessment, consultation, and intervention services to consumers. **The following providers may provide PC within the scope of practice as defined by federal and state law: a Licensed Physician and an AHCP.** The programmatic goals of the Psychiatric Consultation must be clearly documented by the provider. PC is intensive and must be available twenty-four (24) hours per day, seven (7) days a week with emergency response. The consumer is the focus and documentation must support how the service benefits the consumer. PC must demonstrate movement toward or achievement of consumer treatment goals identified in the IICP. Services may include: symptom assessment and intervention to observe, monitor, and care for the physical, nutritional, behavioral health, and related psychosocial issues, problems, or crises manifested in the course of a consumer's treatment; and monitoring a consumer's medical and other health issues that are directly related to the consumer's mental health, mental illness, substance-related disorder, or Compulsive Gambling.

Financial Counseling	Cost $15.00	Per half-hour	No Limit

Financial Counseling is a key component to Compulsive Gambling treatment. Financial Counseling provides skills and tools to regain financial freedom, assistance in developing a budget and establishing a debt repayment plan. All individuals seeking services for Compulsive Gambling must be offered Financial Counseling, **outcome of this offer must be documented.** The appropriate time to begin Financial Counseling must be individualized. Some individuals may wait until they have been stable in treatment and abstinent from Compulsive Gambling behaviors for a minimum of thirty (30) days, while others may begin Financial Counseling right away. Financial Counseling at a minimum includes advice, assistance, and guidance in money management, budgeting, debt consolidation, and other related matters. Financial Counseling must be clearly documented on an Individualized Integrated Care Plan and recorded in the individual's progress notes.

The provider must give written financial management materials to all consumers receiving Problem Gambling services. **If Financial Counseling is declined, it is necessary to document the refusal. A form is provided in the manual as an example of how to document.**

All Problem Gambling consumers are to receive written materials about Financial Counseling.

Transportation	Cost $10.00	Per trip	No Limit

Transportation in an agency vehicle can only be reimbursed to contracted Problem Gambling service providers funded by DMHA. This service is to be reimbursed to the provider agency at a rate of $10 per trip. A trip is defined as going to a destination and returning. The Transportation modality/type of service can only be utilized if the need for Transportation is

directly related to the consumer's recovery as indicated on their IICP. Acceptable use of Transportation includes Transportation to treatment, self-help groups, and meeting with probation, parole and community corrections.

Transportation in an agency vehicle must be fully documented including client name, date of service, destination of Transportation, and explanation of how the Transportation service relates to the consumer's Problem Gambling recovery.

It is the sole responsibility of the provider to ensure that the agency vehicle is fully insured and that the driver has a valid driver's license. Proof of compliance with insurance, driver competency, and registration of the vehicle used for Transportation must be readily available upon request.

Family Counseling	**Cost $30.00**	**Per Hour (24 hours max)**	**Maximum Per Consumer $720.00**

Family Counseling is a planned and organized service with the consumer and/or family members or non-professional caregivers where counselors provide counseling intervention that works toward the goals identified in the IICP. Family Counseling may include, but is not limited to, the following: skills training in communication, anger management, stress management, relapse prevention, harm reduction planning, coping skills, counseling and referral to self-help groups and community support. Documentation must support how Family Counseling benefits the individual. The counseling shall be face-to-face contact, consist of regularly scheduled sessions, and is time limited. The counseling must demonstrate progress toward and/or achievement of the individualized treatment goals or failure to do so.

Education	**Cost $10.00**	**Per Half-Hour (10 hour max)**	**Maximum Per Consumer $200.00**

Education is a planned and organized service focusing on Compulsive Gambling and provided in a group setting. The information provided during the session must be from literature approved by DMHA, such as the *Safe Bet: Problem Gambling Prevention and Education* interactive journal. Documentation must support how the Education session benefits and informs the gambling addiction of the individual. The delivery of Educational information must be face-to-face and scheduled. The Education shall be provided in a group setting dedicated to the Education of Compulsive Gambling, or the educational information may be introduced during a scheduled IOT or OT group whose primary purpose is to address substance use disorders. A group is defined as five or more people. Integrating educational information on Compulsive Gambling increases an individual's awareness of sequential addiction and co-occurring disorders. The group may be a mixed group of substance abuse and gambling consumers. Education may only be claimed for the members of the group who qualify for Problem Gambling services. Individuals receiving educational information must demonstrate progress toward and/or achievement of goals in the IICP. Individuals who receive this level of service may not need Financial Counseling. However, the provider is required to offer Financial Counseling and document if the individual refuses the service.

Certified Recovery Specialist Services	Cost $34.00	Per Hour (35 hour max)	Maximum Per Consumer $1,190.00

Individuals facilitating the session with a Certified Recovery Specialist must have completed the Certified Recovery Specialist Training geared toward Compulsive Gamblers and approved by DMHA. Individuals providing peer services shall be in recovery from Compulsive Gambling and shall have been trained to motivate peers to succeed in their personal recovery, through planning, goal setting, self-esteem augmentation, and shared personal experiences. For the purposes of this manual, recovery is personally defined by the individual.

Peer recovery services are individual face-to-face services that provide structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Peer recovery services must be identified in the IICP and correspond to specific treatment goals. The consumer is the focus of peer recovery services. Peer recovery services must demonstrate progress toward and/or achievement of consumer treatment goals identified in the IICP. Services must be age appropriate for a consumer age eighteen (18) and under receiving services. Documentation must support how the service specifically benefits the consumer. Services include: assisting the consumer with developing self-care plans; formal mentoring activities; increasing active participation in person-centered planning; delivery of individualized services; supporting day-to-day problem solving related to normalization and reintegration into the community; education and promotion of recovery; and anti-stigma activities associated with Compulsive Gambling. **Exclusions for a Session with a Certified Recovery Specialist include: services that are purely recreational (ex: going to a movie) or diversionary in nature, or have no therapeutic or programmatic content; interventions targeted to groups; and activities that may be billed under Case Management services.**

Documentation

Treatment Plans

The treatment plan should be developed with the consumer. It should reflect a shared understanding of the nature of the problem, the desired treatment outcome, and clinical and recovery interventions that will promote success. In Indiana, if an individual is diagnosed with Compulsive Gambling, then this diagnosis must be reflected on the individual's master treatment plan. The treatment plan should specifically identify the problem to be addressed as Compulsive Gambling. Objectives and interventions shall support the goals. An individual's treatment plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changed needs. A sample treatment plan is included for your review.

Progress Notes

Individualized progress notes are kept in the clinical file and are required to be written to reflect the modality/type of service provided to the individual and voucher processed through WITS. At a minimum, progress notes should contain the following:

- Data- Describe what occurred in the modality/type of service that was provided. Indicate how the service provided related to a treatment goal, objective, or intervention. Provide linkage between the service that was provided and the Compulsive Gambling behavior.

- Assessment- Document the individual response to the service being provided. Indicate if the individual seemed engaged in the process, open to learning new things, or maybe the person appeared apprehensive about addressing their Compulsive Gambling.
- Plan- Document the follow-up plan. Include assignments that the individual has been given to complete. Sample progress notes are included for your review.

Problem Gambling Treatment & Outreach
Fees for Service
SFY 2015

Modality/Type of Service	Rate	Unit	Total Remuneration Per Consumer
Individualized Integrated Care Plan	$100.00	Flat Fee	$100.00
Individualized Integrated Care Plan Review	$25.00	Per hour (10 hour max)	$250.00
24 - Hour Crisis Intervention	$132.00	Flat Fee	No Limit
Case Management	$7.00	Per half - hour (15 hour max)	$210.00
Intensive Outpatient Treatment	$20.00	Per hour (72 hour max)	$1,440.00
Outpatient Treatment (Group)	$25.00	Per hour (30 hour max)	$750.00
Individual Counseling	$25.00	Per half - hour (25 hour max)	$1,250.00
Acute Stabilization (including detoxification)	$78.00	Per day (3 days max)	$234.00
Residential Services	$75.00	Per day (7 days max)	$525.00
Medication, Evaluation and Monitoring	$20.00	Per day (60 days max)	$1,200.00
Psychiatric Consultation	$120.00	Per hour (2 sessions max)	$240.00
Financial Counseling	$15.00	Per half-hour	No Limit
Transportation	$10.00	Per trip	No Limit
Family Counseling	$30.00	Per hour (24 sessions max)	$720.00
Education	$10.00	Per half - hour (10 hour max)	$200.00
Certified Recovery Specialist services	$34.00	Per hour (35 hour max)	$1,190.00
Outreach - Bill Quarterly	$2,000.00	Per quarter (max 4 billings)	$8,000.00
***Enrollment/Data Entry (Includes SOGS and Enrollment)**	$90.00	Flat Fee (max 1)	$90.00

*** Reimbursement is data entry of enrollment into the Web Infrastructure for Treatment Services (WITS) system and entry into DARMHA (Data Assessment Registry Mental Health and Addiction).

Compulsive Gambling Treatment- Indiana Service Delivery Guidelines

This Indiana Problem Gambling Treatment and Outreach Resource Manual is intended to assist clinicians with screening, assessment, and treatment of individuals who are identified as Compulsive Gamblers. This manual was specifically designed for contracted Problem Gambling service providers in Indiana. It is important to remember that service delivery guidelines represent only one available tool to promote and shape optimal treatment. Other influences on treatment outcomes include: society's understanding of the illness, funding availability, professional credentialing, and ongoing continued education. It is the hope of the DMHA that these guidelines will provide your organization with a solid foundation to improve the quality of care and recovery outcomes for individuals suffering from Compulsive Gambling.

Child and Adolescent Needs and Strengths and Adult Needs and Strengths Assessment

The Child and Adolescent Needs and Strengths (CANS) Assessment or the Adult Needs and Strengths Assessment (ANSA) are required to be completed for data reporting and tracking purposes. The transformation of Indiana's behavioral health system includes a focus on using data to make practice and policy decisions. Indiana is building the capacity to use multiple information-based tools to improve the quality of mental health and addiction services.

The Child and Adolescent Needs and Strengths (CANS, Lyons 2009) Assessment is an evidence based, multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to monitor progress (outcomes), and to facilitate quality improvement initiatives. Indiana uses a comprehensive multi-system version of the CANS across public services (mental health and addiction services, child welfare and Medicaid). Specific needs and strengths in six domains (life functioning, behavioral/emotional needs, risks, strengths, acculturation and caregiver strengths and needs) are rated using a 4-point scale that easily translates into the appropriate level of intervention (none, watchful waiting/further assessment/prevention, action, or immediate/intensive action). Rating information is used to identify the appropriate intensity services, to develop individualized intervention plans, to monitor progress and to improve services (through care coordination, supervision, and the use of practice-based evaluation information).

Similarly, Indiana is using a comprehensive version of the Adult Needs and Strength Assessment (ANSA, Version 2.1) in behavioral health and addiction services. The ANSA was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices. The original version, the Severity of Psychiatric Illness (SPI), was created in the 1990's to study decision-making in psychiatric emergency systems. The ANSA expands on the concepts of the SPI to include a broader description of functioning and to include strengths with a recovery focus. Domains are similar to those in the CANS; specific items expand to additional "questions" based on the needs of an individual. In Indiana, rating information is used to help determine Medicaid Rehabilitation Option service packages, to develop person centered intervention plans, and to monitor progress (adjusting individualized plans of care and linking outcome performance measures to mental health and addiction funding). The CANS and ANSA are open domain tools that are free for anyone to use. The Praed Foundation holds the copyright for these communimetric tools.

It is important to note that the ANSA and CANS have not been specifically tailored to Compulsive Gamblers; however, the assessment tools are capable of capturing life domains negatively affected by Compulsive Gambling behavior. Every effort has been made to incorporate the language and the scoring for the South Oaks Gambling Screen into the ANSA section as it relates to gambling. Currently the ANSA glossary reads as:

Gambling
This item includes behaviors related to gambling and functioning associated with Problem and Pathological Gambling. If an individual has a significant history with Problem Gambling or if further assessment is needed, rate gambling as a 1. If gambling causes functional problems (such as interpersonal, legal or financial), rate the need as a 2. A rating of 2 on the ANSA gambling item is consistent with a South Oaks Gambling Screen (SOGS) score of 3 or 4. The individual would be rated a 3 on the ANSA gambling risk if DSM diagnostic criteria is met for Pathological Gambling. An ANSA gambling rating of 3 is consistent with a SOGS score of 5 or more.

The criteria for Pathological Gambling from the DSM-IV:

The individual has experienced significant impairment in five (5) of the following areas during the course of the previous twelve (12) months:

a. Is preoccupied with gambling;
b. Needs to gamble with increasing amounts of money in order to achieve the desired excitement;
c. Has repeated unsuccessful efforts to control, cut back, or stop gambling;
d. Is restless or irritable when attempting to cut down or stop gambling;
e. Gambles as a way to escape a problem or relieve a dysphonic mood;
f. After losing money gambling, often returns another day to get even;
g. Lies to family members, therapist, or others to conceal the extent of involvement of gambling;
h. Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling;
i. Has jeopardized or lost a significant relationship, job, educational or career opportunity because of gambling;
j. Relies on others to provide money to relieve a desperate financial situation caused by gambling.

Conversation Starters:

- Do you know that gambling involves risking something of value when you don't know the outcome….such as the lottery, bingo, office pool, NCAA bracket, and card games?
- Have you ever done something like that? Recently?

Evidenced-based and best practices for substance abuse are supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP).

Evidence-based practices can be defined as programs or practices that are proven to be successful through research methodology and have produced consistently positive patterns of results. Evidence-based practices or model programs that have shown the greatest levels of effectiveness are those that have been replicated in different settings and with different populations over time. Evidence-based practices include but are not limited to "treatment manuals." Clinical expertise, the environment in which one practices, and patient values can all be taken into account.

Although randomized clinical trials have represented the "gold standard" for determining the success of clinical approaches/counseling techniques, it is important to understand that the field of Compulsive Gambling has few clinical trials to draw upon, and the current trials have small sampling sizes (Chambless & Ollendick, 2001).

In addition, SAMHSA currently views Compulsive Gambling as a co-occurring disorder. Clinical approaches targeted specifically for a primary diagnosis of Compulsive Gambling are limited. The following approaches are supported by clinicians and researchers who are working with Compulsive Gamblers across the nation.

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is based on the belief that changing negative thoughts impacts behavior. The CBT approach has been evaluated extensively and found to result in positive improvements in outcomes (CSAT, 2006). It includes components to address criminal thinking, addictive thinking, concepts of the social-cognitive theory, interpersonal communication skills training, cognitive compulsive solving and restructuring, and reflective communication. When provided as a service to individuals with Compulsive Gambling, CBT focuses on changing unhealthy gambling behaviors and thoughts, such as rationalizations and false beliefs. It also teaches Compulsive Gamblers how to fight gambling urges, deal with uncomfortable emotions rather than escaping them through gambling, and solve financial, work, and relationship compulsions caused by the addiction (Sylvain et al., 1997).

> "A cognitive behavioral treatment component specific to Compulsive Gambling involves modifying irrational beliefs about gambling and the odds of winning. Research repeatedly demonstrates that gamblers have a true illusion of control that negatively impacts treatment outcomes" (*TIP 42*, SAMHSA, 2008).

Motivational Interviewing

The high dropout and relapse rate among individuals with Compulsive Gambling is an indicator that the individuals entering treatment may be ambivalent about changing their behavior. One method that has shown to be useful in engaging and retaining consumers with Compulsive Gambling in treatment is Motivational Interviewing (Wulfert, 2006). Motivational Interviewing (MI) supports the notion that not everyone enters treatment ready to change. The approach is non-adversarial and non-judgmental, which lends itself to assisting the consumer in exploring their current stage of change, which reduces resistance and allows the consumer to

explore his or her own consequences as a result of behavior. Studies have shown that MI engages consumers in the therapy process and increases retention rates (Miller & Rollnick, 1991).

Motivational Enhancement Therapy with Stages of Change

Motivational Enhancement Therapy (MET) is a person-centered counseling approach based on principles of cognitive therapy in which the counselor seeks to develop a discrepancy in the consumer's perceptions between current behavior and significant personal goals. MET is based on the idea that motivation is a necessary and significant factor in making internal changes, which support treatment and recovery efforts. Although MET and the Stages of Change approaches were developed separately, they are often used synonymously. The Stages of Change complement the MET approach of finding the gap between current behaviors, motivation and goals. The Stages of Change are Precontemplation, Contemplation, Preparation/Determination, Action, Maintenance, and Relapse (SAMHSA n.d.).

Case Management

The goal of Case Management is continuity of treatment, which can be defined as the ongoing assessment and identification of needs and the provision of treatment without gaps in services or supervision (CSAT, 1998). Early initiation of transition planning is important because it establishes a long-term, consistent treatment process that increases the likelihood of positive outcomes. Case Management has also been shown to encourage entry into treatment, and to reduce the time to treatment admission. Case Management may be an effective adjunct to addiction treatment as it focuses on the whole individual and stresses comprehensive assessment, service planning, and service coordination.

Family Involvement

The disclosure and subsequent impact of Compulsive Gambling on family members is enormous. Due to the secrecy associated with Compulsive Gambling, family members are often caught off guard which can be devastating to the entire family system. Furthermore, the financial devastation associated with the disorder and the quickness with which the devastation occurs is abrupt and overwhelming. It is vital to include the family in treatment. Family involvement is viewed as pivotal in the continuum of care because addiction affects the whole family. Families can live in a world of confusion and unpredictability, often feeling helpless, frustrated, and responsible. Interweaving Family Cognitive Therapy, Education, and support into all programming can aid family members and significant others in understanding the disease of addiction through Education. As family members begin to share their compulsions with others, they learn that they are not alone, that they are not at fault, and that recovery is possible (CSAT, 2004).

Twelve-step Meetings

Gamblers Anonymous (GA) is a twelve-step recovery program patterned after Alcoholics Anonymous. GA provides a supportive, non-judgmental atmosphere where individuals can share their experiences and get feedback and advice from fellow gamblers who understand Compulsive Gambling. The twelve steps of GA are actually statements of belief that participants are encouraged to adopt in order to resolve their Compulsive Gambling behavior (GA, 1997). It is recommended that persons who have co-occurring disorders of substance abuse and Compulsive Gambling attend separate support groups for gambling and for alcohol/drug dependence. GA offers support to individuals and their family members that are

specific to Compulsive Gambling such as financial/debt management (*TIP 42,* SAMHSA, 2008).

Indiana Requirement for Mutual Aid Groups

Linkage to mutual aid groups, also known as self-help groups, such as GA, must be offered as a part of the treatment episode. Linkage to mutual aid groups should be documented clearly in the IICP and evidenced in the progress notes concerning the individual.

Peer Recovery Services

"Peer-based recovery is the process of giving and receiving non-professional, non-clinical assistance to achieve long-term recovery" (White, 2009). The inclusion of peer-to-peer services is vital. The voices and experiences of people in recovery directly working with someone new to the recovery process are essential. They provide hope, inspiration, and understanding on a level beyond standard treatment.

Contingency Management

This approach has been successfully used to encourage Compulsive Gamblers to stay in treatment longer. This approach involves providing the consumer with small rewards and incentives (e.g., food or movie vouchers) to continue their participation. In several studies this approach was found to reinforce compliance with treatment homework, improve session attendance, and initiate behavioral changes. It is important to note that using contingency management with Compulsive Gamblers **does not increase** gambling behavior (Petry, 2006).

Financial Counseling

SAMHSA addresses the need for Financial Counseling in their guidebook: *Compulsive Gambling and Their Finances: A Guide for Treatment Professionals*. Compulsive Gamblers, and often their loved ones, seek treatment as a result of financial compulsions. By addressing the financial devastation early in the treatment process, the professional is helping the gambler face the compulsion head on and develop coping skills to handle financial pressures, engage in the recovery process, and provide the person with hope that recovery is possible. The guidebook is available at:
http://www.ncpgambling.org/files/public/problem_gamblers_finances.pdf

Integrated Multimodal Treatment

Counselors, clinicians, or multidisciplinary teams provide integrated treatment to support recovery from co-occurring mental illness, substance use disorders, and Compulsive Gambling. They use specific listening and counseling skills to guide individuals' awareness of how co-occurring disorders interact and to foster hopefulness and motivation for recovery. They use cognitive behavioral techniques to assist individuals who are working to reduce or eliminate substance use or who want to prevent relapse and maintain recovery from both disorders. Integrated treatment is considered an evidence-based practice because research shows that individuals who receive it recover better from both their illnesses. They have fewer hospitalizations and relapses, fewer criminal justice problems and more housing stability (*TIP 42,* SAMHSA, 2008).

Indiana Co-occurring Requirement

If the individual registered pursuant to this attachment has multiple diagnoses that include mental illness or substance abuse, that individual must be treated for those conditions as well as

Compulsive Gambling. An excellent resource for treating persons with co-occurring issues is SAMHSA's *TIP 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders,* available at no cost at: store.samhsa.gov/product/TIP-42-Substance-Abuse-Treatment-for-Persons-With-Co-Occurring-Disorders/SMA12-3992

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Additional Resource:

Gambling and Crime among Arrestees: Exploring the Link
www.ncjrs.gov/pdffiles1/nij/203197.pdf

Education Sessions

In this section you will find resources, information, and ideas for providing Problem Gambling educational sessions to your consumers. Educational sessions are billable under the modality/type of service Education when the need for Education is included in the IICP.

Videos

The Indiana Problem Gambling Awareness Program has a variety of DVDs available to support your educational efforts. To obtain these videos, please contact Desiree Reynolds at desiree@indiana.edu.

In addition to DVDs on Problem Gambling, IPGAP has DVDs on substance use, mental health, and co-occurring issues available for loan. Please contact IPGAP for a complete list.
Website: www.ipgap.indiana.edu/

Brochures & Materials

The Indiana Problem Gambling Awareness Program has a variety of brochures, materials, and PowerPoint presentations available to support your educational efforts. To obtain these videos, please contact Desiree Reynolds at desiree@indiana.edu. For more information visit www.ipgap.indiana.edu

Curriculum

In this section you will find a list of curriculum available either for free through IPGAP or for purchase for a variety of populations. Please check with IPGAP before you purchase, as they may have a copy you can borrow or use.

- ***Safe Bet: Problem Gambling Prevention and Education.*** This 32-page interactive journal is designed for individuals at risk for Problem Gambling behaviors. *Safe Bet* challenges individuals' common conceptions about gambling, helps individuals recognize their motivations for their gambling, and offers tips and strategies to replace or diminish harmful gambling behavior. The journal motivates individuals to take on the responsibility of making healthy gambling choices in the future. This material is available from *The Change Companies.*

- ***Kids Don't Gamble... Wanna Bet? - A Curriculum for Grades 3-8.*** This curriculum for grades 3-8, is an interdisciplinary program designed to discourage underage gambling through improved critical thinking and problem solving. *Wanna Bet?* is designed to be integrated into existing units in health, math, and life skills, or used in conjunction with an existing prevention program. **Kit includes:** Educator's Guide, Andy's Story DVD, *Wanna Bet?* resource booklet (additional booklets may be purchased), overhead masters, a bibliography, and a resource list. North American Training Institute (NATI). NATI is a partner in SAMHSA's Partners for Substance Abuse Prevention.

- ***Gambling Away the Golden Years- Senior Problem Gambling Educational Kit***. This educational kit explores the possibility of gambling turning from entertainment to addiction, especially during the retirement years. It is designed for use in treatment settings, public education presentations, senior citizen facilities, and for the education of health care providers. **Kit includes:** Five copies of the 18-page book, *Gambling Away the Golden Years*, plus a 10-minute DVD of the same name.

- ***In Search of Balance: A Problem Gambling Educational Kit Designed for Senior Citizens.*** This educational kit touches on such topics as *How the Senior Gambler Feels*, *"Soft Signs" of a Gambling Problem*, and *The Road to Recovery*. The kit is directed toward all levels of helping professions and can be used in an array of educational and public awareness settings. **Kit includes:** Five copies of the 25-page workbook, *In Search of Balance*, plus a 23-minute DVD of the same name.

- ***My Parent Has A Gambling Problem... Hey! What About Me? - A Guide for School Counselors and Other Kid Helpers*.** A comprehensive education, prevention, and intervention guide targeting school counselors, teachers, school administration, after-school programs, Life Skills programs, YWCA/YMCA, Boys and Girls Clubs and other kid helpers. **Kit includes:** Five workbooks for youth, educational DVD and interactive CD, strategies for school administrators and a resource guide for parents.

- ***Stacked Deck: A Program to Prevent Problem Gambling*.** An extraordinary effort by Drs. Williams and Wood to move the field of preventing Problem Gambling into the arena of evidenced-based science. This curriculum for grades 9-12 represents a most vital resource that should be a part of a school's health promotion curriculum. The program allows teachers to educate students about the various facets of gambling, including its role in today's entertainment culture, how the principles of chance are important when playing these games, and how to be alert to the signs of Problem Gambling. The product has numerous user-friendly features and strives to meet several national academic standards (life skills, thinking and reasoning and mathematic standards). The tone of the material is educational and balanced. Teachers and students will find *Stacked Deck* to be engaging, relevant and fun.

- ***Problem Gambling Toolkit: For Substance Abuse Counselors, Health Therapists, Primary Care Physicians, and Social Service Workers*.** This toolkit provides a variety of tools and information on counseling the Compulsive Gambler. SAMHSA.

Resources on Financial Counseling

Financial counseling is a key component in Problem Gambling treatment. The following information is the type of information that should be provided to Problem Gamblers regarding financial issues and gambling. It is important to offer both Financial Counseling and at a minimum written information to all those who identify as Problem or Pathological Gamblers. IPGAP has an information card they can provide you to use with clients.

Addressing Financial Troubles with the Compulsive Gambler

Despite popular belief, Problem Gambling is not a financial issue. You may have heard people say things like, "If he would just play within his means he would be okay," or "He needs to learn how to manage his money better and this would not be a problem." The fact of the matter is Problem Gambling is not a financial issue. Money management skills, more money, less money, or bailouts will not curb the Problem Gambler's appetite for gambling. Problem Gambling is "an illness, progressive in its nature, which can never be cured, but can be arrested" (GA, 1997).

Professionals agree that addressing the financial devastation of Compulsive Gambling is imperative for healing and recovery to take place. However, professionals do not have a consensus of when finances should be addressed with Compulsive Gamblers. According to some experts in the field, financial problems should not be addressed with an individual until the person has not engaged in gambling behavior for a minimum of thirty days. This period of abstinence allows the individual to gain insight into their gambling behavior. Once this occurs, the financial devastation can be inventoried and the therapeutic process of taking responsibility for their financial plight can begin. On the other hand, some professionals have indicated that Compulsive Gamblers often seek help as a result of financial devastation, thus addressing the issue as a priority keeps the individual engaged and aids in overall treatment compliance.

Regardless of approach, individuals are unique with specific needs, strengths, goals, behaviors and expectations. The individual seeking treatment should have a voice in choosing their pathway to recovery. Treatment should always be individualized for the person seeking treatment. Treatment providers should know the consumer, understand his or her expectations, and provide him or her with the support and guidance needed to be successful.

When focusing on finances there are numerous possibilities that should be explored including: the transfer of assets, foreclosures, multiple mortgages, loans, and so on. It is crucial that counselors working with Problem Gamblers become familiar with how to provide Financial Counseling or work closely with an organization that specializes in financial management and include them in the treatment plan for the individual.

Keys to Approaching Financial Issues with the Gambler

- Be patient; revealing the financial devastation can be a slow process because protecting the loss and flow of money is the cornerstone of the individual's ability to continue to be in action.
- Discuss the impact of financial issues.

- Provide materials/resources to support the consumer such as *Problem Gamblers and Their Finances: A Guide for Treatment Professionals* (available from SAMHSA).
- Have the consumer list all debt, including legal and illegal debt;
- Have the consumer list all sources of income. This could include:
    - Bank accounts
    - Certificates of deposit
    - Mutual fund accounts
    - Individual stock and bond securities
    - Retirement accounts
    - Individual Retirement Accounts (IRAs)
    - Home equity
    - Interests in a small business
    - Real estate
    - Cash value in life insurance policies
    - Trust funds
- Have the consumer obtain credit reports you can review with them. (This will often identify additional debt that the gambler has forgotten or does not include on their list)
- Recommend the gambler find someone to take over payment of household bills and bank accounts.
- If you are working with the non-gambler and the gambler, advise them to destroy, or hide all credit cards. They should also change the pin and access numbers for bank accounts and debit cards. The non-gambler should also put all valuables in a safety deposit box. All of these steps should be done with the full knowledge of the gambler.
- Suggest the consumer avoid taking out loans, consolidate loans, taking loans from friends and family or filing bankruptcy to settle gambling related debt. This is seen as a bailout of the gambler, which can enable their problem.
- Create a financial plan with the gambler (and significant other if the gambler agrees). The plan should include household bills, savings, and repayment of debt. All debt should be repaid, even illegal debt should be included.

Financial Warning Signs that Gambling May be a Problem

Taken from *Problem Gamblers and Their Finances: A Guide for Treatment Professionals* available at: www.ncpgambling.org/files/public/problem_gamblers_finances.pdf

- Overdue or unpaid bills
- Suddenly wanting/demanding to take over paying the bills
- Numerous and unaccounted-for cash advances from credit cards, or an increase in the number of active credit cards
- Always short of money, despite adequate income
- Secretive about money
- Unexplained loans including payday, friends, relatives, and work
- Large amounts of unexplained cash, yet bills are not paid
- Spouse reports the disappearance of cash (stealing from a child's money jar or a spouse's wallet, for example)
- Unexplained withdrawals from savings, investments, and retirement accounts

- Pawn tickets or missing household items

The following webinar is available at www.ipgap.indiana.edu

If I can't balance my checkbook, how can I help you balance yours?

Jerry Bauerkemper BS, CCGC
Participants will develop an understanding of the role of money vs. action in problem gamblers, the importance of finances in the diagnostic criteria for problem gambling and creating budgets for gamblers. This session features extensive experiential exercises to raise the comfort level of clinicians when dealing with client's financial issues.

The Problem Gambling Toolkit, compiled by SAMHSA, has additional information on Financial Counseling and is available at:
www.ipgap.indiana.edu/images/documents/Problem%20Gambling%20Toolkit.pdf

Sample Documentation for decline of financial counseling services (also available in forms section of manual)

If you offer Financial Counseling and it is refused, the client needs to sign a refusal form. The following is a sample of the type of form you may use.

Date: _____

Client: _____

Counselor: _____

Financial Counseling is a key component to Compulsive Gambling treatment. Financial Counseling will provide you with skills and tools to regain financial freedom, assist you in making a budget, and help establish a debt repayment plan.

I, _____ have been offered Financial Counseling. Against the advice of my counselor, I am refusing the counseling. I understand that I can receive Financial Counseling at any time during my treatment if I so choose.

Signature: _____ Date: _____

Resources for Credit Reporting

Financial Counseling is a key component to gambling treatment. The following is a list of credit reporting organizations.

Federal Trade Commission www.ftc.gov/freereports

Credit Reporting Bureaus

- Equifax:1-800-685-1111 equifax.com
- Experian: 1-888-397-3742 experian.com
- TransUnion: 1-800-916-8800 transunion.com

Outreach FAQ

The purpose of this section is to serve as a technical assistance guide for Outreach activities for Problem Gambling services.

Are the meetings with faith based organizations eligible to count as one of our required monthly meetings?

Yes. You should meet with at least one organization (faith, volunteer or community) at least once per month.

Can presentations count for more than one item?

Yes. For example, speaking about Problem Gambling at a financial institution can also serve as a community presentation. Speaking to a church group can be a community presentation and fulfill part of the requirement of an additional Outreach item (speaking for faith based communities). One presentation could fulfill requirements in multiple scope of work points.

What does a "monthly orientation to all new staff" mean?

If you have new employees, then within a reasonable time, you should provide information on Problem Gambling services that you offer. This is probably something you are already doing. If you do not add new staff, you do not need to have the training.

What is a Gambling 101 in-service?

Staff who work with consumers should have some basic knowledge of Problem Gambling. You can provide this through one hour trainings at your office or your staff can take *Gambling 101* and the South Oaks Gambling Screen training through the IPGAP website: www.ipgap.indiana.edu

Do I need to have a formal presentation with financial institutions?

Not at all. Anyone from your agency or a person you have employed part time may go to the financial institutions and leave some print materials and talk with someone from the organization about your center and Problem Gambling.

What constitutes a community group presentation?

Any time you, your staff, or an hourly person speaks about Problem Gambling at a meeting in your community. This could be five minutes at your local rotary, or a board meeting. This could be at a ladies' church meeting, or over lunch with a couple key community leaders. This presentation can be informal and take the form of providing some literature and giving a discussion on the issue of Problem Gambling and on the Problem Gambling services available at your agency.

Do I really need to visit the casino in our community?

YES! The casino needs to know that your agency is there and that you provide gambling services. If you can speak with the Community Relationships Representative, you can hand materials to them and can be better assured that the materials will be utilized.

Does a clinician need to be the person conducting presentations and meeting with the casinos?
No. Anyone from your organization or even someone hired on an hourly basis can go out and deliver the materials and meet with the casino personnel.

What qualifications does the person doing the Outreach need to have?
They need to have some training in Problem Gambling (minimum of *Problem Gambling 101*, South Oaks Gambling Screen). They can be a clinician, an hourly employee, or a Certified Specialist.

C***onducting an additional Outreach activity each month seems like a lot of work.***
You can put as much work into these activities as you would like. Some of the activities can be done very quickly. You can have someone call local organizations and talk about Problem Gambling services; you can put up flyers around your organization regarding office pools and gambling at work; or you can see if there is a current need for a GA meeting.

I don't think I have the time to do all the work that is required.
While it may look like on the surface that there is a lot of work to be done, much of the work can be incorporated in what you are already doing. Many people within agencies serve on boards, attend community events, or visit a bank at some point each month. Education of staff may already be a standard practice at your agency. Remember that Outreach items can be done by non–clinical staff, even hourly employees.

How will DMHA know the work is being completed?
You will submit a quarterly report. Currently, reports are completed in an online format and are submitted electronically. The report will be brief and will include the items accomplished and attempts made to complete the tasks. Perhaps you could not speak to someone at the casino this quarter. On your report you will indicate that you dropped off materials, but could not speak with the proper person at the casino.

Do I have to mention problem gambling services on All agency publications?
No, it should be included in all materials that are related to mental and addiction treatment.

Who can I go to with questions?
IPGAP staff can provide you with technical assistance on this project.

IPGAP Contacts
Mary Lay, MPH maholtsc@indiana.edu 812-856-4885

Desiree Reynolds, MPH desiree@indiana.edu 812-855-7872

Introduction

This section of the manual is designed to give a basic overview of entering documentation into the Web Infrastructure Treatment System (WITS). Additional tips are given for how to navigate to different screens in the system as well as view agency records of clients in WITS. For more information on WITS, contact one of the following:

wits@fssa.in.gov, WITS technical assistance and support

john.long@fssa.in.gov, Larry Long: Questions about gaining initial access to WITS or specific documentation and service requirements

maholtsc@indiana.edu, Mary Lay: WITS trainings or other gambling training events

WITS Access and Login

Each staff person needing access to WITS must first complete a WITS training. This may be an in-person training or online training offered. Then, a WITS access request form must be completed and submitted to Larry Long at john.long@fssa.in.gov. Forms are available at the trainings or by request from Larry. Once access is approved, you will receive an email containing your initial login information.

The WITS log-in page is located at https://dmhaqa.fssa.in.gov/atr/. On the log-in page, enter your username and password. You will be directed to another screen where you will enter your pin number.

Required Documentation

When enrolling a client into gambling services through WITS for the first time, a provider typically goes through the following steps in WITS:

- Add New Client Profile*
- Create Episode Intake*
- SOGS/SOGS-RA Assessment*
- Create New Voucher*
- Enter Encounter Note for Enrollment/Intake
- Complete Treatment Plan; enter Encounter Note for Treatment Plan

** Denotes documentation that must be completed on the same day client enrolls in services for Problem Gambling*

Completion of WITS documentation is required for payment, and billing for a service takes place when a provider releases an Encounter Note to billing. This section of the manual gives instructions on completing the first five steps in WITS.

CANS/ANSA Completion
The client is required to be registered into DARMHA and to complete the ANSA/CANS. DARMHA procedures should be followed to complete DARMHA registration of a client and are not addressed in this manual. Note that in order to release any services to billing, a DARMHA ID must be entered into the client profile.

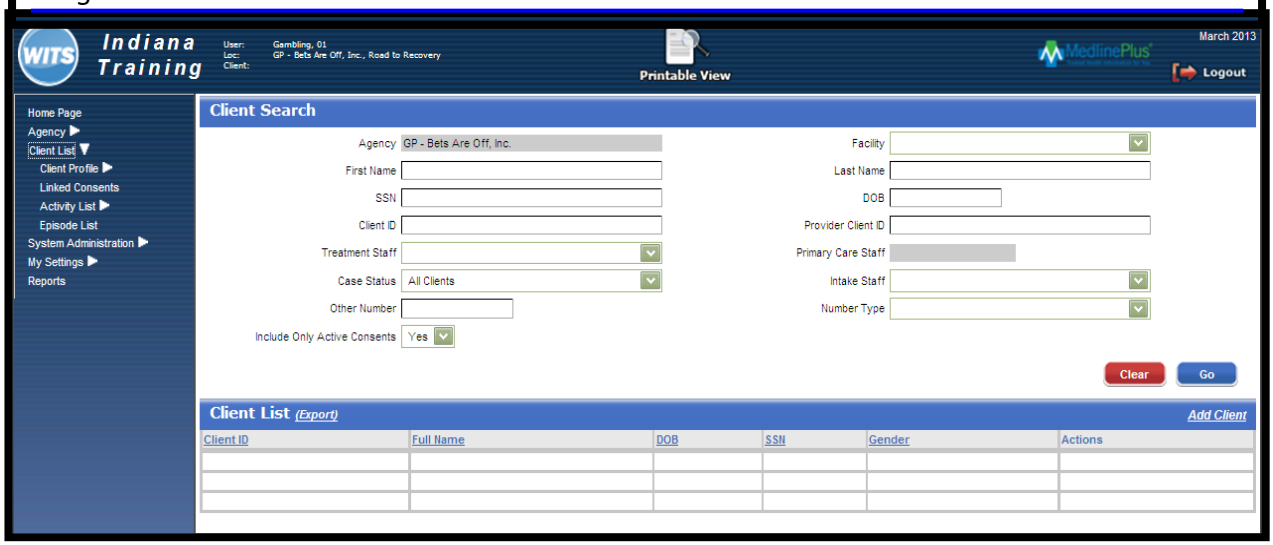
Ongoing Documentation
The table below details what ongoing documentation should be completed for clients enrolled in gambling services. Unless otherwise noted, the documentation is completed in WITS.
For additional requirements on documentation, including requirements for the clinical record or how encounter notes should be written, please see the Special Conditions chapter of this manual.

Ongoing WITS Documentation	
SOGS/ SOGS-RA Assessment	Minimum of every 180 days
Create New Voucher	Every 30 days, as soon as active voucher expires
Complete CANS/ANSA (in DARMHA)*	Minimum of every 180 days
Treatment Plan Review	Minimum of every 90 days
Enter Encounter Note	Every time a service is provided

I. Add New Client Profile

1. Click Client List. The Client List screen should appear (*Image 1-1*).
2. Click ***Add Client***.

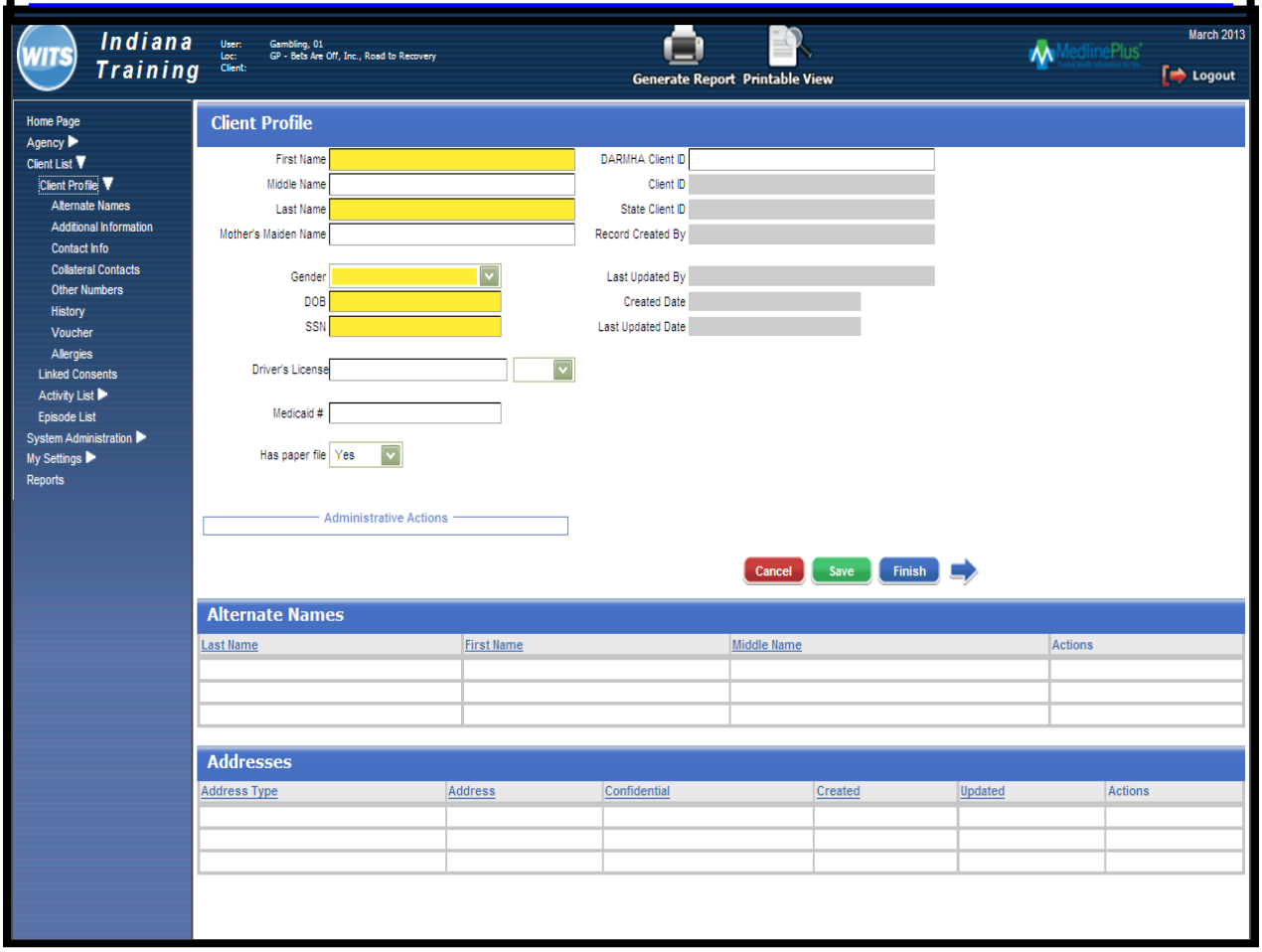
Image 1-1. Client List Screen



NOTE: To view a list of current clients at your agency, click Go on the Client List screen. A list of clients will appear in the Client List. Search fields are available under Client Search to find a particular client. Enter any search information and click Go.

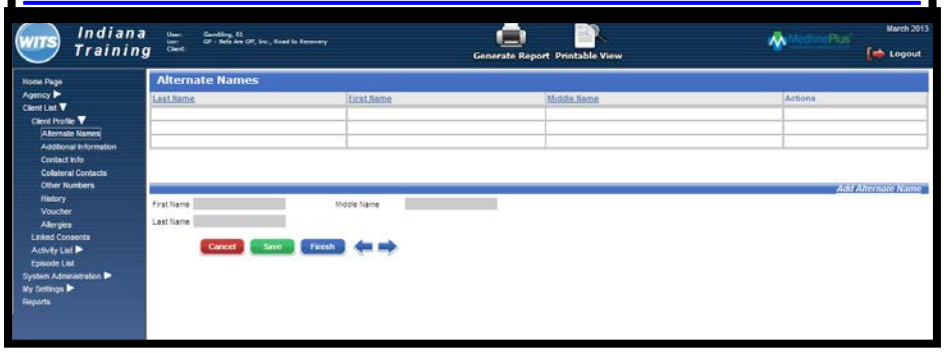
3. Complete page 1 of the Client Profile (*Image 1-2*). **All yellow fields are required** to continue.
4. Enter DARMHA Client ID. **The DARMHA ID is required**. No billing may be released for the client until a DARMHA ID has been entered.
5. Click the blue arrow to go to the next screen of the Client Profile.

Image 1-2. Client Profile



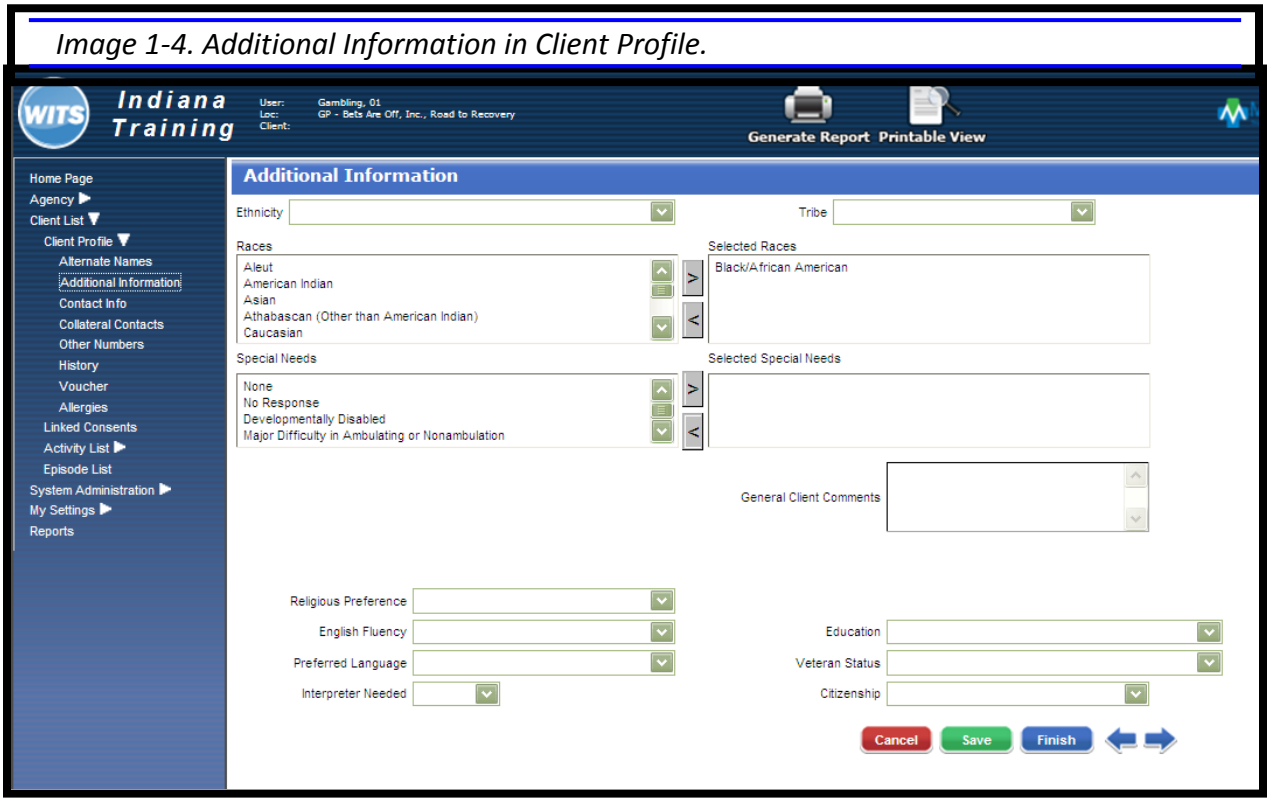
6. The Alternate Names screen will appear (*Image 1-3*). If the client has any aliases or nicknames, this information would be entered here.
NOTE: An alternate name cannot be saved until the contact information page, shown later in this chapter, is added. To enter an alternate name, click the blue forward arrow for now and return to this screen after you have entered the client contact information.

Image 1-3. Alternate Names



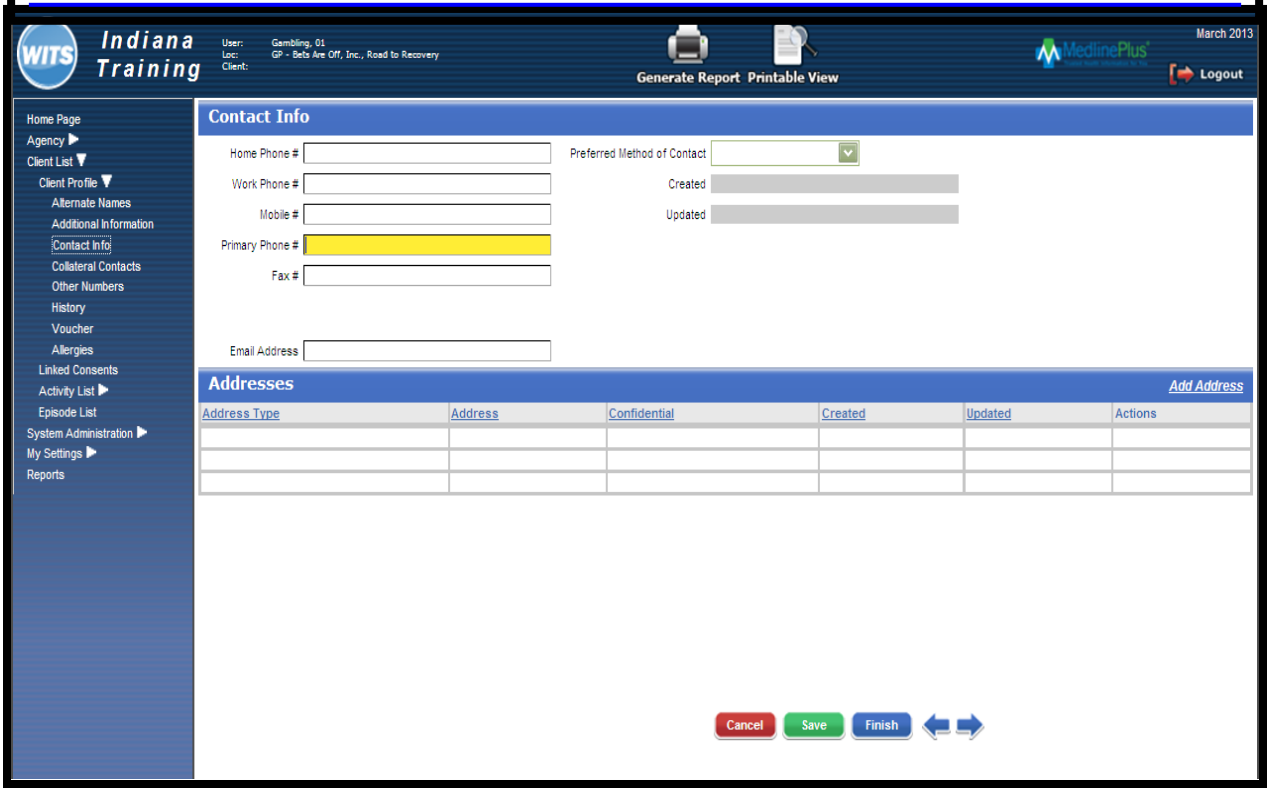
7. An Additional Information screen will appear (*Image 1-4*). Information on this page is optional.
8. Complete appropriate information and click the blue arrow to continue.

Image 1-4. Additional Information in Client Profile.



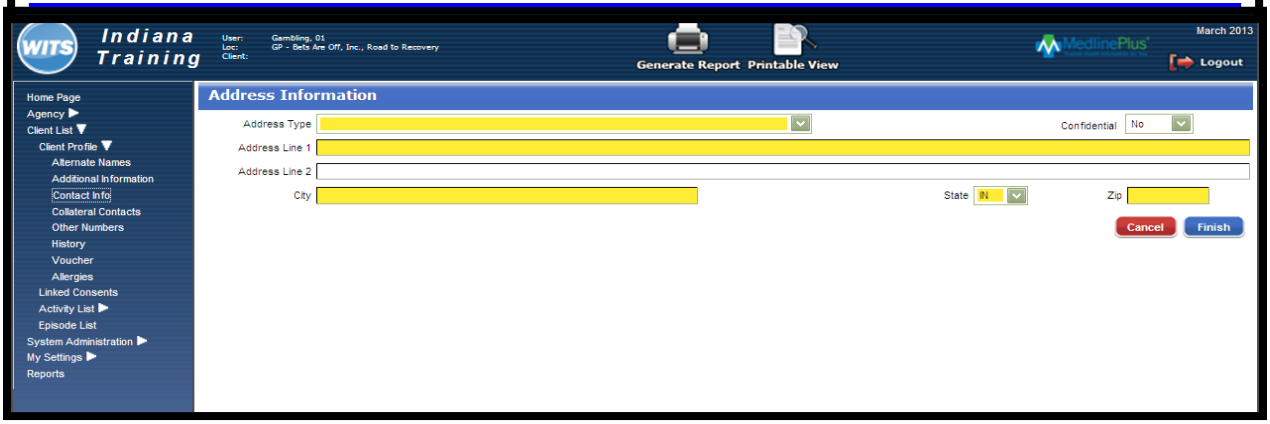
9. The Contact Info screen will appear (*Image 1-5*). Enter phone information. Primary phone number is required.
10. Click *Add Address*. Address is required.

Image 1-5. Contact Info in Client Profile.



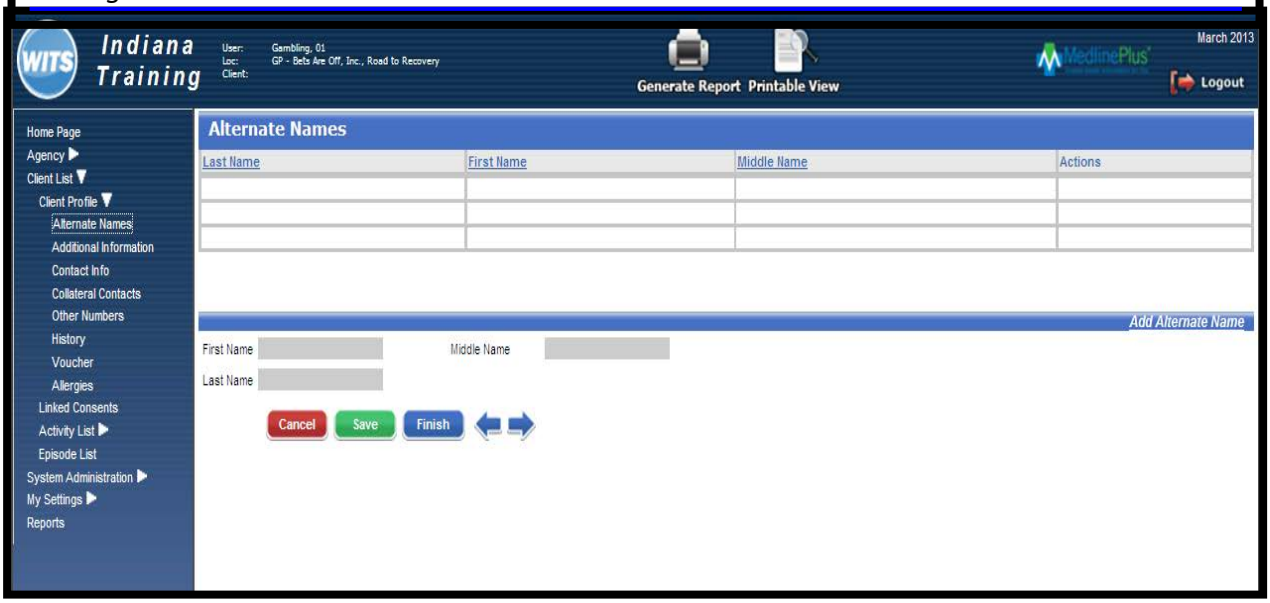
11. The Address Information screen will appear (*Image 1-6*). Complete required address fields.
12. Click Finish and the Contact Info screen will appear again.
13. Click blue arrow on Contact Info screen to continue.

Image 1-6. Address Information in Client Profile.



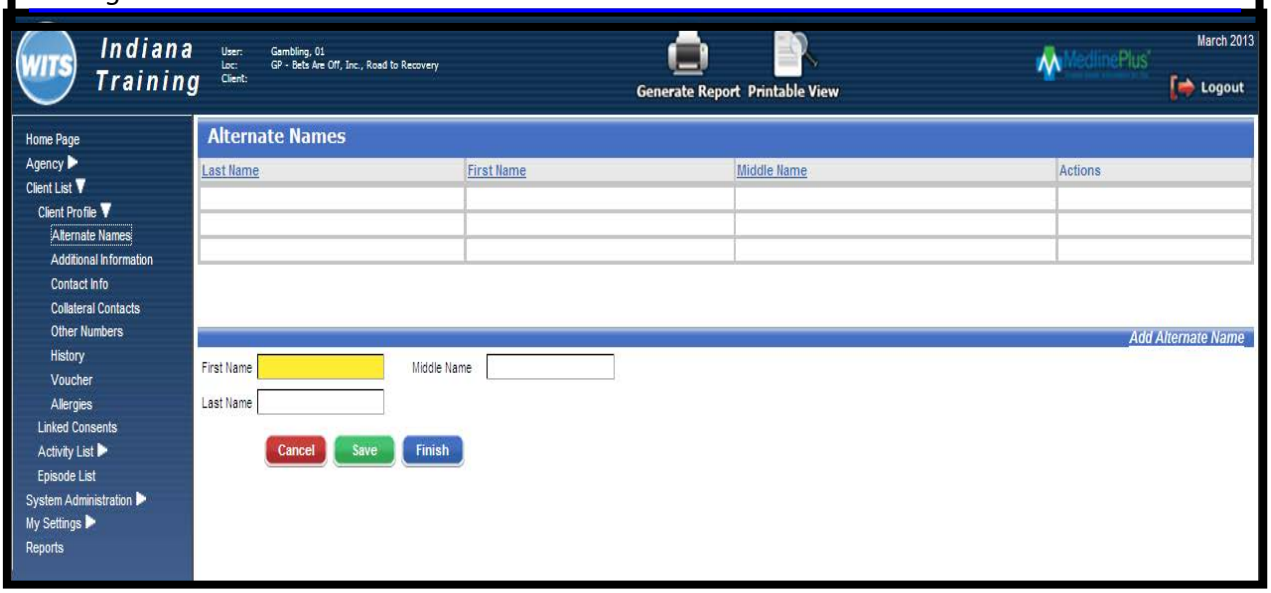
14. Once the contact information has been entered, you may return to the Alternate Names screen by clicking the back arrow (*Image 1-7*). If no alternate names exist, skip steps 14-17.
15. Click *Add Alternate Name*. Fields for adding alternate names will appear (*Image 1-8*).

Image 1-7. Alternate Names.



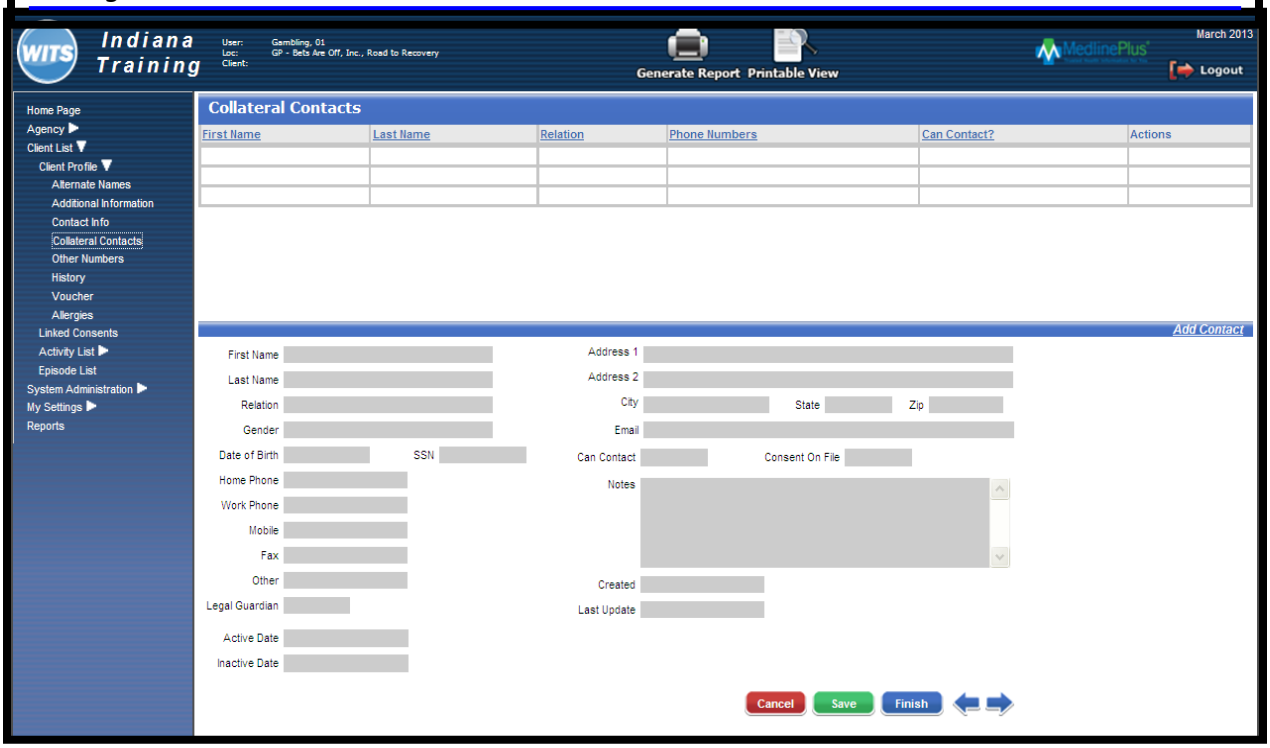
16. Enter alternate names.
17. Click Finish.

Image 1-8. Alternate Names



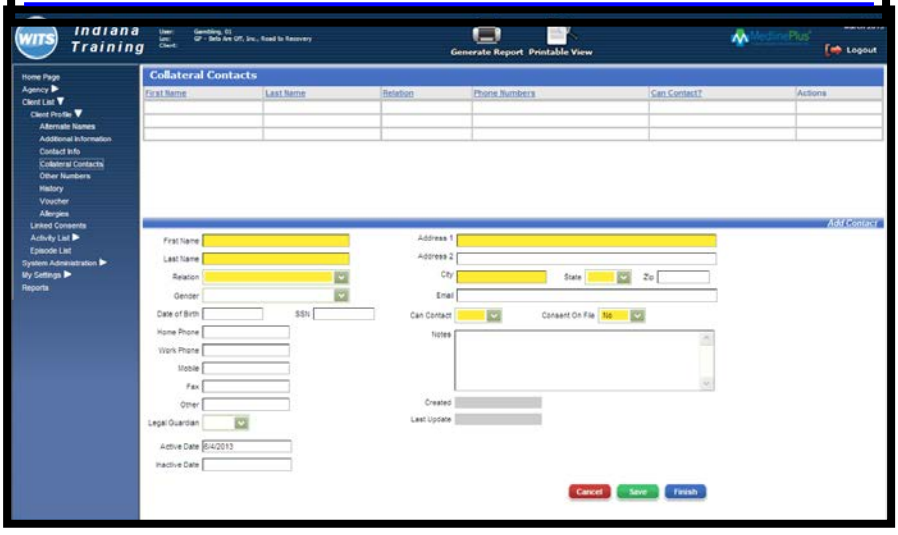
18. Click through blue arrows on each screen until the Collateral Contacts screen appears (*Image 1-9*). Adding a collateral contact is optional.
19. Click *Add Contact*.

Image 1-9. Collateral Contacts



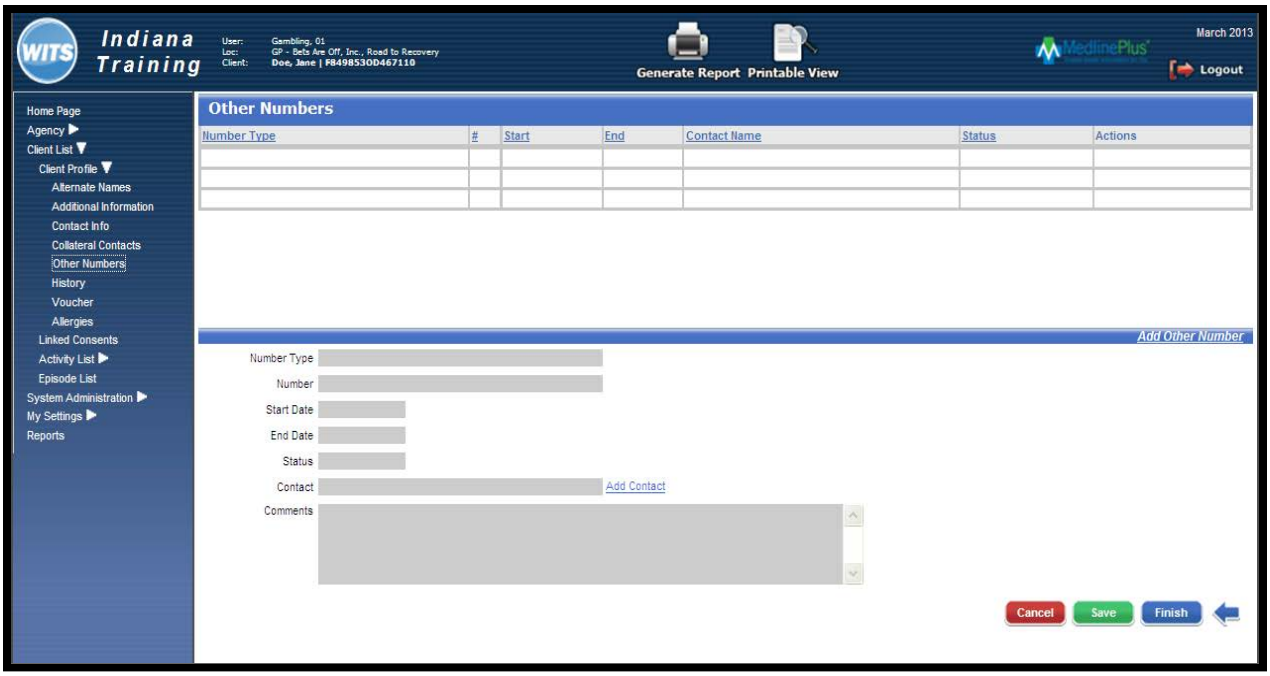
20. A new screen will appear (*Image 1-10*). Enter required fields.
21. Click Finish.
22. Click blue arrow on main Collateral Contacts screen (*Image 1-9*) to continue.

Image 1-10. Collateral Contacts



23. The Other Numbers screen will appear (*Image 1-11*). This information is optional. “Other Numbers” refers to other identification numbers an agency may use to follow the clients, such as a court case number.
24. Click *Add Other Number*. On the new screen that appears, enter desired information and click Finish.
25. Click Finish on the main Other Numbers screen.

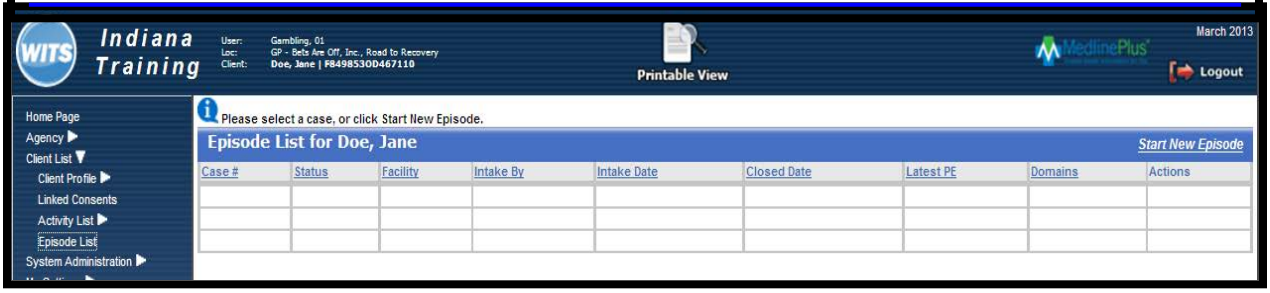
Image 1-11. Other Numbers



II. Create Episode Intake

1. On side menu, Click Activity List. The Episode List screen will appear (*Image 2-1*).
2. Click *Start New Episode*.

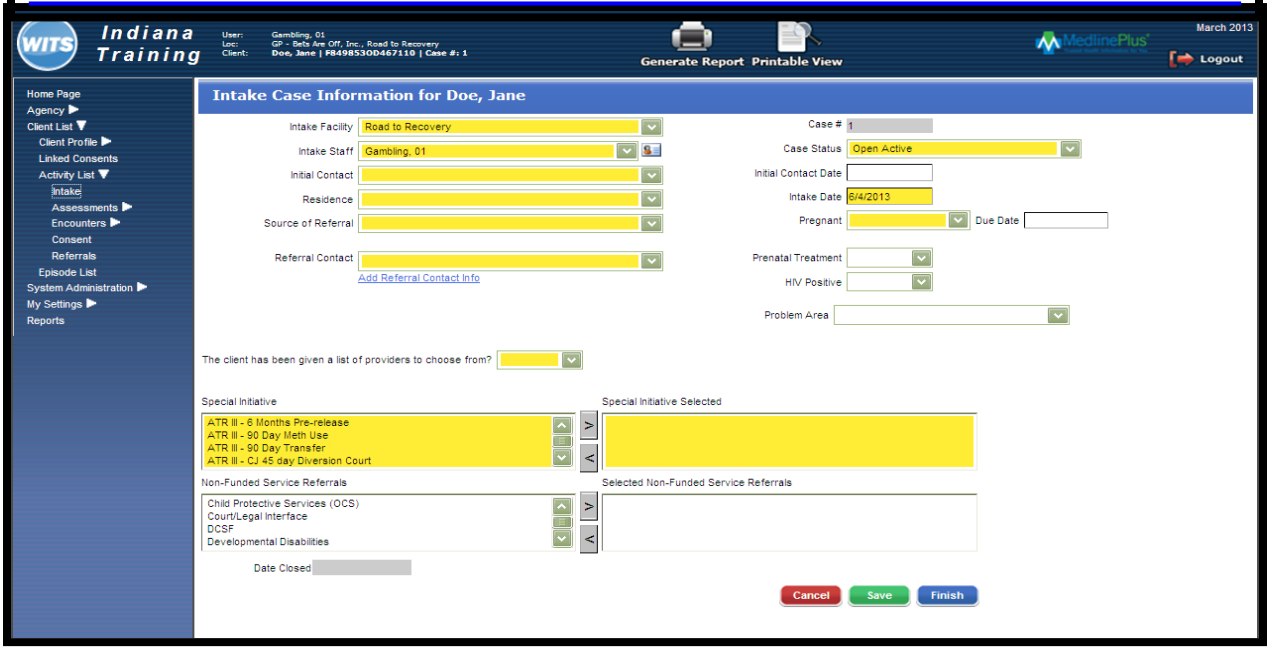
Image 2-1. Episode List



3. Intake Case screen will appear (*Image 2-2*). Complete information.
    - Source of Referral dropdown: Scroll and choose Other or Gambling Hotline as referral source.
    - Referral Contact dropdown: Any collateral contacts you've entered previously will appear in the dropdown. To add a contact, click *Add Referral Contact Info* below the dropdown.
    - Special Initiative dropdown: Scroll and choose Gambling Only.
4. Click Finish.

The Episode Intake is complete!

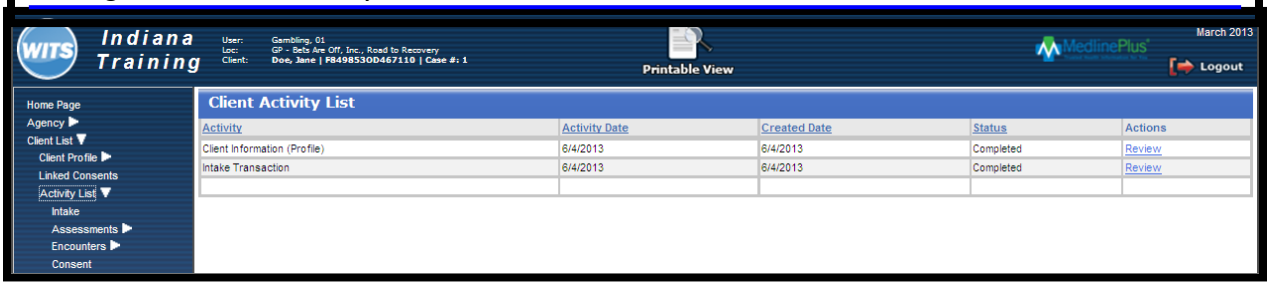
Image 2-2. Intake Case Information



III. Complete SOGS/SOGS-RA

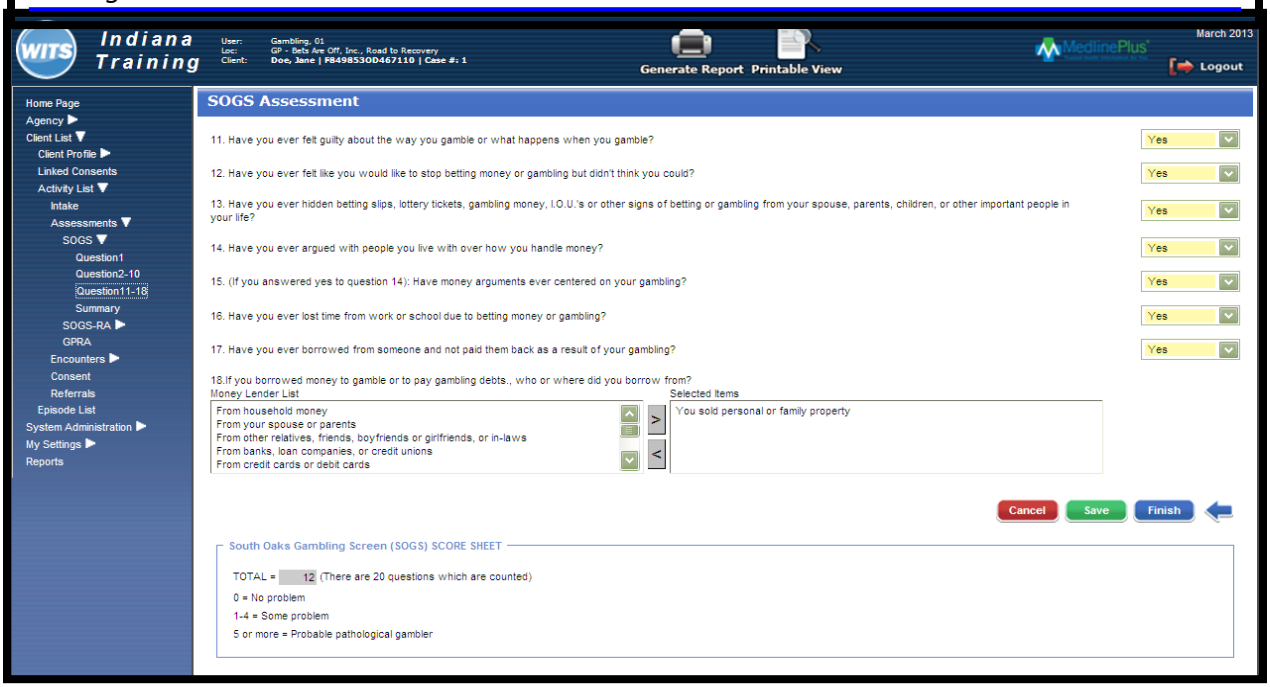
1. The Client Activity List screen will appear once a new Episode Intake has been created (*Image 3-1*). On menu under Activity List, click Assessments.

Image 3-1. Client Activity List



2. On menu, click SOGS for adults or SOGS-RA for children 17 and under.
3. On menu, click Question 1.
4. Complete SOGS questions. There will be three screens of the SOGS assessment. Click forward arrow to complete all pages.
5. After completing Question 18 on the SOGS (see Image 3-2), click Save to save and view client's SOGS score. Client's SOGS will appear in lower left corner.
6. Click Finish to save and exit the SOGS assessment.

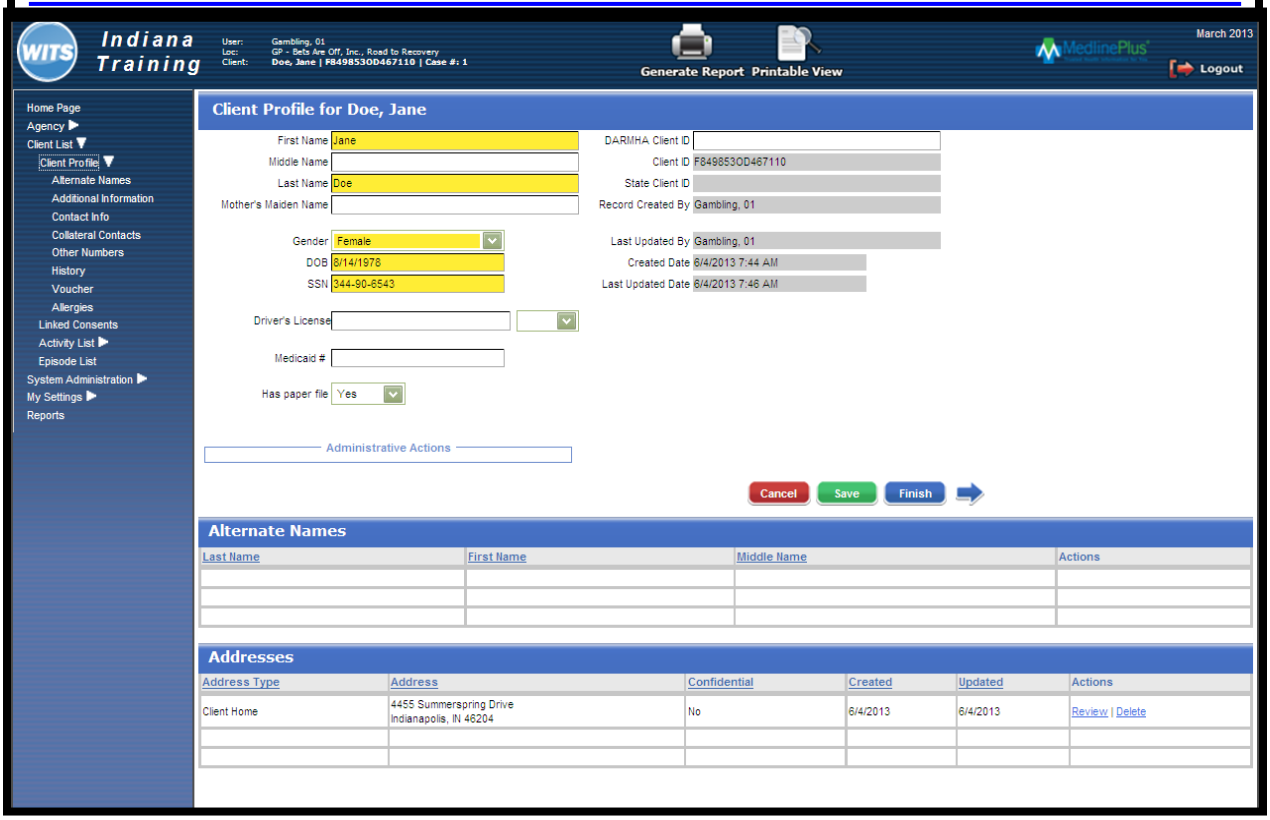
Image 3-2. SOGS Assessment



IV. Create New Voucher

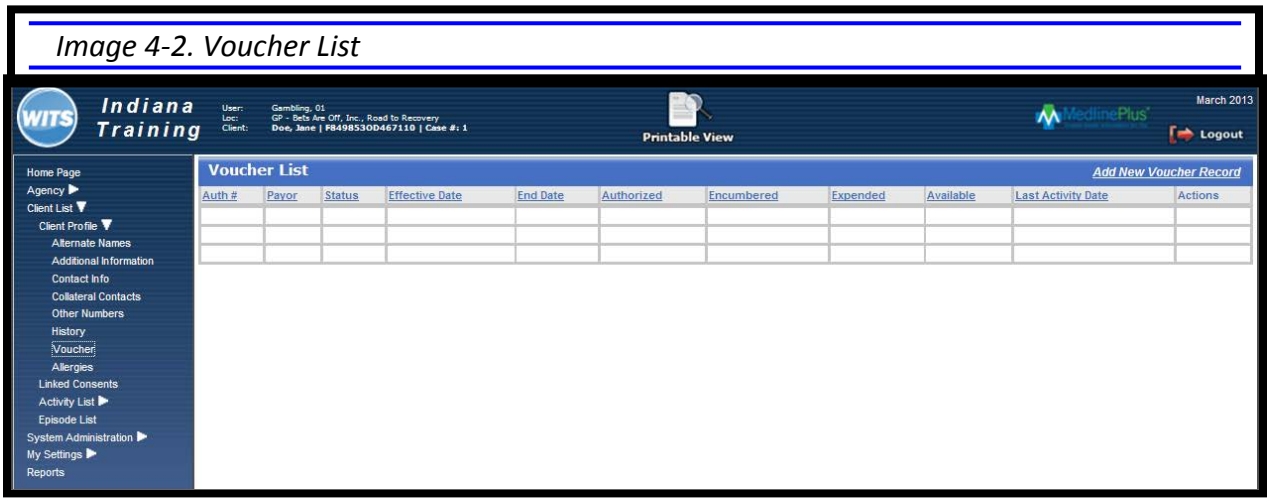
1. On side menu, click Client Profile. Client Profile screen will appear (*Image 4-1*).

Image 4-1. Client Profile



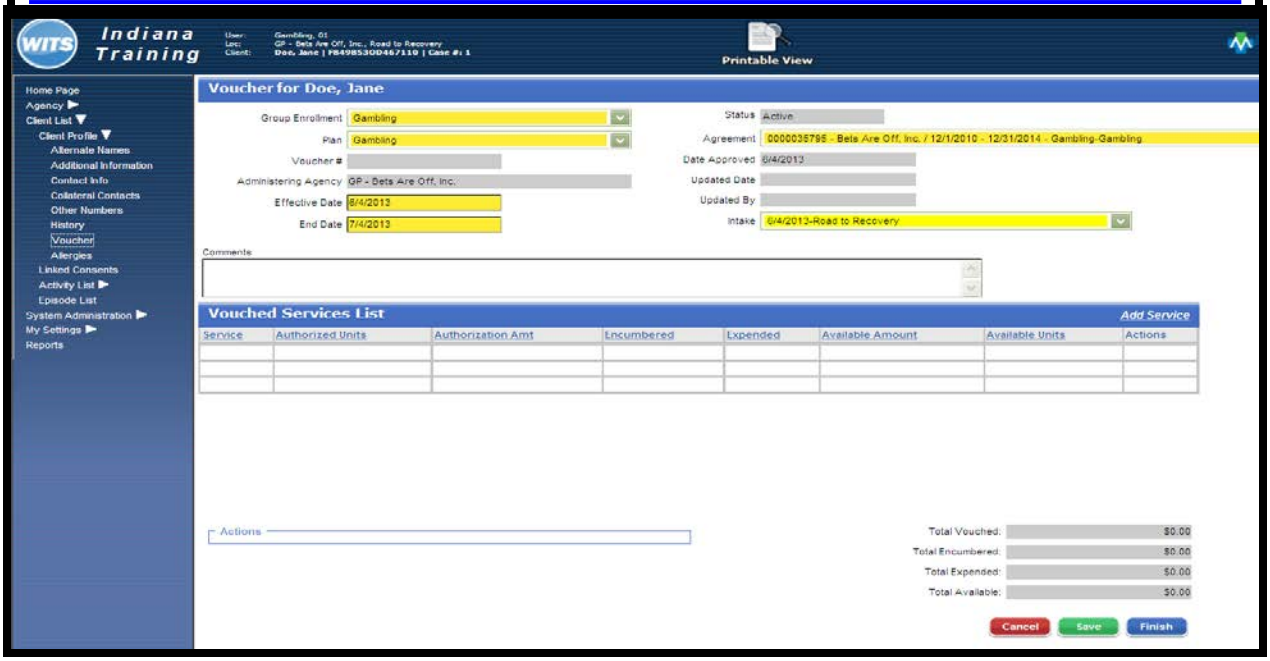
2. On menu, click Voucher. Voucher List screen will appear (*Image 4-2*).
3. Click *Add New Voucher Record*.

Image 4-2. Voucher List



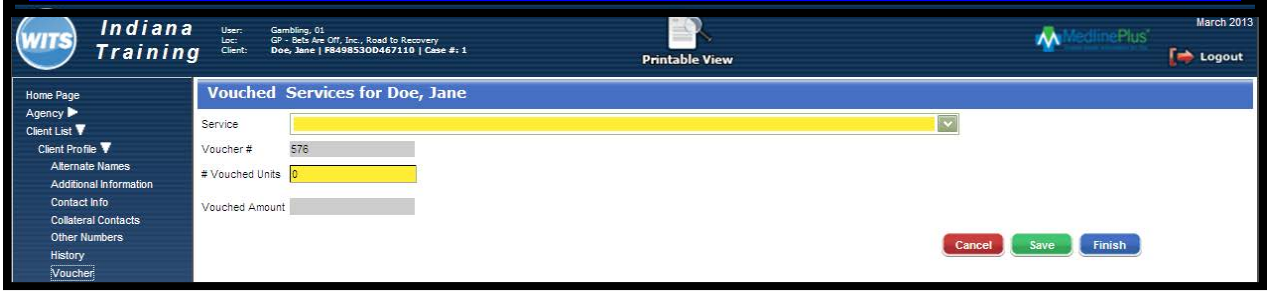
4. The Voucher screen will appear (*Image 4-3*). Required fields should be pre-populated.
5. Enter voucher Effective Date. Date must be within last 9 days. If a date 10 days or more before the current date is entered, an error message will appear.
6. Click Save.
7. Click *Add Service*.

Image 4-3. Voucher for Client



8. Vouched Services screen will appear (*Image 4-4*). From dropdown, select a service that will be given to the client in the next 30 days.
9. Enter the number of vouched units expected to be served in the next 30 days. For unit amounts and limitations, see the "Special Conditions" chapter of this manual.
10. Click Finish. You will be returned to the main Voucher screen.

Image 4-4. Vouched Services

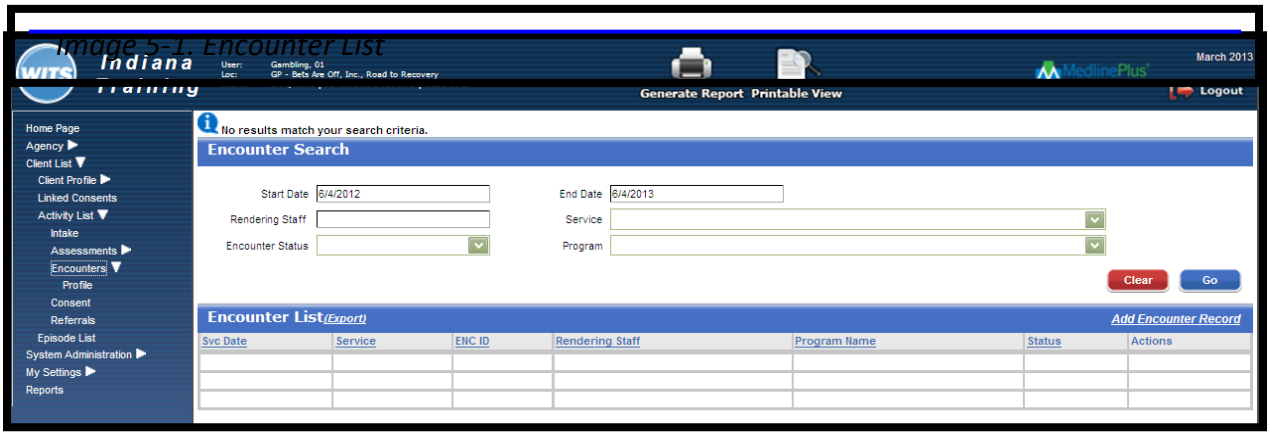


11. Continue adding services until all expected services for the next 30 days have been added. Consider adding more services than anticipated in case the client needs additional services in the 30-day period.
12. Click Finish. The screen will return to the Voucher List page. Voucher is complete!

V. Create New Encounter

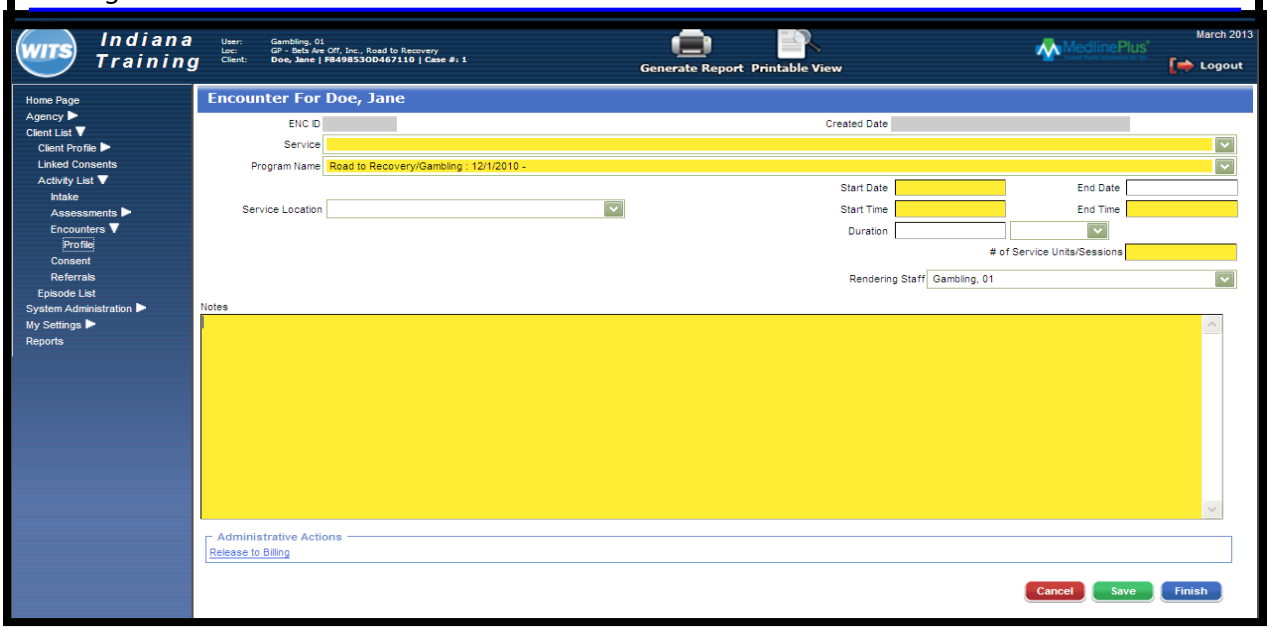
1. On menu, click Activity List.
2. On menu, click Encounters. Encounter List page will appear (*Image 5-1*).
3. Click *Add Encounter Record*.

Image 5-1. Encounter List



4. Encounter screen will appear (*Image 5-2*). Complete required fields.
5. Click Save.
6. To release to billing, click Release to Billing beneath the notes section.
7. Click Finish. A new encounter note is completed.

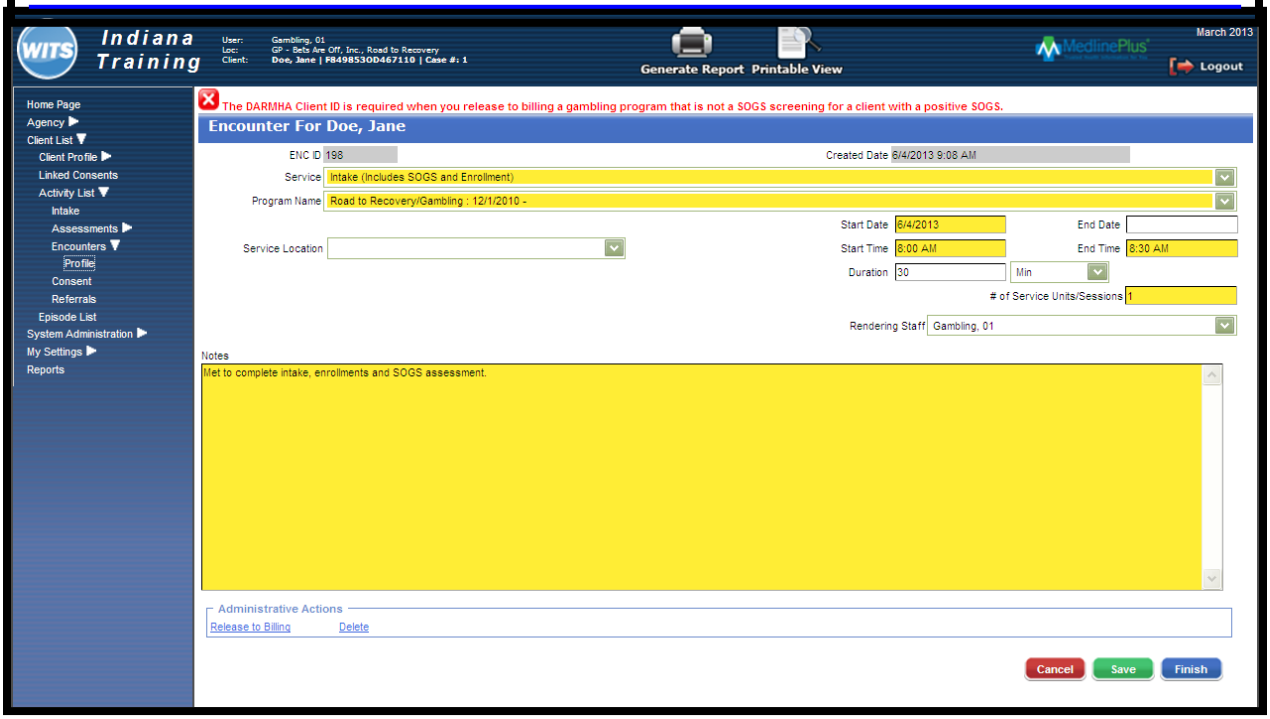
Image 5-2. Encounter



Note: Encounter notes can be edited until they are released to billing. Once released to billing, they are locked from editing.

Note that an error message will appear if an attempt is made to release an encounter to billing, but no DARMHA ID was entered for the client. See *Image 5-3* and steps to add DARMHA ID below.

Image 5-3. Error Message– No DARMHA ID



If the error occurs, complete the following steps:

- In menu, click Client List, then Client Profile.
- Add DARMHA Client ID on first page of profile.
- Click Save.
- In menu, click Activity List, and then click Encounters to return to Encounter List.
- Click Review to return to Encounter screen.

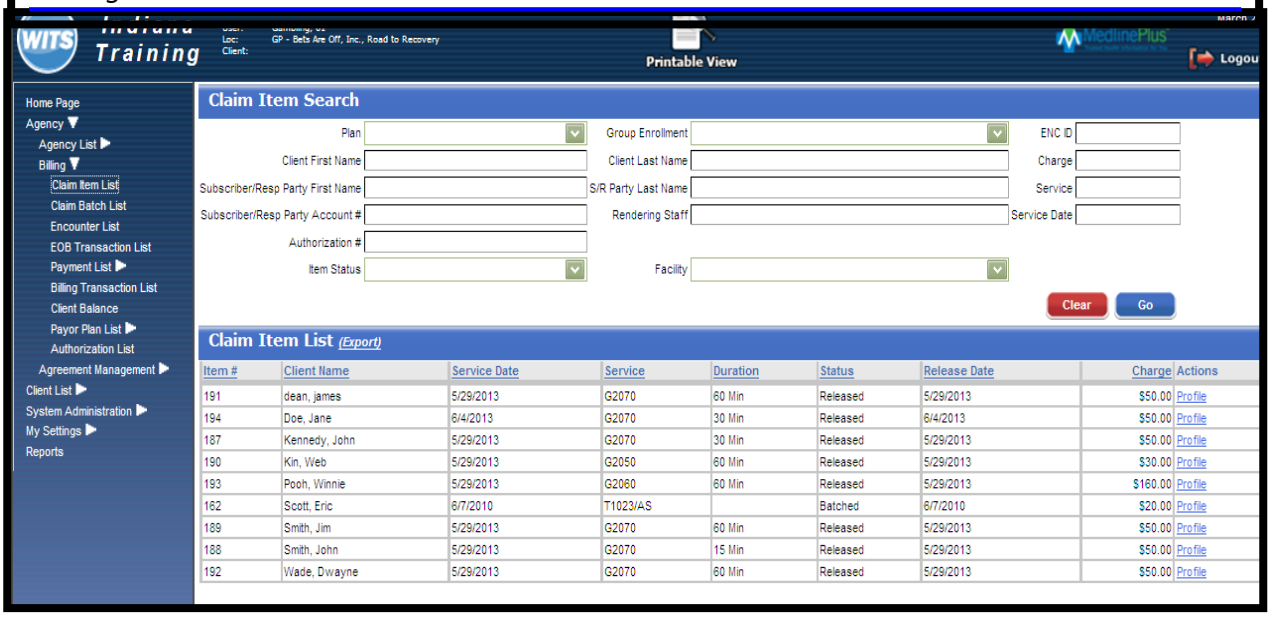
Always remember to log out of WITS. Not logging out after a session will prevent you from being able to log in to your next session, even if you close the browser.

VI. Review Records for Agency

Review Encounters for the Agency

1. On menu, click Agency, click Billing, click Claim Item List.
2. Change the Item Status field to blank to see all encounters.
3. Click Go to review encounters. Claim Item List will appear (see *Image 6-1* below).

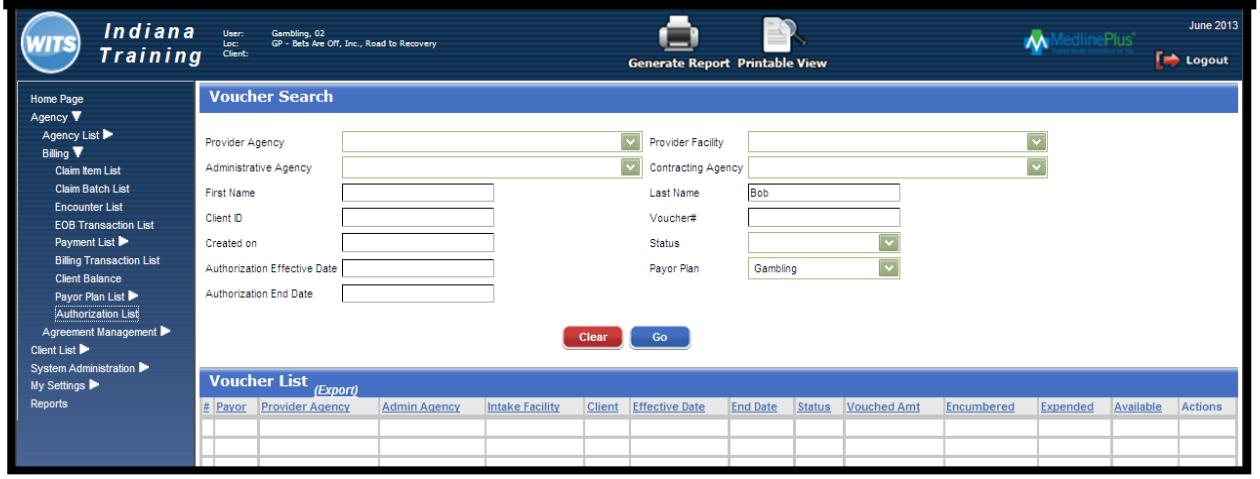
Image 6-1. Claim Item Encounter List



Review Vouchers for the Agency

1. On menu, click Agency, click Billing, click Authorization List.
2. Enter any desired search terms in the available fields.
3. Click the Go button to review vouchers.

Image 6-2. Voucher List



VII. Quick Step Guides

Steps to Add New Client Profile

1. On menu, click Client List.
2. On Client List screen, click ***Add Client***.

3. On Client Profile screen, complete appropriate fields. **All yellow fields and the DARMHA client ID are required.** No billing may be released for the client until a DARMHA ID is entered.
5. Click blue arrow.

6. On Add Alternate Names screen, enter any aliases or nicknames the client has.
NOTE: An alternate name cannot be saved until the contact information for a client is added. Return to this screen after completing the contact information to enter alternate names. Click the blue arrow.

7. On Additional Information screen, complete appropriate fields.
8. Click blue arrow.

9. On Contact Info screen, enter phone information. Primary phone number is required.
10. Click *Add Address*. Address is required.
11. On Add Address screen, complete required address fields.
12. Click Finish.
13. Click blue arrow on Contact Info screen.

14. Once the contact information has been entered, you may return to the Alternate Names screen by clicking the back arrow. If no alternate names exist, skip steps 14-17.
15. Click *Add Alternate Name*.
16. Enter alternate names.
17. Click Finish.
18. Click through blue arrows on each screen until the Collateral Contacts screen appears.

19. Click *Add Contact*.
20. On Contact screen, enter required fields.
21. Click Finish.
22. Click blue arrow.

23. On Other Numbers screen, click *Add Other Number* to add other numbers. "Other Numbers" refers to other identification numbers an agency may use to follow the clients, such as a court case number.
24. Click Finish.

Steps to Create Intake Episode

1. On side menu, click Activity List.
2. On Episode List screen, click *Start New Episode*.
3. On Intake Case screen, complete information.
   - ☐Source of Referral dropdown: Scroll and choose Other or Gambling Hotline as referral source.
   - ☐Referral Contact dropdown: Any collateral contacts you've entered previously will appear in the dropdown. To add a contact, click *Add Referral Contact Info* below the dropdown.
   - ☐Special Initiative dropdown: Scroll and choose Gambling Only.
4. Click Finish.

Steps to Complete SOGS Assessment

1. On menu under Activity List, click Assessment, click SOGS or SOGS-RA, click Question 1.
2. Complete SOGS questions. Click forward arrow to complete all pages.
3. After completing SOGS questions, click Save to save and view client's SOGS score. Client's SOGS will appear in lower left corner.
4. Click Finish to save and exit the SOGS assessment.

Steps to Create New Voucher

1. On side menu, click Client Profile, then click Voucher.
3. On Voucher List screen, click *Add New Voucher Record*.
4. On voucher screen, required fields should be pre-populated.
5. Enter voucher Effective Date. Date must be within last 9 days.
6. Click Save.
7. Click *Add Service*.
8. From dropdown on Vouched Services screen, select a service that will be given to the client in the next 30 days.
9. Enter the number of vouched units expected to be served in the next 30 days.
10. Click Finish.
11. Continue steps 7-10 until all expected services for the next 30 days have been added.
12. Click Finish.

Steps to Create New Encounter Note

1. On menu, click Activity List, then click Encounters.
3. On Encounter List screen, click *Add Encounter Record*.
4. On Encounter screen, complete required fields.
5. Click Save.
6. To release to billing, click Release to Billing beneath the notes section.
7. Click Finish.

WITS Side Menu Navigation	
WITS Task	**Menu Navigation**
Add New Client	Client List > On screen, click Add Client
Choose Existing Client	Client List > On screen, enter search terms and click Go
Add/Update Intake	Client List > Activity List > Intake
Add/Update Assessment	Client List > Activity List > Assessments > SOGS > Question 1
Create/Review Voucher	Client List > Client Profile > Voucher
Add/Update Encounter	Client List > Activity List > Encounters
Review Records	Agency > Agency List > Billing > (choose item to view)

Treatment Resources

To find Gambling Treatment in your area call: 1-800-994-8448

The following websites can provide valuable information, encouragement, and support.

Indiana Problem Gambling Awareness Program
http://www.ipgap.indiana.edu

Indiana Council on Problem Gambling, Inc
http://www.indianaproblemgambling.org

Gamblers Anonymous and GA Meetings in Indiana
http://www.gamblersanonymous.org/

GAM-ANON (for families) Meetings in Indiana
http://www.gam-anon.org/

National Council on Problem Gambling
http://www.ncpgambling.org/

The State of Indiana Voluntary Exclusion Program
http://www.in.gov/igc/2331.htm

Information on Training / Certification

Training and certification support is provided by the Indiana Problem Gambling Awareness Program (IPGAP) through a contract with the Division of Mental Health and Addiction (DMHA). You may find information about upcoming trainings on their website at: www.ipgap.indiana.edu

To join the mailing list and receive regular updates, go to http://www.ipgap.indiana.edu and use the ListServ registration link on the front page.

Training

The Indiana Problem Gambling Awareness Program offers a variety of trainings throughout the year. To register for any of the trainings offered through IPGAP, you will need to establish a username and password on the IPGAP Training Portal at: http://www.ipgap.indiana.edu/training/

Trainings through the portal will automatically generate a certificate after the training is complete, and you will be able to review your training history and upcoming trainings for which you have registered.

IPGAP provides a limited number of scholarships for counselors to complete 12 hours of online training through outside organizations. To determine eligibility for one of these scholarships, please contact Desiree Reynolds at: desiree@indiana.edu

Contacts

DMHA- Treatment Resources/ Training on Problem Gambling or WITS:

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Program Director
Problem Gambling Treatment, Co-Occurring Disorders and Forensic Programs
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402 W. Washington Street W353
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TBA
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DMHA –WITS Technical Assistance and Support:
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Prevention, Treatment, and Training Resources:

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Important Links

Indiana Problem Gambling Awareness Program:
www.ipgap.indiana.edu

Indiana Division of Mental Health and Addiction (DMHA):
www.in.gov/fssa/dmha/index.htm

Indiana DMHA Problem Gambling Information
www.in.gov/fssa/dmha/2582.htm

WITS Billing and Treatment Manual
www.ipgap.indiana.edu/problem-gambling/treatment-manual

Indiana Gaming Commission:
Voluntary Exclusion Program
Indiana Gaming Commission
101 W. Washington Street
Suite 1600, East Tower
Indianapolis, IN 46204
(317) 234-3600
www.in.gov/igc/2331.htm

You may access linked rules and regulations through the DMHA website or visit http://www.in.gov/legislative/ic_iac/ for the Indiana Code and Indiana Administrative Rules. Click on Indiana Code (IC) or Indiana Administrative Code (IAC).

Sample Treatment Plan

(This is a sample treatment plan provided to you as an example only. It is our hope that you can utilize the ideas/concepts from this sample within your current system.)

☒ **Master Treatment Plan** ☐ **Review** ☐ **Revised** ☐ **Transfer**

☐ **Discharge Summary** ☒ **Plan was created with the consumer**

☒ **South Oaks Gambling Screen/ Score 12**

Date: July 1, 2010 Date of Birth: 11-11-73

DSM-IV Axis I – IV	
Axis I	312.31 Pathological Gambling
Axis II	None
Axis III	None
Axis IV	Legal involvement, Lack of support
Axis V	58
Admission Mental Status Exam:	
Consumer met with psychologist and completed a comprehensive mental status exam. He was oriented to person, plan, and time. Consumer is a white male, age 50, married, no children, he appeared well groomed, and his appearance seemed clean and orderly. He had difficulty making eye contact and hung his head low during the interview. His speech was clear, and thought processes seemed appropriate. His judgment and insight about his Compulsive Gambling seemed poor. He would appear very anxious when asked about his gambling behavior and reasoning for seeking treatment. He did admit that he was recently arrested for theft and was on probation. Throughout the interview he appeared "guarded" when answering questions.	
Current Medications:	
Strengths:	
Consumer's wife is supportive of treatment. His wife brought him to his intake appointment and agreed to participate in the family program. He stated that his employer is supportive of him seeking treatment for Compulsive Gambling. He was given the day off to complete his intake and assessment. He is optimistic and wants to learn all he can about his gambling problem so he can "get better". He has a master's degree in finance and has been employed with the same company for 20 years.	
Barriers:	
He has attended treatment before for his Compulsive Gambling and was unable to abstain for more than 14 days. He struggles with accepting that he cannot stop gambling on his own despite the fact that he was recently arrested for theft and is currently on probation. He has never attended Gamblers Anonymous meetings and stated, "Those people are not like me. They are losers."	
Risks of Relapse:	
High Risk- He has a master's degree in finance and he believes that he should be able to manage his own money. In the past he has allowed his wife to "attempt" to take care of the bills but in his words "she does not know what she is doing and we almost went broke". He also has a	

history of dismissing Gamblers Anonymous and feels "superior" to the people who are in attendance at meetings.
Evidence of Continuity and Coordination of Care:
Counselor will work closely with the consumer's wife. Once the consumer signs release his counselor will contact the consumer's probation officer- he is on probation for a recent theft charge.
Family Involvement:
His wife is very supportive. She completed the family assessment upon intake. She admitted to taking on extra jobs in order to help pay for bills. She stated that she has tried to take over the finances but her husband is unwilling to let her take on that responsibility. She stated that her husband has a PO box and often will not let her get the mail. She stated that he was controlling but she seems to have little insight into the financial devastation that her husband's gambling has caused.
Prognosis:
Guarded

Problem #1:
Consumer is behind on his mortgage payments, he has over drawn on his bank account, and he owes his bookie money.
As evidenced by:
Consumer's own report
Measurable Goal, Completion Date:
Consumer will openly disclose his financial problems as a result of gambling and put a restoration plan in place.
Objective 1: ☐ Date Completed:
Consumer will be honest with his spouse about his financial problems.
Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:
1. Counselor will ask consumer to sign a release of confidential information for his spouse; 2. Counselor will ask consumer and his wife to bring in all bank statements, tax returns, and bills to review with his counselor; 3. Counselor will have consumer invite his wife to a family session to disclose financial problems based on an information gathering session with his counselor.
Objective 2: ☐ Date Completed:
Consumer will take responsibility and shift control of the finance to the non-gambler in the household or a designated trustee.
Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:
1. Counselor will ask consumer to remove his name from all credit cards or give them to his wife and/or designated trustee to destroy, close account, or secure; 2. Counselor will encourage consumer to have his paycheck deposited into an account that is in his wife's and/or designated trustee's name only and agree to a weekly cash budget; 3. Counselor will assist consumer and his wife in preparing to call creditors and explain the gambling problem and promise to provide a restitution plan in the next 30-45 days; 4. Counselor will prepare Consumer to educate his friends and family about gambling and tell them not to lend him money; 5. Counselor will encourage consumer to shift ownership of property to the chosen non-

gambler in the household and/or designated trustee.
Objective 3: ☐ Date Completed:
Identify Income and assets (consumer and wife)
Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:
1. Counselor will assist consumer and his wife with listing sources of income; 2. Counselor will assist consumer and his wife in listing financial assets; 3. Counselor will encourage consumer to disclose "stash" money that is hidden from his wife.
Objective 4: ☐ Date Completed:
Establish a spending plan (consumer and wife)
Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:
1. Counselor will assign Consumer and his wife to write out the plan using the SAMHSA personal and financial strategy guide; 2. Consumer and wife will be assigned to list monthly sources of income (only count steady monthly income not bonuses); 3. Counselor will review spending habits with the consumer and his wife; 4. Counselor will educate consumer and his wife on tips to cutting expenses; 5. Counselor will educate consumer and his wife on additional budgeting tips (include counseling fees).
Objective 5: ☐ Date Completed:
Repay debt and avoid bankruptcy
Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:
1. Counselor will assist consumer in and wife in determining the amount of debt and list creditors; 2. Counselor will assist consumer and his wife to establish a debt repayment plan.
Problem #2:
Consumer does not accept his Compulsive Gambling disorder and does not have a recovery plan.
As evidenced by:
Consumer's own report
Measurable Goal, Completion Date:
Consumer will verbalized an increased understanding of his Compulsive Gambling and develop a relapse prevention plan.
Objective 1: ☐ Date Completed:
Consumer will verbalize understanding of his Compulsive Gambling disorder.
Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:
1. Counselor will arrange for a GA member in long-term recovery to give a lead to the IOP about the journey of his addiction and recovery and consumer will write a paper about how he relates to the story; 2. Consumer will create a life map which outlines his life, significant events, and his gambling behavior and consequences; 3. Counselor will encourage consumer to bring his wife into a session to share his life map; 4. Counselor will show consumer and his wife the video "Compulsive Gambling Signs and Symptoms." Consumer and wife will be asked to verbalize how they related to the information regarding signs/ symptoms/ impact of Compulsive Gambling on the family; 5. Consumer will participate in a six part group session on "Compulsive Gambling and Recovery." The consumer will actively participate in group discussions on: feelings

about winning, losing, and being in action; phases of Compulsive Gambling (winning, losing, and desperation); first experiences with gambling/parental attitudes; Compulsive Gambling as a progressive illness; stages of denial, rationalization; and stages of recovery;
6. Counselor will ask consumer to describe his arrest for theft and talk about how it relates to his Compulsive Gambling.

Objective 2: ☐ Date Completed:

Consumer will develop a plan to address barriers to recovery and identify warning signs of relapse.

Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:

1. Counselor will assign consumer to find out and write down how many places exist within five blocks of their home, office, or school where a bet can be placed, a lotto ticket can be purchased, or the person can participate in a game of chance. Write an avoidance plan for high risk places;
2. Counselor will assign consumer to make a phone number list of people/agencies that he can contact when he is thinking about gambling. Include: Gamblers Anonymous, GA Sponsor, 1-800 9 With It, suicide helpline etc;
3. Counselor will assign consumer to map out a typical day in his life when gambling and then develop a plan with the help of the counselor to address high risk times of the day;
4. Counselor will educate consumer and his wife on relapse triggers and symptoms;
5. Counselor will assign the consumer to write down his personal relapse triggers and a plan to address each;
6. Counselor will have a session with consumer and wife to review what the wife will do when she sees the consumer showing signs of relapse;
7. Counselor will meet with consumer and his wife to discuss the importance of GA and taking care of himself.

Problem #3:

Consumer does not have an adequate recovery support system.

As evidenced by:

Consumer stated that his wife and employer are supportive but he does not attend GA, and does not engage in hobbies/activities other than gambling.

Measurable Goal, Completion Date:

Consumer will obtain/maintain a recovery support system.

Objective 1: ☐ Date Completed:

Consumer will determine if GA is a support group that he wants to attend.

Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:

1. Counselor will assign consumer to locate 10 GA meetings that he can attend, and the Consumer will map out days and times of the meetings;
2. Counselor will assign consumer to attend 10 meetings and journal how it felt to attend the meeting, what he has in common with the individuals who are in attendance, group topic of discussion and what he learned;
3. After attendance at 10 GA meetings the counselor will assign the consumer to review

their journal of meeting attendance and make a decision on whether attending GA will be a part of his long term recovery; 4. If Consumer decides to attend GA, counselor will encourage consumer to obtain a GA sponsor.
Treatment Plan Progress Review:

Problems Identified, but Outside Referral Needed
Problem #1:
Consumer is complaining of migraine headaches on a weekly basis.
As evidenced by:
He is verbalizing the complaint.
Referral for Problem:
Referred him to his primary physician to inquire about medication or further testing to find out the cause of the migraines.

Consumer Participated in Development of Treatment Plan:	_____
Staff Participating	Staff Participating
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Sample Progress Notes

Case Management Example:
Progress Note, billable as Case Management- In order to help the consumer gain access to safe housing, the case manager performs the following activity on behalf of him. The case manager assists with exploring available housing options to review with him. The case manager conducts a housing needs assessment with him, develops IICP goals for locating and maintaining housing, and provides supportive housing information.

Crisis Intervention Example:

Scenario- The consumer has been seen by his Endorsed Problem Gambling Treatment Provider for the last two months for Compulsive Gambling, depression, chronic, recurrent. He has missed his last two appointments, which is atypical. His daughter phones the provider and reports that the consumer has refused to eat for the last three days. He says the television is telling him not to eat, as there is poison in the food and he believes someone is trying to kill him. Sam has never before presented symptoms of a thought disorder. The counselor arranges an emergency appointment to assess the consumer's mental status, the new symptoms, and the potential need for hospitalization.

Progress Note, billable as Crisis Intervention- Consumer was seen in my office today from 10-10:43 A.M. for Crisis Intervention. He has been seen at the contracted Problem Gambling service provider office for the last two months for Compulsive Gambling and major depression, chronic, recurrent. Sam has missed his last two appointments which is atypical. He says he's afraid to eat because his food is being poisoned. His thinking was disorganized, and he showed evidence of a thought disorder as described by his daughter. The consumer does not appear to be at imminent risk for harm. The following plan has been put in place and added to his IICP. Arrangements were made for him to see the psychiatrist for medication assessment and to stay with his daughter for the next three days to ensure his safety. The consumer will be seen again for an Individual Counseling appointment in three days.

Intensive Outpatient Treatment Example:
Progress Note, billable as Intensive Outpatient Treatment- Individual participated in Intensive Outpatient Treatment group. The group was comprised of two individuals with Compulsive Gambling and three individuals with substance use disorders. The topic of the group was "Progression of Addiction." The individual was educated on the progression of Pathological Gambling. The four phases of Compulsive Gambling was taught and the individual had to give an example of how she sees herself progressing through the stages. The assorted group members were also educated on the similarities and differences of substance use disorders and Compulsive Gambling. The individual appeared engaged in the group process. She verbalized that she has a better understanding of how her Compulsive Gambling is similar to group members who use alcohol and drugs. Individual stated that to increase her understanding more about Compulsive Gambling and how it is similar to substance use disorders, she plans to attend an open Alcoholics Anonymous meeting with a peer from the group.

Session with a Certified Recovery Specialist Example:
Progress Note, billable as Session with a Certified Recovery Specialist- The consumer verbalized she was bored and restless so she called her recovery coach and asked for her to help her find something to do. The recovery coach met with her to work on her IICP goal to become more active. They brainstormed ideas of what kinds of things she can do when she is bored and restless. She decided she could take a walk around the block, go to the library, or attend a support group meeting. On this date, the recovery coach took a walk with the consumer and developed a plan for her to take a walk each afternoon after lunch to decrease her restlessness. They will meet again in one week to discuss how many walks she took in one week.

Problem Gambling Education Resources

The information here is to help you out as you plan your talks and discussions regarding Problem Gambling. This is not designed as a handout. Use this to guide your work around Problem Gambling.

What is Problem Gambling?

Problem Gambling is gambling behavior that causes disruption in any area of person's life--psychological, physical, social, or vocational.

Generally when you hear the term "Problem Gambling" it can include Pathological or Compulsive Gambling. It refers to any gambling that has had a negative impact the gambler. Problem Gambling is an addiction. It is progressive and can be characterized by increasing preoccupations with gambling, a need to bet more money, increasing frequency of betting, and restlessness or irritability when attempting to stop. The gambler chases his or her losses and there is a loss of control—the gambler continues the gambling behavior in spite of mounting, serious, negative consequences. It is estimated that as much as four (4) percent of all gamblers may develop a gambling problem.

How widespread is Problem Gambling in the United States?

Two million (1%) US adults are estimated to meet criteria for Pathological Gambling in a given year. Another 4-6 million (2-3%) would be considered Problem Gamblers; that is, they do not meet the full diagnostic criteria for Pathological Gambling, but meet one of more of the criteria and are experiencing problems due to their gambling behavior. Research also indicates that most adults who choose to gamble are able to do so responsibly.

How widespread is gambling in the United States?

Approximately 85% of US adults have gambled at least once in their lives; 60% have gambled in the past year. Some form of legalized gambling is available in 48 states plus the District of Columbia. The two states without legalized gambling are Hawaii and Utah.

What types of gambling cause the most Problem Gambling?

Again, the cause of a gambling problem is the individual's inability to control the gambling. Therefore, any type of gambling can become problematic, just as an alcoholic can get drunk on any type of alcohol. But some types of gambling have different characteristics that may exacerbate gambling problems. While these factors are still poorly understood, anecdotal reports indicate that one risk factor may be a fast speed of play. In other words, the faster the wager-to-response time with a game, the more likely players may be to develop problems with a particular game.

We don't have a casino, so why should we focus on Problem Gambling?

Gambling is present in every community in Indiana. Gambling is not just going to a casino and pulling the lever on a slot machine. You can gamble almost anywhere. About 85% of the adult US population has engaged in some form of gambling at least once in their life, with 60% of the population gambling in the last year. Here are just a few types of gambling:

- ❖ Casino gambling
- ❖ Bingo for money
- ❖ Cards for money
- ❖ Pull tabs at bars
- ❖ Lottery tickets
- ❖ Internet gambling sites
- ❖ Betting on sporting events

Some of these are legal and others are not without the proper licenses or certificates.

Any of these forms of gambling can become a problem for someone. It is the thrill of the unknown and the placing of the bet that entices people to enjoy these activities. For some the fun moves toward the need to feel that thrill over and over again. Just like with substance abuse, it can often take more and more of the drug (gambling, placing a bet) for the person to feel the same high. This need for more and more is when gambling moves from fun and recreation to addiction and problems.

How can I tell if gambling is a problem?
You can ask yourself these questions:

- Do you think you are playing too often or too long?
- Do you lose money that you cannot afford to lose?
- Do you lie or hide how much you gamble?
- Do friends or family tell you that your gambling is an issue?
- Do you feel guilty or bad about how much you spend on gambling?
- Do you think just one more bet and all will be better?

If you answer yes to any of these questions, you need to get more facts.

You can call _____ (insert your agency name) or call the confidential, toll-free help line at 1-800-994-8448.

There is no drug or substance being used, so how can the person become addicted?
Problem Gamblers get the same effect from gambling that a person might get from taking a tranquilizer or a drink. Their mood is altered; individuals can feel excitement and happiness. They repeat the gambling behavior over time to get the same effect. As with drugs and alcohol, a tolerance can develop and it takes more and more of the behavior to achieve the same effect. The gambler increasingly craves the feeling that he or she gets from gambling, and as the intensity of the craving grows, the frequency and intensity of the gambling behavior grows.

How much money does one have to bet to be considered a Problem Gambler?
There is no set amount. A multi-million dollar athlete can bet much more than an hourly worker at the gas station. It is not the amount bet, but the impact of the gambling on the person that is the issue.

Is there a typical Problem Gambler?
No, anyone can become a Problem Gambler. Problems occur about equally between men and women. Young adults are as likely as older adults to have a gambling problem. When the gambling interferes with the person's life, it is a problem.

All Problem Gamblers have begun to experience negative impacts on their lives as a result of their gambling.

In Indiana, treatment services are available to those who are considered to have either Problem or Pathological Gambling. At _____ (insert your agency name), we offer services for Problem and Pathological Gambling. There is no income threshold to receive these services. We will provide treatment support no matter how little or how much money you make.

Isn't Problem Gambling really the result of irresponsible or weak-willed people?
No. Many people who develop problems have been viewed as responsible and strong by those who care about them. Precipitating factors often lead to a change in behavior, such as retirement or job-related stress.

Isn't Problem Gambling just a financial problem?
No. Problem Gambling is an emotional problem that has financial consequences. If you pay all of a Problem Gambler's debts, the person will still be a Problem Gambler. The real problem is that they have an uncontrollable obsession with gambling.

Do only certain people become Problem Gamblers?
No. Anyone can develop problems. It is important to be aware of the risks and to always gamble responsibly. When gambling interferes with life, including finances, relationships, and the workplace, a serious problem exists.

Can you be a Problem Gambler if you don't gamble every day?
Yes. It is not how often, but rather whether it causes problems.

Is there a confidential, toll-free number for help?
Yes. 1-800-994-8448 is the number for the Indiana Problem Gambling Help Line.

Sample Problem Gambling Education Program Guide

The following information is available as an online training titled *Problem Gambling 101*. This information addresses a wide audience and is intended to be a basic introduction to Problem Gambling. Please view the training at the following website: www.ipgap.indiana.edu

Welcome

The Indiana Family and Social Services Administration-Division of Mental Health and Addiction have made it possible for all individuals who score a 3 or more on the South Oaks Gambling Screen or South Oaks Gambling Screen-Revised Adolescent to participate in the Compulsive Gambling Education and Awareness Program. We understand that addiction comes in many forms and is most effectively addressed in a holistic manner to make a lasting impact on individuals and their families who suffer.

This may be the first time that you have received education about Compulsive Gambling. You may have suffered in isolation for years wondering why you were unable to stop regardless of financial problems, ruined credit, and lying to family and friends. You may have thought that there was something morally wrong with you because you were unable to quit. Maybe there was even a time in your life when the urge to gamble was just as strong as your urge to use drugs and alcohol.

On the other hand, you may read this material and think about people in your family who had or have a gambling problem. Maybe you are the adult child of a Problem Gambler and you remember all the missed opportunities, worries, and concerns that the addiction placed on your family.

The goal of this handbook, and accompanying lecture, is to educate you about gambling addiction; types/levels of gambling problems; warning signs; relapse causes, conditions and signs; and to give you hope that there is help if you need help.

We want to thank the National Council on Problem Gambling for giving permission to reprint personal stories of recovery which are posted on their website.

If you desire more information on gambling addiction, your counselor will be able to assist you.

Information/Definitions

At times, it is confusing to define what constitutes Compulsive Gambling since many terms have been used to describe this behavior. These include “Pathological,” “Compulsive,” “Excessive,” “Addictive,” and “Problem” Gambling. For the purposes of this document the term “Compulsive Gambling” will be utilized, since this language is used in the Indiana statue as it relates to providing gambling treatment services.

Gambling Facts 101

- 85% of US adults have gambled at least once in their life; 60% in the last year.
- Compulsive Gambling affects almost 5 million Americans.
- Indiana has 13 casinos, 2 Racinos, Off-Track Betting (OTB) venues, charitable gaming, pull tabs, and thousands of lottery outlets.
- 2-3% of the US population will have a gambling problem in any given year.
- Compulsive Gambling among people with substance use disorders is at a minimum 4-5% higher than in the general population.
- Problem Gamblers can be any age, sex, or race and can be from any background.

What is Gambling?

You are gambling whenever you take the chance of losing money or belongings, and when winning or losing is decided mostly by chance. There are many different ways to gamble, including:

- Casino games
- Bingo
- Keno
- Slot machines
- Lottery tickets
- Scratch or pull-tab tickets
- Betting on card games or dominoes
- Betting on sports, such as NCAA, NFL, or horse racing
- Betting on games of skill, such as golf or pool
- Internet gambling
- Stock market speculation, day trading

Upon entering treatment you were given a test called the South Oaks Gambling Screen (SOGS). Ask the staff to tell you how you scored. Circle which applies to you:

No Problem Some Problem Problem Gambler Pathological Gambler

History of Gambling in Indiana

Information in this section is used with the permission of the Indiana Council on Problem Gambling. This information is available at: www.indianaproblemgambling.org

Hoosier Lottery

The Hoosier Lottery is operated by the State of Indiana. On November 8, 1988, Indiana voters approved a lottery referendum by 62 percent. On May 3, 1989, the Indiana General Assembly ratified the Lottery Act, and a week later the governor signed the Lottery Act into law. In June 1989 a Lottery director was appointed, and in July the Lottery Commission was appointed. On October 13, 1989, instant, or scratch-off, ticket sales began at 12:10 P.M. More information on the Hoosier Lottery is available at: www.hoosierlottery.com

Horse Tracks

Indiana has two horse racing tracks, Hoosier Park and Indiana Downs. Hoosier Park Racing and Casino in Anderson opened its horse track on September 1, 1994, and the Indiana Downs horse track in Shelbyville opened on December 6, 2002. Regulation and oversight of horse racing in Indiana is the responsibility of the Indiana Horse Racing Commission. www.in.gov/ihrc

Off-Track Horse Betting Parlors

Off-track horse betting parlors are located in five Indiana cities. Those in Fort Wayne, Indianapolis, and Merrillville opened in 1995 and are operated by Churchill Downs, which also owns Hoosier Park Racing and Casino. Indiana Downs operates two off-track betting facilities located in Evansville (2003) and Clarksville (2004). Regulation and oversight of these sites is the responsibility of the Indiana Horse Racing Commission. www.in.gov/ihrc

Casino Gaming

The Indiana Riverboat Gaming Act was passed on July 1, 1993, allowing riverboat gaming in Indiana. This legislation allowed for ten riverboats. The first of these ten casinos opened in 1995. In 2004, legislation was enacted that allowed a riverboat in French Lick. Regulation and oversight of casino gaming is the responsibility of the Indiana Gaming Commission. A list of other riverboat casinos in Indiana and additional information is available at: www.in.gov/igc

Charitable Gaming

Charity gaming is allowed in Indiana, but only by specific types of organizations. It is defined by 68 IAC 21. A bona fide religious, educational, senior citizen, veterans, or civic organization operating in Indiana that: operates without profit to the organization's members; is exempt from taxation under Section 501 of the Internal Revenue Code; and has been continuously in existence in Indiana for at least five (5) years or a bona fide political organization operating in Indiana that produces exempt function income (as defined in Section 527 of the Internal Revenue Code) can provide charity gaming in the form of bingo games, raffles, door prizes, pull-tabs, punchboards, tip boards, charity game nights, festivals, and special bingo events. A bingo event, raffles, door prize events, charity game nights, festivals, water race events, guessing game events, sale of pull-tabs, punchboards, tip boards, and any other game of chance conducted as a fundraising activity of a qualified organization and approved by the commission. The purchase of Hoosier Lottery pull-tabs by the qualified organization is only permitted if the qualified organization is licensed by the state lottery commission to sell the items. Approval from the Indiana Gaming Commission is required unless the total value of all prizes awarded at the event (including the sale of pull-tabs, punchboards, and tip boards sold at the event) is not more than $1,000 for a single event and not more than $3,000 total for all non-licensed events during a calendar year. A qualified organization may not conduct more than six (6) charity game night single events each calendar year. Regulation and oversight of charitable gaming was the responsibility of the Indiana Department of Revenue prior to July 1, 2006, at which time 2006 legislation transferred responsibility to the Indiana Gaming Commission. www.in.gov/igc/2339.htm

http://www.in.gov/legislative/iac/20130327-IR-068130129ERA.xml.pdf

Racinos

In 2007, the Indiana Legislature passed legislation allowing 2,000 slot machines at each of the two horse racing tracks. This brought casino-like gaming to Central Indiana at both the Anderson and Shelbyville race tracks.

Illegal Gaming in Indiana

Internet gambling, book-making, card games for money, dog fighting, and numbers games are several types of illegal gaming that can be found in Indiana. In addition, Video Poker/Cherry Master machines are in widespread use throughout the State. These illegal machines can be found in bars, private clubs and truck stops and number in the thousands. Pea Shake, a numbers game, can be found in some communities in pea shake parlors.

Other High-Risk Gambling Activities

Individuals often engage in other activities that have the same pathology as gambling but are not generally recognized as gambling, such as stock and commodity trading.

Child Support Intercepts

On March 17, 2010, Governor Daniels signed Senate Enrolled Act 163 into law. This law, among other things, contains a requirement that casinos withhold delinquent child support from the casino winnings of child support obligators whenever the obligator's winnings generate a W-2G and the obligator's delinquency exceeds $2,000. The law stating this requirement is IC 4-35-4-16.

Minimum Age Requirements

The minimum age to participate in the Hoosier Lottery, pari-mutuel betting (betting in a pool), and charity gaming in Indiana is 18 years old. The minimum age to participate in casino gambling is 21 years old.

Help Lines and Referrals

DMHA supports a confidential, toll-free help line for people seeking information and/or resources about Problem Gambling for themselves or others. The Indiana Problem Gambling Help Line is operated twenty-four (24) hours a day, three hundred sixty-five (365) days a year. The hotline is linked to the national toll-free number of the National Council on Problem Gambling's help line, so when Indiana callers phone this line, they are automatically connected to the Indiana Problem Gambling Help Line.

Indiana Problem Gambling Help Line: 1-800-994-8448 (1-800-9-WITHIT)
National Council on Problem Gambling Help Line: 1-800-552-4700

There are multiple languages available upon request for help line callers. Information regarding the Indiana help line, lottery sales, and other annual reports is available at: www.indianaproblemgambling.org/reports.cfm

Social Gamblers

- Losing is no big deal
- Gambling doesn't disrupt their life
- Social Gamblers usually gamble with others
- They can take it or leave it
- Gambling is harmless fun

Problem Gamblers

- Exceeds limits (time and money)
- Losing causes financial problems
- Affects relationships, work or your mood
- Hiding the amount of gambling and losses
- Constantly thinking about gambling
- Gambling to win back previous losses
- Borrowing money for gambling
- Gambling until all your money is gone
- Feeling ashamed about your gambling
- Desperation: thoughts like "I deserve a win" or "I need a win."

Pathological Gambling

Pathological Gambling is defined in the DSM-IV (American Psychiatric Association, 2000). It is listed as 312.31 Pathological Gambling in the manual with the following criteria:

The individual has experienced significant impairment in five (5) of the following areas during the course of the previous twelve (12) months:

a. Is preoccupied with gambling;
b. Needs to gamble with increasing amounts of money in order to achieve the desired excitement;
c. Has repeated unsuccessful efforts to control, cut back, or stop gambling;
d. Is restless or irritable when attempting to cut down or stop gambling;
e. Gambles as a way to escape a problem or to relieve a dysphonic mood;
f. After losing money gambling, often returns another day to get even;
g. Lies to family members, therapist, or others to conceal the extent of involvement of gambling;
h. Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling;
i. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling;

j. Relies on others to provide money to relieve a desperate financial situation caused by gambling.

It is important to note that only Pathological Gambling is addressed in the DSM-IV. While various terms for Problem Gambling are used interchangeably and have many of same warning signs and symptoms (Compulsive Gambling, Pathological, etc), the symptoms are more pronounced in Pathological Gamblers. However, an individual may still have a gambling problem even if they don't meet all the DSM-IV criteria for Pathological Gambling.

Type of Gambler: Action

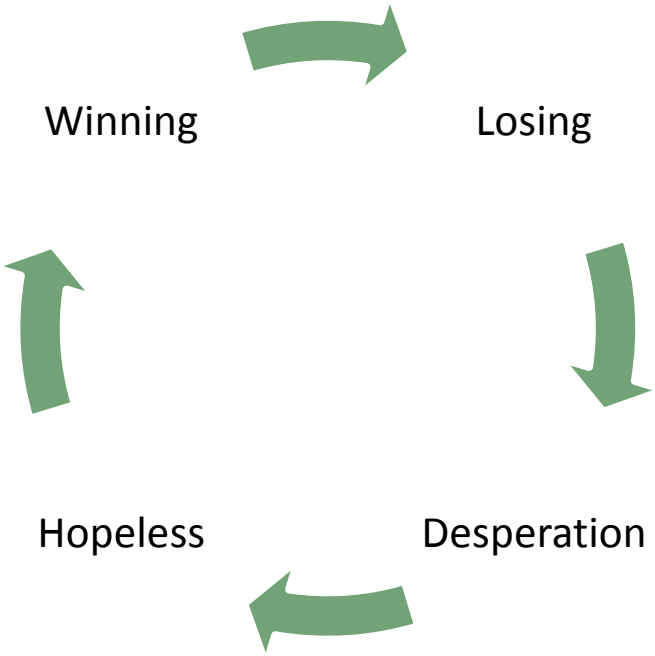
- Domineering
- Controlling
- Large Ego
- Prefers games of skill such as poker
- Legal and illegal sport venues
- Competitive- gambles to beat others and the house

Type of Gambler: Escape

- Gambles for recreation: "I want to do something fun to forget my problems."
- Seeks relief from emotional/psychological pain
- Plays games of chance/luck
- Winning has a narcotic-like component, numbing them from problems/pressures
- Playing the slot machines is an example of Escape Gambling.

Compulsive Gambling Cycle of Addiction

Robert L. Custer, MD



Progression of Pathological Gambling

Gambling addiction progressively gets worse. There is an increase in betting, lying, desperation, shame, and guilt about the gambling behavior.

There are four phases of Compulsive/Pathological Gambling:

1. **Winning Phase** -- Initial Big Win -- Feels Great!
   Example: Frequent gains, going often, gambling more, and feeling great -- "I am somebody," upping the ante, gambling alone

2. **Losing Phase** -- Losses are chased with increased gambling until a major problem occurs which is temporarily resolved by a financial bailout, followed by a higher level of gambling and increased crises
   Example: Extended losses, lying, spending less time with loved ones or at work, and irritable, restless, discontent, isolating, borrowing money, unhappy in personal life, funding tight or non-existent

3. **Desperation Phase** --The gambler further withdraws from family and work responsibilities into gambling, often resulting in criminal and suicidal behavior. Help may or may not be sought.
   Example: Bailouts, increased time thinking, planning, gambling, sorrowful, nervous about what will happen, people are starting to catch on about not paying back debts, increased lying

4. **Hopelessness Phase** -- Gamblers who no longer care and continue to gamble without hope of winning
   Example: Suicidal, criminal activity, legal problems, withdrawal, emotionally, and physically falling apart

How Do Substance Use Disorders Compare to Compulsive Gambling?

The rate of co-occurrence of Compulsive/Pathological Gambling among people with substance abuse disorders has been reported as ranging from 9-30% (*TIP 42,* SAMHSA, 2008). Among Compulsive/Pathological Gamblers, alcohol has been found to be the most common substance (*TIP 42,* SAMHSA, 2008).

Similarities

- Progressive in nature
- Characterized by a loss of control
- Pre-occupation
- Irrational thinking
- Continue despite negative consequences
- Craving -- action/high feeling/rush
- Develop tolerance
- Twelve Step support is available for individual and family
- Individual, group, and Family Counseling is available
- Denial is a trademark of the illness; the person spends a great deal of time thinking that they DO NOT have a problem
- Recovery is possible

Differences

- Harder to diagnose the Compulsive Gambler
- It can take years to develop a gambling problem, unlike addiction to chemicals which can occur in a very short period of time
- Fewer 12 step Gamblers Anonymous (GA) meetings are available around the state than Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)
- Cannot overdose
- Cannot use a drug screen to detect "active" addiction
- Financial devastation is often greater
- Financial management and rebuilding is a significant component of recovery

Compulsive Gambling Impacts Individuals with Mental Health and Substance Use Disorders

The following rates are from a 2001-2002 study of 43,093 US adults participating in face-to-face interviews (Petry, Stinson & Grant, 2005). Out of the participants meeting DSM-IV criteria for Pathological Gambling:

- 73.2% had an alcohol use disorder
- 38.1% had a drug use disorder
- 60.4% had nicotine dependence
- 49.6% had a mood disorder
- 41.3% had an anxiety disorder
- 60.8% had a personality disorder

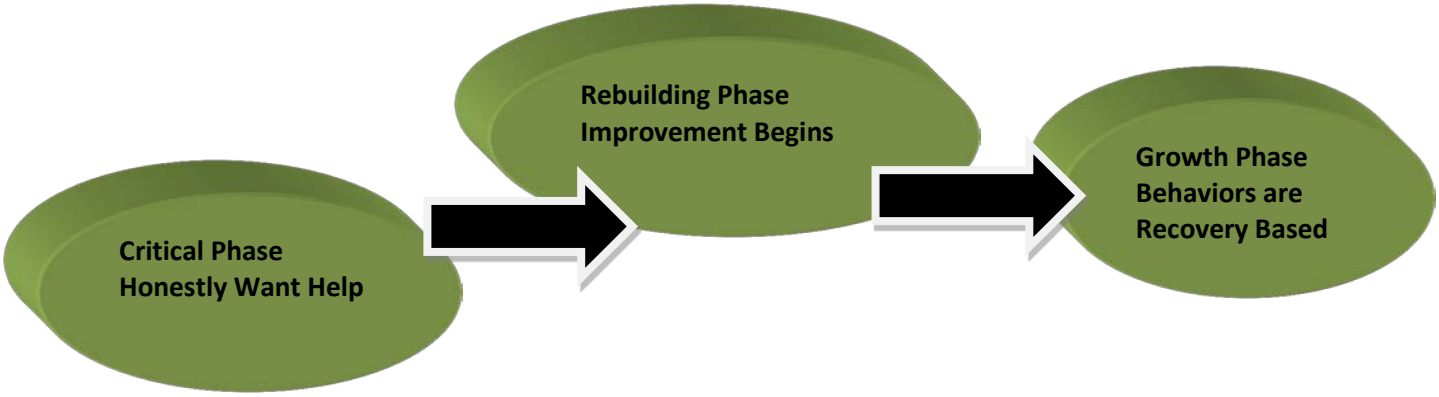
Phases of Recovery

Robert L. Custer, MD

Critical Phase -- Honest desire for help, realistic/stops gambling, responsible thinking, spiritual needs, decision-making improved

Rebuilding Phase -- Improved relationships, new interests, begins to develop a restitution plan, accepts situation, and develops recovery goals, working on resolving legal issues

Growth Phase -- More time with family/friends, more relaxed, not as irritated/anxious, preoccupation with gambling decreases, engaging in new behaviors in line with recovery



Consequences of Compulsive Gambling

- Job Loss
- Employment write up
- Divorce
- Breakup
- Family will no longer speak to you
- Loss of friendships

- Financial devastation
- Bankruptcy
- Breaking promises to the people you care about
- Owing money that you cannot pay back
- Breaking the law
- Criminal charges
- Loss of Freedom

1. Have you experienced any consequences as a result of your gambling?
   Yes No

2. What has your gambling cost you?
   _____
   _____
   _____

3. Would you like additional reading material on Compulsive Gambling and Recovery?
   Yes No

If you circled yes, please see your counselor for more information.

Irrational Thoughts

Superstitious thoughts are an example of cognitive distortions, or irrational thoughts. For example, just because you have a rabbit's foot or horseshoe does not mean that you have instant "luck."

There is usually no evidence that there is any such thing as luck. Trying to influence luck with a lucky shirt, socks, pants, jewelry, and so on is superstitious behavior.

We cannot change the odds of winning the lottery or bingo or cards by wishing for luck with a four leaf clover or other types of beliefs.

Some of our irrational thoughts have come to us from parents, family, and friends. Some we learn from TV and movies.

Examples of Irrational Thoughts:

1. Gambling is an important human activity.
2. Gambling is an easy way to earn money.
3. Those who do not gamble are stupid, afraid, or slow.
4. I can win the money back I lost, no problem.
5. I am smart, and I have a system that never fails.
6. People respect a heavy better.
7. Borrowing to gamble is okay.
8. I always win in the long run.

Did you ever have any of these thoughts?
Yes No

Real Odds	
Winning one million dollars by playing the lottery	1 in 14,000,000 to 1 in 88 million
Being killed in a car accident	1 in 53,000
Choking to death	1 in 68,000
Being struck by lightning	1 in 2,000,000
Winning the daily lottery -- 4 digit	1 in 10,000

Relapse Definitions

Relapse is defined in the *Merriam-Webster Dictionary* as "The act or instance of backsliding, worsening or subsiding," or "a recurrence of symptoms of a disease after a period of improvement." In simple terms, relapse is when a person slips back into old behaviors. In the case of Problem Gambling, relapsing would mean slipping back into unhealthy behaviors that could lead to gambling because your addiction will trick you into thinking that gambling will make you feel better.

Relapse is usually caused by a combination of factors. Some possible factors and warning signs might be:

- Money, not enough or too much
- Testing personal controls
- Hanging around old gambling haunts- slippery places
- Isolation – not attending GA meetings – not using the telephone for support
- Obsessive thinking about gambling
- Failing to disclose to a friend in recovery that you quit therapy, or you are skipping appointments
- Feeling overconfident –that you no longer need help
- Relationship difficulties – ongoing serious conflicts – a spouse who still engages in unhealthy behavior
- Setting unrealistic goals – perfectionism – being too hard on yourself
- Changes in eating and sleeping patterns, personal hygiene, or energy levels
- Feeling overwhelmed – confused – useless – stressed out
- Constant boredom – irritability – lack of routine and structure in life
- Dwelling on resentments and past hurts – anger – unresolved conflicts
- Avoidance – refusing to deal with personal issues and other problems of daily living
- Engaging in obsessive behaviors – workaholism – drinking/drugging – sexual excess and acting out
- Major life changes – loss – grief – trauma – painful emotions
- Untreated psychiatric/medical issues
- Ignoring relapse warning signs, causes and conditions

We are sure that you have already noticed that gambling warning signs are similar to the ones that you learned about in treatment as it relates to your substance use disorder. Are you making the connection? Compulsive/Pathological Gambling is just like any other addiction.

Relapse Prevention

Relapse prevention includes steps that you can put into place to protect yourself from lapsing into old behaviors.

- Go to GA meetings
- Read GA literature
- Get a GA sponsor(s)
- Work the Twelve Steps
- Help a new person in GA
- Increase social support
- Financial accountability
- Address mental health and medical needs appropriately
- Learn new hobbies/develop interests
- Increase spirituality
- Learn new problem solving/coping skills
- Follow your treatment plan
- Develop friendships with people in GA and other non-gamblers that you like
- Learn to ask for help
- Monitor gambling thoughts, urges, and cravings
- Journal your thoughts and share them with a trusted friend, counselor, and/or sponsor
- Invite those that are close to you to tell you their concerns about your behavior, attitude, and personality changes
- Acknowledge that you cannot control your gambling and ask for help
- Accept help
- Get honest with yourself and others
- Recognize character defects as risk factors
- Make amends to decrease guilt, shame, and anger as risk factors
- Keep making amends

What Is a Craving?

A craving is a strong desire or thought to do something. You can feel excitement, you are in the moment and you want to act now. A craving is associated with an overwhelming, positive, and reinforcing feeling.

Cravings typically last 2-3 minutes. They are a normal feeling in recovery, and if a craving is not reinforced it will decrease over time. When you have a craving to gamble, talk to a trusted friend or journal about the craving so you can gain insight into causes and conditions that may be associated with it. Attend a GA meeting or counseling appointment and discuss it with someone.

Quick ways to squash craving can include: playing the thought all the way through to the negative consequences; recalling the positive benefits of recovery; recalling moments of clarity and motivation for recovery; and stabilizing your thoughts by talking to another person in GA who understands your gambling addiction.

I Relapsed -- Now What?

- Tell someone.
- Seek the support of your GA sponsor, friend, spouse, and/or significant other.
- Take responsibility without blaming or shaming others.
- Review your original plan -- what were the gaps?
- What worked/what did not work?
- What needs to be increased/changed -- social support, counseling, meeting attendance, improved coping skills, NOT skipping or skimping a step.
- Do not get discouraged -- this is a chronic, reoccurring disorder, but it is manageable with help.

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Real Voice #1

Dear Booze and Gambling,

Because I've sought out a higher power, greater than either of you or that of myself, I must tell you that we have split the sheets! No longer can I lie there sandwiched between such addicting illnesses. At one time it was great to have you both in my bed of life. What one of you wouldn't do, the other would. Believe me when I say that I enjoyed all the pleasures you gave me.

However, the pleasures came with a price. That price I will pay for the rest of my life. You both kept me from marriage and having a family. My health is much poorer; my money is all but gone. You have wasted 35 years of my life, because you gave me some thrills and highs.

Now I must go on, not by myself but with my higher power and a hope of happiness.

So long, I can't say it was good to know you, and I hope we don't meet again.

P.S. I'm spreading the word about you!

Real Voice #2

Greetings,

I'm a compulsive gambler. I've been in the Las Vegas Gambler's Anonymous program since 1992. I've gone out there countless times to try to prove I can gamble like others. I am currently living my program, and am very happy.
I am also a songwriter. I've had songs on the radio, and on CD releases by artists. I have a song I wrote about gambling, called "I Agree." I wrote this song while in the fog of gambling, and it has many deep feelings in it. I believe this song can help other compulsive gamblers.
Lyrics

I WAS BORN A GAMBLING MAN, BUT ALWAYS HOLDING THAT LOSING HAND.
LADY LUCK DON'T SMILE ON ME, AND MY BEST FRIEND IS MISERY.
I'M AFRAID YOU'LL WALK AWAY, WHILE I'M SATISFYING MY GAMBLING CRAZE.
I DON'T WANT TO SEE THE PROOF, OF THE TOLL THIS LIFESTYLE TAKES ON YOU.
ALWAYS HIDING FROM THE TRUTH

CHORUS:
I'M A GAMBLING MAN, ROLL THAT DICE,
SUCH A FOOLISH MAN, IF I ASKED YOUR ADVICE,
YOU'D SAY, SOMEDAY, IT'LL BE THE DEATH OF ME.
I AGREE, OH, I AGREE.

BRIDGE:
JUST ONE MORE CHANCE AND I PROMISE, GIRL THESE DAYS ARE THROUGH,
I WOULD NEVER EVER CHOOSE THEM, OVER YOU, OVER YOU.

NO SIGN OF YOU WHEN I GOT HOME, I BET YOU WAITED UP 'TILL DAWN.
PACKED YOUR BAGS AND LEFT BY NINE, YOU NEVER EVEN SAID GOODBYE;
I BET I KNOW THE REASON WHY.

CHORUS
.....I AGREE, OH, I AGREE, I AGREE, OH, I AGREE, YEAH, I AGREE.

Real Voice #3

ON GAMBLERS

G amblers always are trying new ways to make a bet
A nd then end up getting themselves deeper into debt
M oney is not there when needed to put food on the table
B ecause they throw it away as soon as they're able
L ook how often this tragic habit affects their health
E ver they constantly strive to create easy wealth
R eally, all that they accomplish is to lose their wives
S urely, there must be a way out that will save their lives.

Real Voice #4

Dear NCPG,

Hi, I'm 12 years old and have three sisters. And well my dad is addicted to gambling. My mom and dad have been fighting ever since he started his problem which is about three years ago and now it scares me to think that they might get a divorce. Well finally after talking everything out my dad has agreed to find some help so I decided to help them find some help. So that's why I decided to ask you for some help If you could take some time to help our family from falling apart and go back to being the happy family it used to be it would mean a lot to me. Thank you.

Take a moment to reflect on what your Real Voice would say…

Write a letter, poem, or song to describe how gambling has negatively impacted your life.

Forms

All billing information for Problem Gambling Treatment Resource Network (PGTRN) clients is captured in the Web Infrastructure for Treatment Services (WITS) System. Each person at a DMHA Contracted Gambling Provider who will be using WITS needs a unique user name, password, and pin to enter data into the system. Please provide the full name (first and last name), email address and phone number for each staff person at your agency who will be using WITS. This form should also be used to change or remove an individual's access to WITS.

This form should be signed by your agency's senior manager for gambling efforts at your agency.

When complete, the form should be emailed to Larry Long at John.Long@fssa.IN.gov. Please contact Larry if you have questions about how to complete this form.

Organization name:

_____

Name of organization's senior manager for PGTRN: _____

____ Add Access **____ Change Access** **____ Remove Access**

Name of Person/s Needing Access to WITS:

Work Phone with Extension: _____

Other Phone (if available): _____

Email Address: _____

Facilities Where Working: _____

Manager: _____

WITS Permissions (select one or multiple):

____ Data Entry **____ Release to Billing** **____ Read-Only** **____ Rendering Staff/No Access**

Please send your completed WITS Staff access form to:

Larry Long
Program Director - Gambling Treatment, Co-occurring Disorders & Forensic Projects
Division of Mental Health & Addiction
Indiana Family & Social Service Administration
402 W. Washington St., Room W353
Indianapolis, IN 46204
(317) 232-7891
John.Long@fssa.IN.gov

Financial Counseling Refusal Form

If you offer Financial Counseling and it is refused, the client needs to sign a refusal form. The following is a sample of the type of form you may use.

Date: _____

Client: _____

Counselor: _____

Financial Counseling is a key component to Compulsive Gambling treatment. Financial Counseling will provide you with skills and tools to regain financial freedom, assist you in making a budget, and help establish a debt repayment plan.

I, _____ have been offered Financial Counseling. Against the advice of my counselor, I am refusing the counseling. I understand that I can receive Financial Counseling at any time during my treatment if I so choose.

Signature: _____ Date: _____

Indiana Problem Gambling Treatment Additional Services Authorization Request Form

Indiana Problem Gambling Treatment
Additional Services Authorization
Request Form

Date: _____ Requesting Provider: _____

_____

Service Location: _____

_____

Contact Person: _____

Phone: _____

Client Number: _____

Justification for Additional Services:

_____

_____

_____

_____

_____

Anticipated Services

_____

_____

_____

_____

_____

DMHA ACTION:

Email form to:
Larry Long
Program Director – Gambling Treatment, Co-occurring Disorders & Forensic Projects
Division of Mental Health & Addiction
Indiana Family & Social Service Administration
402 W. Washington St., Room W353
Indianapolis, IN 46204
John.Long@fssa.IN.gov