



The Indiana Family and Social Services Administration- Division of Mental Health and Addiction

Gambling Interventions:

Integrating Problem Gambling Treatment into the Existing Infrastructure of Substance Use Disorders and Mental Health Services Framework





Presentation Outline

- Innovation in the Delivery of Treatment
 - Change Catapult
 - The Paradigm Shift
 - Problem Gambling Transformation Process





Innovation in the Delivery of Treatment

Change Catapult





Low Enrollment Numbers

- DMHA has been responsible for funding gambling treatment services since 1997
 - <3,000 people had been enrolled in problem gambling treatment
 - We know that 2-3% of the population has a gambling problem
 - Problem gambling increases by 1-5% for forensic populations
 - Problem gambling among individuals with substance use disorders is 4-5% higher

– SAMHSA, Indiana Council on Problem Gambling,





Low Enrollment Numbers Cont...

- Enrollment numbers did not match the Voluntary Exclusion Program (VEP)
 - VEP 1,119 Indiana Residents enrolled as of June 30, 2009
- Enrollments did not match hotline calls
 - Hotline calls specific to problem gambling approximately 75 a month (900 a year)





Inconsistent Screening

- Screening for problem gambling was not consistent
 - Providers mandated to screen for co-occurring disorders in their contracts but not held accountable
 - DMHA technology did not fully support enrollment for consumers with a co-occurring disorder
 - Screening tool inconsistency





Service & Payment System Inadequacy's

- Treatment for problem gamblers was not consumer driven or recovery focused
 - Screening and enrollment was the only services required
- Community partners including the criminal justice system was not engaged in treatment for problem gamblers
- The Indiana payment system did not Promote ongoing treatment or follow-up
 - \$2,204 per client
 - Income eligibility restrictions





Innovation in the Delivery of Treatment

The Paradigm Shift





Elicited Consumer, Provider, and Community Input

- Brief Overview of the Problem Gambling Workgroup:
 - Convened in the spring of 2008
 - Charged with developing a list of recommendations to be presented to the DMHA Executive Leadership
 - Comprised of providers, consumers, advocacy group, DMHA, community members, and gaming industry representatives
 - Analyzed enrollment and hotline data
 - Completed recommendations
 - Added two workgroup members to the Addiction Advisory Board





Education/ Awareness

- Facilitated and/or Presented at over a 100 times in the last 24 months
- Message was about gambling in Indiana, problem gambling, resources, hope/ recovery is possible, importance of screening and referring to treatment
- ***Over 5,000 people heard our message***





Leveraged Leadership Support

- Meetings, meetings, and more meetings
 - Director
 - Deputy Directors
 - Assistant Deputies
 - Director of Finance
- Reported the success of Access to Recovery (ATR) Fee for Service System
- Integrated problem gambling screening into ATR
- Demonstrated increased numbers of individual scoring a 3 or more on the SOGS identified through ATR





Building a Framework for Change

- Began to analyze what clinical and recovery services are critical to assisting the problem gambler
 - Looked at Indiana statute, current provider contracts and problem gambling special conditions
 - Reviewed all the recommendations of the problem gambling workgroup
 - Reviewed ATR and Medicaid Rehabilitation Option reimbursement rates
 - Estimated the cost of services for a problem gambler in treatment and advocated for an increase for reimbursement per person.





The Results: Full Continuum of Care that is Client Centered

- Individualized treatment planning
- 24 hour crisis intervention
- **Case management**
- Intensive outpatient
- Counseling and treatment
- **Acute stabilization/ Detox**
- Residential treatment
- Day Treatment
- Medication Eval and Monitoring
- Psychiatric Consultation
- **Financial Counseling**
- **Transportation**
- **Education Class**
- Intake (South Oaks Gambling Screen & Enrollment)





Engagement of Endorsed Providers

- Mandatory phone conferences
- Distributed minutes from conferences via e-mail
- E-mail blasts regarding upcoming changes and Web Infrastructure for Treatment Services (WITS) Training
- The ability to bill for problem gambling treatment services after July 1, 2010 was contingent on completion of WITS training
- Educated providers on the prevalence of problem gambling





Streamlined the Screening Process

- Special Conditions state that all endorsed problem gambling providers are required to use the South Oaks Gambling Screen
- All Providers regardless of endorsement status are required to screen for problem gambling and refer to an endorsed provider
- Educated providers on the importance of screening for co-occurring disorders
- Educated providers that DMHA technology is capable of tracking an individual who has a co-occurring disorder





The Creation of the Indiana Problem Gambling Treatment Resource Network

- Collaborated with the Indiana Problem Gambling Awareness Program
- Created a resource manual which contained:
 - Background on gambling in Indiana
 - Special Conditions/ Definitions for Reimbursement
 - WITS Billing and Entry
 - Education and Outreach
 - Training/ Certification
 - Contacts and DMHA Updates
 - Additional Resources





Connecting the Dots...

- Created a brochure to support the fee for service changes
- Support boxes were mailed to all the Endorsed Providers containing a hard copy of the manual, brochures, educational manual, and videos and other resources





Innovation in the Delivery of Treatment

Problem Gambling Transformation Process





Current Initiatives

- 28 Endorsed Providers in the state
 - Endorsed Providers are advertised on the website and linked to the National Council on Problem Gambling, Indiana Council on Problem Gambling, & The Indiana Problem Gambling Awareness Program
 - Connected to the Hotline
 - Small scale Billboard Campaign
 - Features the hotline #





Current Initiatives Cont...

- Free training
 - More than a 100 professionals have been trained
- Free clinical supervision calls
- Annual Conference in partnership with the Mid-Central Alliance on Problem Gambling
 - Provided 30 scholarships to providers SFY 2010
- Free annual training to highlight Problem Gambling Awareness Week





Criminal Justice Partnerships

Indiana Department of Corrections 9 TC's

- Total number of offenders- 1,728
 - No Problem- 57.8% (997 offenders)
 - Some Problem- 18.9% (326 offenders)
 - Problem Gamblers- 7.3% (127 offenders)
 - Pathological Gamblers- 9.9% (171 offenders)





Criminal Justice Partnerships

- Problem
 - Marion-22
 - Allen- 12
 - Dubois, Lake, and Madison- 5
- Pathological
 - Marion- 54
 - Elkhart-18
 - Lake- 17
 - Allen- 13
 - Vanderburgh- 12





Developing New Relationships

- Contract with criminal justice agencies through the Indiana Prevention Resource Center to screen for problem gambling and refer to endorsed provider
 - Monroe, Shelby, Allen, and Warrick
 - Marion and Vanderburgh are in process
 - To new to report outcomes





Embracing New Partners

- Access to Recovery- Recovery Consultants are screening for problem Gambling and Making referrals to endorsed providers
 - Marion, Lake, Allen, Vanderburgh, Elkhart, St. Joseph and Vigo
 - 4,093 individuals screened since January 2010
 - 434 scored a 3 or more on the SOGS (10.6%)
 - » 62 referred to treatment, 4 followed through





Nothing is ever achieved without Enthusiasm

-Ralph Waldo Emerson





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