

SRS Stakeholder Workgroup Meeting on Problem Gambling Services

June 4th, 2008; Topeka, Kansas

Workgroup A Transcribed Flip Chart Notes

Meeting Purpose: To gather vital information from stakeholders which will be used to develop a comprehensive plan to address problem gambling in Kansas.

Crisis Intervention/ Helpline Services

Assignment:)

issues with the model addressing the following questions:

1. Determine your goals for crisis intervention services:	
Group A	Group B
<p>a. Where and how will crisis intervention services be provided? 24/7 access = critical Crisis as defined by: Individuals and</p> <p>Within casino Employed by whom? = Staff Casino?.</p> <p>More than one counselor on site Critical need of effective training Selfexclusion & follow up intervention opportunities Significant impact on workforce development training, etc.</p> <p>h</p> <p>Outside casino -</p> <ul style="list-style-type: none"> • tele-video* With updated <p>person)</p> <p>*Concern about rural & remote area possibilities to address</p> <p>h</p> <p>*Marketing can have impact</p> <ul style="list-style-type: none"> • Directory • Mental Health Centers expanded • Existing providers some have problem gambling screens now • Build on addiction services 	<p>a. Where and how will crisis intervention services be provided?</p> <p><u>Where:</u></p> <p>Casinos, Social service, Services that include adolescents, colleges, correctional</p> <p><u>How:</u></p> <p>Provide staff training, do training amongst any social services, broaden the casino base to add counselors on site (problem gambling centers in casinos) and place firm credit cards, or overriding checks.)</p> <p>Find dedicated staff to be responsible</p> <p>8 #</p> <p>school counselors, MH agencies, Retirement Home, CFS, First Responders, post secondary</p> <p>o #</p> <p>all service professionals.</p>

<ul style="list-style-type: none"> • RADACS & mobile assessments • Telephone <p>b. What criteria would you use to measure the success of your efforts?</p> <ul style="list-style-type: none"> • Treatment admissions • 2-3 treatment follow-ups (from engaging follow) • Different numbers to access different intervention track these (e.g. phone logs) have some existing defining data • From existing Mental Health measures: Numbers of hospital admissions; emergency room admissions; Quarterly surveys with stakeholders (courts, casinos, police); Client self reports <p>c. What infrastructure development needs to take place?</p> <ul style="list-style-type: none"> • Dedicated team through training get more people to help/professional services they need • Accountability aspect of structure for -probably/possibly not separate from • Statewide central repository for data (working with HIPPA) • Hierarchy & funding in overseeing whole thing (e.g. e.g. tele 	<p>b. What criteria would you use to measure success of your efforts?</p> <p>No waiting list, statics, # of providers</p> <p>c. What infrastructure development need to take place?</p> <p>Need an infrastructure for gambling problem but need to help those working with the Want everyone to get on the same page have reasonable screening. Need assessment tools and approaches to be universal.</p>
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2. Determine your roles and goals for the helpline services:	
Group A	Group B
<p>a. What resources and services should be offered?</p> <ul style="list-style-type: none"> • Triage • Clearinghouse • Send out workbook • o • Computer generated assessments • U = # h <p>gambling problems occurring in some places now with other addictions</p>	<p>a. What resources and services should be offered?</p> <p>Have trained staff answer the phone, do intervention, do a risk assessment and assess the safety of the caller, determine needs and resources needed, accept referrals utilize a data base for providers to have into the customers calling, provide resources for the family members and friends, use Practices.</p>

<ul style="list-style-type: none"> • What does the customer want in this scenario (e.g. do they want written material coming to their home the importance of asking) • Pattern after inside hot line? • ‡ • Large enough phone bank to accommodate • Challenge & criticality of keeping direct current! <p>b. Does the line and staff need to be problem gambling dedicated?</p> <ul style="list-style-type: none"> • A specific phone number, etc. should be - initial number, then roll to different, more specific one • (Often) co-occurring issues (e.g. alcohol mental health, other addictions)..could specialization • May want to consider contracting with entities that provide different • May be tracking issues with the above described approach <p>c. What are the minimum qualifications, training, skills, and competencies needed helpline staff to perform the services you envision? <i>Addressed in answers to previous questions</i></p> <p>d. How will you measure the performance helpline services? <i>Partially addressed in answers to previous questions</i></p> <p>e. How will you market helpline services?</p> <ul style="list-style-type: none"> • Go where gamblers go convenience • Match versus tagging with casino promotion • # well as going out of the casinos • Those who gamble at home • Reach impaired professionals into 	<p>Have it State and administered; connect to additional state services and have include other additional addictions.</p> <p>b. Does the line and staff need to be problem gambling dedicated?</p> <p>The Helpline should be designed to let the caller know that someone cares.</p> <p>c. What are minimum qualifications, training, skills, and competencies are needed from helpline staff to perform the services you envision?</p> <p>Provide training for staff and do cross training caring attitude</p> <p>d. How will you measure the performance of helpline services?</p> <p>e. How will you market helpline services?</p> <p>If it well funded and marketed the number calls will increase.</p> <p>Let the professionals do the marketing in collaboration with GA. Use one single message, but deliver it differently to your audience; check with marketing firm to regulate advertisement.</p>
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<p>their systems</p> <ul style="list-style-type: none"> • Statewide include scratch-off • T.V, billboards • Working with Kansas Alliance for Responsible Gamblers 	
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Workforce Development for Treatment Professionals

Assignment:)

address the following questions:

1. Determine your prevention goals?	
Group A	Group B
<p>a. Successful providers</p> <ul style="list-style-type: none"> • u treatment have to be able to provide service • Enough staff to meet licensing ratios • Training with sufficient opportunity to train, share training, have standard training, in rural areas have mentoring from the beginning • Credentialing made simpler, user friendly <p>b. Consumers are successful</p> <ul style="list-style-type: none"> • Question to keep asking are consumers achieving goals, moving forward towards • Effectively, efficiently, quickly <p>c. There is an increased ability to identify problem gambling</p>	<p><u>Determine your prevention goals:</u></p> <ul style="list-style-type: none"> • Decrease or maintain participation in gambling among youth • Introduce topic as an area of concern to coalitions in community • k • Increase awareness amongst educators, courts (Diversion and gambling courts) • Increase number of gambling courts • Connect drug and gambling coalitions (Expand) • Expand current Prevention awareness) • Need more research! • Inform media • Integrated data system • Definition # and what age appropriate?

2. What data is needed to assist with planning?	
Group A	Group B
<p>Answer from the perspective of agency</p> <p>a. What would you change about the current Kansas Certified Gambling Counselor certification requirements?</p> <ul style="list-style-type: none"> • Allowing other non-specific /general 	<ul style="list-style-type: none"> • National Data • Adult Data • Surrounding/Additional Counties-(Integrated system) • Treatment data (Access to) • On-site investigation of deaths (fatalities,

<p>counselor courses to be considered in place of those specifics cited</p> <ul style="list-style-type: none"> • Consider need for more formal education • Recruiting more highly educated to join this workforce = challenging • 0 <p>determine who can be contracted for services</p> <p>b. What conditions and core competencies should be required for publicly funded problem gambling treatment professionals</p> <ul style="list-style-type: none"> • Problem gambling specific training <ul style="list-style-type: none"> - Addressing co-occurring disorders - \ - More often offered here on regular basis (e.g. Webinars) - Importance of clinical supervision - Tech link between the last two above • Need for money/subsidy to allow for workforce development as described • # - y Requirements for continued recertification goes up <ul style="list-style-type: none"> - On- - So can clinical supervision • If billing for problem gambling services will need to have certified problem gambling professional(s) <p>Question: Who will determine credentialing? Answer: - FRS basic/minimal requirements through Provider Panel will not be done in isolation. KCGC = Grass roots effort</p> <ul style="list-style-type: none"> • Consider/think about where practitioners contracting to provide clinical supervision that meets minimum requirements possibly some levels of counselors de 	<p>coroners office)</p> <ul style="list-style-type: none"> • Target population • y
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3. How would you measure the impact of your prevention efforts?	
Group A	Group B
<p>What entities should be responsible for furthering/contributing to counselor workforce development and what would be their role?</p> <ul style="list-style-type: none"> - - KS Board of Regents KS Access - MATTC - KAAP involvement - With KDHE KSTrain Training - Universities Substantial work already being done here (e.g. FHSU in Hays) - Community Colleges - KS Educators Alliance with Dept of Commerce (e.g. Apprentice Program) - k - Implementing Trainee Trainer Models - Question: What will have entities provide service if not profitable? <u>Urban</u>= Help through involvement other provided services <u>Rural</u> " even? <u>Ethical duty</u> to have trained staff address problem gambling May generate a little more revenue help with other provided services 	<ul style="list-style-type: none"> • Decrease youth gambling • Problem studies/repeated studies • Survey communities • Statewide random survey • Random household survey • KDHE • Other states marketing techniques

4. What are your prevention priorities?	
Group A	Group B
<p>What important partnerships could be leveraged developed to further the workforce development goals?</p> <ul style="list-style-type: none"> • • KS Dept of Aging (e.g. with them address elderly and gambling issues) 	<p><i>Prioritize populations or subgroups to target efforts toward.</i></p> <ul style="list-style-type: none"> 3 African Americans 3 Asian 3 College students 3 K-12 3 Parents 3 Faith Communities 3 Geographical close to casino 3 Older adults 3 Retirement communities

	<ul style="list-style-type: none"> 3 Senior centers 3 Disability individuals 3 Young vets 3 Young Active Military 3 Military families <p><i>Prioritize prevention approaches or strategies to implement.</i></p> <ul style="list-style-type: none"> 3 O 3 Partnering with casinos 3 Problem Identification/Relationships 3 Media approaches 3 Youth gambling
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5. What important partnerships can be leveraged to create an effective statewide problem gambling prevention effort?	
Group A	Group B
What criteria would you use to measure the success of your workforce development efforts? <ul style="list-style-type: none"> • Are needs of consumer being met? • Are needs of workforce being met? • More certified to provide services, etc. • Numbers of those trained and credentialing increases 	<ul style="list-style-type: none"> • GA • Casinos • Senior Centers • Military • Schools • Prevention Centers • Bankers Association • Financial Advisors • Credit Council/Bankruptcy • Universities Secondary Education (County extension offices/Research) • Legislators • Business/Associations • Faith Communities • Tribes/Gaming Industry • Youth Serving Organizations

6. What infrastructure is needed to accomplish your prevention goals?	
Group A	Group B
	<p><i>Who will make up the problem gambling prevention workforce? What are their ideas?</i></p> <ul style="list-style-type: none"> J Workforce development J Laws and regs. Of casinos and research J Treatment J Educational Workforce J Distribution Center

	<p><i>What workforce competencies must be developed?</i></p> <ul style="list-style-type: none"> J Informed helpline help J Shared Resources J Knowledge of gaming industry J Certification <p><i>What are the existing administrative systems and resources that can be utilized? What partnerships need to be developed?</i></p> <ul style="list-style-type: none"> • ResourcesPartnerships • Additional GA and GamAnom (Asking questions about financial gambling suicide etc.) • Coroners Office • Regional Prevention Center <p><i>What other infrastructure pieces need to be added or enhanced?</i></p> <ul style="list-style-type: none"> • NGA Help and enhance helplines
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7. Other	
Group A	Group B
	<ul style="list-style-type: none"> • Concern GA • Concern GA accountability of money spent through attendance of GA <p>What is Gambling? Define?</p> <ul style="list-style-type: none"> • Concern GA Banishment