

**PLANNING FOR  
PROBLEM GAMBLING SERVICES  
WITHIN THE STATE OF KANSAS:  
  
BUILDING A FOUNDATION**

This report was developed under contract with Kansas Department of Social and Rehabilitation Services and the Mid-America Addiction Technology Transfer Center

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# **PLANNING FOR PROBLEM GAMBLING SERVICES WITHIN THE STATE OF KANSAS:**

## **BUILDING A FOUNDATION**

**JULY 2008**

### **1. BACKGROUND**

This report documents the beginning stages of a strategic planning process initiated by the Kansas Department of Social and Rehabilitation Services for the development and delivery of problem gambling services within the State of Kansas. This action followed the 2007 legislative assembly's passage of Senate Bill 66 that included a provision for "2% of lottery gaming facility revenues to be paid to the problem gambling and addictions grant fund" and designated the Department of Social and Rehabilitation Services (SRS) with the administration of programs supported by these funds (see Appendix A). New monies from this fund were anticipated to accrue beginning in fiscal year 2009. Although this new fund was designed to support all addiction programs, SRS began an initiative in August of 2007 aimed at infrastructure development to address problem gambling. The rationale behind this problem gambling specific initiative was that SRS already has a system of services established to address harm caused by alcohol and other drugs but did not have a similar system in place to address harm caused by gambling. Early SRS efforts to enhance services specific to problem gambling included appointing the Special Assistant for SRS Disability and Behavioral Health Services, Deb Stidham, as a project lead to develop rules and regulations for services addressing problem gambling; hiring Jean Holthaus, an experienced problem gambling counselor and advocate as the Problem Gambling Services Coordinator; forming a Stakeholders Planning Group to address Problem Gambling; participating in the formation of the Kansas Responsible Gambling Alliance as a body to increase collaboration, communication, and policy consistency across State governmental agencies; contracting with two consultants considered experts in problem gambling system development; building a problem gambling webpage on the SRS website; and holding four community meetings to solicit community involvement and input for the development of this new service area.

### **2. PROJECT OBJECTIVES**

At the time of this project's development, SRS was in the beginning stages of developing rules, policies, and programs to address problem gambling within the State of Kansas. In addition to forming a Stakeholders Planning Group for Problem Gambling and Addictions Grant Fund, contracts were formed with this report's authors to provide consultation in problem gambling service areas of prevention, research and evaluation,

crisis intervention and assessment, treatment services including capacity building efforts, workforce development and training, and public awareness and marketing. The project included gathering community input during four stakeholders meetings and for the consultants to provide a report that reflects the conclusions from those two planning events and lessons learned from other states with publicly-funded problem gambling services.

### **3. METHODOLOGY**

The SRS Stakeholders Planning Group for Problem Gambling and Addictions Grant Fund designed and implemented four events to gather community input. The first event was entitled, “Stakeholders Forum to Address Problem Gambling: Engaging the Community”. A letter of invitation was sent to individuals identified by the committee as person’s representative of stakeholders from diverse backgrounds, perspectives, and geographic locations across Kansas (see Appendix B for invitation letter). On October 23, 2007, SRS and Addiction and Prevention Services hosted this Forum for the expressed purpose “to gather vital input from stakeholders for use in the development of a comprehensive plan to address problem gambling in Kansas, while increasing awareness and knowledge of the topic among forum participants”. The names of the participants can be found in Appendix C and the forum’s agenda can be found in Appendix D.

The morning of the event was primarily designed to give participants background information including hearing from the sponsors of Senate Bill 66, Representatives Pat George and Charlie Roth, hearing from a panel of speakers about past and current efforts in Kansas to address problem gambling, and learning more about components of a problem gambling service system. The afternoon of the forum was designed to gather input from stakeholders through the use of break-out sessions where participants were assigned to one of six focus groups. Each focus group was assisted by two facilitators and tasked with addressing three to four questions particular to the group’s focus area. Each focus group represented a different component of a problem gambling service system. The service component descriptions, the list of questions addressed, and summary notes from the sessions can be found in Appendix E through Appendix J.

Three follow-up events were held where sub-sets of participants from the October 2007 forum participated in a series of SRS sponsored “Stakeholder Workgroup Meeting on Problem Gambling Services”. These events were designed to build on the earlier forum by taking the information gathered during the focus group sessions and using it to develop more specific recommendations for SRS’s consideration.

The first of these three “Stakeholder Workgroup Meetings” was held on November 27, 2007 and focused on four topic areas: Mission and Vision; Public Awareness; Treatment; and Research and Evaluation (see Appendix K for a list of participants). The next workgroup meeting was held on June 4, 2008 where the morning focus was on “Crisis Intervention and Help-Lines” and the afternoon topic was “Workforce

Development” (see Appendix L for a list of participants). The final in the series of preliminary workgroup meetings was held on June 5, 2008 and was devoted toward the topic of strategic planning for “Problem Gambling Prevention” (see Appendix M for a list of participants).

The structure for the three workgroup meetings consisted of defining a topic area, receiving an overview on the topic of interest, then breaking into two work groups where participants engaged in a facilitated discussion. SRS staff recorded participant comments during the work sessions and compiled a list of items that were discussed. The second phase of the workgroup sessions was for each small group to report out to the larger group and further the discussion. When possible, the facilitators would seek to draw consensus among the large group and record the resulting recommendations, observations, and other substantive comments. The workgroup agendas can be found in Appendix N through P and the session summaries can be found in Appendix Q through Appendix V.

#### **4. WORKGROUP RECOMMENDATIONS**

The three SRS Stakeholder Workgroup Meetings on Problem Gambling Services were designed and implemented to educate community stakeholders about problem gambling efforts in other U.S. states, to gather information and ideas specific for problem gambling service development in Kansas, and to ultimately forward a set of recommendations to SRS for consideration when constructing rules, regulations, and programs to address problem gambling in Kansas. These three workgroups focused on seven areas in the development of a publicly funded problem gambling service system:

- Mission and Vision
- Public Awareness
- Treatment
- Research and Evaluation
- Crisis Intervention and Helpline Services
- Workforce Development
- Prevention

Workgroup participants generated a wealth of ideas, information, and recommendations for addressing each of the seven identified content areas during work session discussions.

The following recommendations correspond with the same topics as those covered during the events but rather than restating what is provided in the session summaries located in this report’s appendices, the authors consolidated their observations into discussion synopsis for each area and/or question addressed.

##### ***4.1 MISSION AND VISION***

The task of developing a new service area is greatly aided by establishing a strategic framework. The foundation to a strategic framework is a mission and vision statement. The mission and vision statement is a proclamation to employees and stakeholders about

its service goals and aspirations. A sound mission and vision statement is brief, memorable and pragmatic, as well as inspiring.

The SRS Stakeholders Planning Group to address Problem Gambling was tasked with creating the initial working draft of a mission and vision statement for SRS problem gambling programs. This group met on November 16, 2007, and following extensive discussion generated the following mission and vision statements:

Mission: To develop and support effective problem gambling prevention, treatment, and research in Kansas.

Vision: The public health of Kansans is supported through a comprehensive system of services to address problem gambling

During the November 27, 2007, Stakeholder Workgroup Meeting on Problem Gambling Services, Bernie Doel, staff member of the Strategic Development Division with SRS, led a discussion with the workgroup participants to further develop the draft mission and vision statements. Participants were uniformly supportive of the draft statements. Some participants recommended that the word “services” be removed from the vision statement as it may be unnecessary and exclude recognition of non-service efforts addressing problem gambling.

The draft mission and vision statement was viewed as useful in focusing SRS staff, service providers and stakeholders, and the public of SRS’s objectives for problem gambling programs and believed they could become a cornerstone of the overall Kansas strategy to minimize gambling related harm.

#### ***4.2 PROBLEM GAMBLING AWARENESS***

The following statements and questions represent the assignment that each Workgroup was given to design the “ideal” program to address Problem Gambling Awareness.

1. What is success? Determine your public awareness goals.

Discussion synopsis: Integrate non-stigmatizing problem gambling awareness and responsible gaming messaging into a variety of mediums and outlets with the objective to inform the public about the risks associated with gambling, tips to avoid becoming a problem gambler, signs and symptoms of problem gambling, and knowledge of where to find help if a problem is developing or has developed.

2. Participants were asked to review the lists generated at last month’s gambling forum for public awareness and marketing.

(a) What role can SRS take in supporting such a comprehensive list of activities?

Discussion synopsis: SRS can provide leadership and direction in developing and implementing strategies and improvement processes to increase public awareness of problem gambling.

- (b) Identify resources and potential partners to support a comprehensive public awareness campaign.

Discussion synopsis: Participants provided an extensive array of potential resources and partners (see Appendix Q 2b). To be effective, it is believed that SRS will have to partner with other entities to produce sufficient messaging to achieve the goals of public awareness campaigns.

- (c) Where are the priorities and how might these change over time?

Discussion synopsis: There was general consensus on the belief that much needed to be done but varying opinions about where to start or what the priorities should be. This ambiguity may be resolved as more becomes known through community needs assessments which will provide information on community needs and areas of readiness for change.

For a more complete record of the discussion that took place on problem gambling awareness, during the November 27<sup>th</sup>, 2007 Stakeholder Workgroup Meeting, see Appendix Q.

### **4.3 TREATMENT**

Workgroup participants were asked to discuss a treatment model for the “ideal” gambling treatment program while addressing the following questions:

1. What is success? Is harm reduction a legitimate goal?

Discussion synopsis: General consensus that treatment should be client centered and individualized; therefore, harm reduction can be a legitimate goal. Success is reducing harm and improving quality of life either through abstinence from gambling or reduced gambling or another method.

2. Participants were asked to review the list generated at last month’s gambling forum for “what levels of care are essential for problem gamblers?”. Are there any that should be added? How should they be prioritized or grouped?

Discussion synopsis: General consensus that ideally the state’s system should include all levels of care. Opinion varied about how to prioritize what levels of care are more important than others.

3. What pre-requisites should be required for gambling counselor certification?

Discussion synopsis: General level of consensus that gambling counselor certification should provide some level of quality assurance. There were varying opinions about what pre-requisites should be required and some discussion that these should be viewed as fluid depending on the needs of the system as it evolves.

4. Participants were asked to review the list generated at last month's gambling forum for "who should be eligible to provide SRS supported problem gambling treatment?" Expand and clarify by discussing treatment settings (agencies or private practitioners) and exceptions for non-certified counselors to provide services.

Discussion synopsis: Most agreed requirements to obtain SRS supported gambling treatment funds should not be exclusive to the point of seriously reducing access to services but that there needed to be methods to demonstrate the system is composed of well qualified providers.

5. What continuing education or training activities would be required and who will be responsible for providing the training?

Discussion synopsis: Some discussion to look at the educational guidelines for national problem gambling counselor certification as a benchmark. Providers of the training could be diverse to cover a wide range of workforce development needs. Initially, experts from outside of Kansas should be utilized to provide training, but efforts to build a cadre of Kansas based trainers should be a priority for the future.

6. Participants were asked to review the list generated at last month's gambling forum for "What should the provider reimbursement structure look like?" Would you add any payment options or strategies? Prioritize which structures or principles are most important to consider.

Discussion synopsis: General agreement that a provider reimbursement system needs to provide incentives for well-qualified and desired providers to participate in a state-funded gambling treatment system. There was some discussion about providing start-up funding in addition to reimbursing on a fee for service schedule. Stakeholders held differing views on what reimbursement structure may work best.

For a more complete record of the discussion on Treatment at the November 27<sup>th</sup>, 2007 Stakeholder Workgroup Meeting, see Appendix R.

#### ***4.4 RESEARCH AND EVALUATION***

The workgroup was assigned to design the "ideal" program to develop an evaluation and research component to problem gambling services while addressing the following questions:

1. What are some possible goals for a state-sponsored research program?

Discussion synopsis: Participants generally agreed that the research priorities of the Ontario Gambling Research Center seemed to fit for Kansas as well:

- Identify trends in prevalence;
- Identify and more completely describe segments, sub-groups or types within the gambling and problem gambling population;
- Treatment capacity, recruitment and delivery for adults;
- Examine the nature and extent of problem gambling among adolescents;
- Examine gambling related crime and abuse of trust, and responsibility for negative consequences;
- Identify the underlying problem(s) and create effective preventive responses for young adults.

2. What are some possible goals of the program evaluation programs?

Discussion synopsis: General consensus that the goals should be to demonstrate efficiency, effectiveness, and drive continual improvement.

3. Participants were asked to review the list from last month's gambling forum on "what kind of research should be done", is there more to add and how should these potential research areas be prioritized?

Discussion synopsis: The discussion revealed several research ideas with general group support for all of them. Some recommended SRS should establish research priorities, solicit for research proposals, and then utilize outside experts to evaluate proposals. That is, model efforts after what is done at the federal level with the National Institute of Health.

4. How would you measure the efficacy of your gambling treatment programs? Where do you draw the line on the amount of agency administrative time it takes to complete evaluation instruments?

Discussion synopsis: General consensus that standardized assessment and outcome measures are important. Consideration was given to expanding beyond intake and discharge measures to include follow-up measurements. Most agreed that a web-based electronic tracking system would ease provider burden and increase efficiency.

5. What criteria would you use to measure the impact of your prevention efforts and workforce development efforts?

Discussion synopsis: General consensus that evaluation efforts to assess prevention efforts and workforce development efforts needed to begin soon to establish baselines. Looking into repeated surveys of the population at-large and targeted sub-groups could provide useful measures to assess prevention and workforce development efforts. Also discussion of capitalizing on existing surveillance systems like youth surveys, helpline call data, and website hits.

For a more complete record of the discussion that took place on Research and Evaluation, during the November 27<sup>th</sup>, 2007, Stakeholder Workgroup Meeting, see Appendix. S.

#### ***4.5 CRISIS INTERVENTION & HELPLINE SERVICES***

The workgroup was assigned to design the “ideal” crisis intervention and helpline service to address problem gambling issues while addressing the following questions:

1. Determine your goals for crisis intervention services.

a. Where and how will crisis intervention services be provided?

Discussion synopsis: Both groups discussed the need for the casinos to have crisis intervention measures in place including the possibility of on-site problem gambling counselors. There was also a discussion that a variety of institutions and agencies needed to train their staff on problem gambling identification and referral and have procedures in place to deal with persons presenting with concerns related to gambling.

b. What criteria would you use to measure the success of your efforts?

Discussion synopsis: Use of a multi-method system was suggested though the collection of data from diverse sources such as number of helpline calls, number of treatment admissions, number of casino interventions, consumer satisfaction, and other quality improvement measures.

c. What infrastructure development will need to take place?

Discussion synopsis: A number of infrastructure development projects would be needed including: training the workforce, creating centralized data systems, and writing policies, procedures, and guiding principles. These projects would be needed at both a macro-level for state system and within individual properties and agencies.

2. Determine your roles and goals for helpline services.

a. What resources and services should be offered?

Discussion synopsis: There was general consensus that helpline staff needed to be well qualified and trained to do crisis intervention, risk assessment, determine needs and know resources. The service will need an information management system to track performance, enable help line counselors to access information, and to collect caller information. There was less agreement on who should operate and administer the helpline and whether or not it should be gambling specific or operated as part of a more comprehensive addictions helpline. Some felt the helpline should branch out

from traditional services and offer web based services, minimal interventions, and serve as a resource center clearing house.

- b. Does the line and staff need to be problem gambling dedicated?

Discussion synopsis: Most felt that the helpline staff did not need to be problem gambling dedicated but the helpline number does need to be gambling specific. As long as the helpline counselors were qualified and trained to handle calls from gamblers and their concerned others then it doesn't matter as much if they accept other types of calls as well.

- c. What are minimum qualifications, training, skills, and competencies needed from helpline staff to perform the services you envision?

Discussion synopsis: There was general consensus that the staff needed to be well trained on handling crisis calls, how to motivate ambivalent callers to follow through with a referral, and be cross trained as both gambling treatment counselors and helpline counselors. All training should support the implementation of general "best practices". A high priority is for helpline counselors to possess a caring attitude. Individual participants differed on their views as to what the minimal qualification should be. Some thought the minimum should be a masters degree in a counseling field along with certification as a gambling counselor while others felt educational degree and certifications were less important than a helpline counselor's overall effectiveness which may have more to do with personality and phone skills than any particular credentials.

- d. How will you measure the performance of the helpline services?

Discussion synopsis: A number of performance measures were discussed and included things like caller wait time, length of phone call, caller satisfaction, and conversion rate between referrals for treatment and being admitted to treatment. There was also discussion of the need to evaluate the responsiveness and effectiveness of handling crisis calls and using "secret shopper" type methods such as having an evaluator place mock calls to the helpline to evaluate the counselor and procedural effectiveness.

- e. How will you market helpline services?

Discussion synopsis: The group thought of several potential places to conduct marketing efforts with a general theme to target audiences and place emphasis in marketing in areas where there are higher-risk populations. Several participants felt like the marketing of the helpline services should be contracted out to professional marketing agencies as opposed to the helpline providers or treatment service providers.

For a more complete record of the discussion that took place regarding Crisis Intervention and Helpline Services, during the June 4<sup>th</sup>, 2008 Stakeholder Workgroup Meeting, see Appendix T.

#### ***4.6 WORKFORCE DEVELOPMENT FOR TREATMENT PROFESSIONALS***

The workgroup was assigned to design the “ideal” program to develop a problem gambling treatment workforce while addressing the following questions:

1. Determine your workforce development *goals*. What is success?

Discussion synopsis: The broad consensus was that success in workforce development would be determined by consumer access to, and satisfaction with, the services being provided. This metric is greatly impacted by the system capacity to provide services in a consumer-centric manner – that is that services are readily available, at times convenient to consumers, and are provided by highly skilled and knowledgeable professionals. To achieve these goals, the workforce would need to be sufficient in number and geographically dispersed to meet identified consumer demand.

2. Answer from the perspective of your agency--

- What would you change about the current Kansas Certified Gambling Counselor certification requirements?

Discussion synopsis: Individuals had several ideas but the group was not in consensus on how or what exactly to change. Some of the discussed changes were: use of a single certifying body, specific minimal education requirements, a measure of skill, and a minimal number of documented hours working with problem gamblers under supervision from certified gambling treatment counselor. The group also discussed the idea of certification tiers to allow more people into the field while designating “advanced” certifications for only those meeting high minimal standards for formal education (Masters Level) and number of supervised hours (1000-2000).

- What conditions and core competencies should be required for publicly funded problem gambling treatment professionals?

Discussion synopsis: There was consensus that training specific to treating problem gamblers and their families was needed, including workshops on ethics, financial management, and mental health comorbidity. The importance of supervision was discussed as were creating internships.

3. What *entities* should be responsible for furthering/contributing to counselor workforce development and what would be their role?

Discussion synopsis: Both groups generated a list of entities that would be part of a broad workforce development system. They included colleges and universities, regional resources like the Mid-America Addictions Technology Transfer Center, and other current providers of workforce development efforts in the addictions field (e.g., KAAP, SRS). There was also discussion that without programs and policies to enable or encourage professionals to take advantage of special classes or offerings they may not be well attended.

4. What important *partnerships* could be leveraged or developed to further the workforce development goals?

Discussion synopsis: The group was in agreement that partnerships were important in developing a problem gambling treatment workforce and the key partners would need to be the college and university system along with current addiction professional training groups. Looking outside of Kansas to regional and national partners was seen as important to obtain the best knowledge from the field at large and to leverage efforts with national/regional efforts. An important informal partner would be Gamblers Anonymous (GA) or other gambling recovery groups as persons working in the field of gambling treatment should become knowledgeable about GA and consider sitting in on several groups.

5. What criteria would you use to *measure* the impact of your workforce development efforts?

Discussion synopsis: The groups developed a list of possible indicators as to how well workforce development efforts were working. Measures could include the number of certified problem gambling counselors, the consumer satisfaction of the counselors, the ease or difficulty of filling openings with qualified gambling counselors, the retention of staff, and the job satisfaction of the workforce. Key to measuring workforce development efforts was the idea of systematic assessment of the workforce and their customers by annual or regularly occurring surveys.

For a more complete record of the discussion that took place regarding Workforce Development for Treatment Professionals, during the June 4, 2008, Stakeholder Workgroup Meeting, see Appendix U.

#### **4.7 PREVENTION**

The workgroup was assigned to design the “ideal” program to prevent or reduce harm caused by problem gambling while addressing the following questions:

1. Determine your prevention *goals*.

Discussion synopsis: The main prevention goals identified were to (a) educate the community to promote healthy practices and increase their awareness of unhealthy practices and where to get help, (b) reduce the incidence of problem gambling, and (c) reduce harm caused by problem gambling through case-finding efforts and other measures to reduce the amount of time and consequences caused by problem gamblers by getting people help sooner than later.

2. What *data* is needed to assist with planning?

Discussion synopsis: The groups discussed the need for conducting community assessments to gather information on beliefs and community norms, scope of problem, areas or groups of greater risk, community resources, and community risk and protective factors. There was also discussion of working with casinos for data sharing and a lengthy discussion on gathering baseline data before the casino's open in new communities and continuing data gathering efforts to track changes over time.

3. How would you *measure* the impact of your prevention efforts?

Discussion synopsis: There was discussion on using surveys and currently collected data to assess changes in: bankruptcies, crime, gambling revenues, gambling behaviors, problem gambling prevalence, responsible gambling practices, youth gambling, attitude toward gambling, and changes in risk behaviors as related to gambling.

4. What are your prevention *priorities*?

- Prioritize populations or sub-groups to target efforts toward.

Discussion synopsis: Long lists of populations were created that were thought to be at heightened risk for developing problems related to gambling. These included; youth, elderly, military, disabled groups, college students, Asians, African Americans, the poor, and women. Other targeted efforts focused on locations such as retirement communities, senior centers, schools, and among faith communities.

- Prioritize prevention approaches or strategies to implement.

Discussion synopsis: There was some discussion about using the Center for Substance Abuse Prevention strategies and to focus generally on increasing protective factors and decreasing risk factors. Specific approaches discussed included working with families, casinos, schools, and government to improve the economy and become less reliant on gambling revenues.

5. What important *partnerships* can be leveraged to create an effective statewide problem gambling prevention effort?

Discussion synopsis: Partnerships were considered vital in creating effective statewide problem gambling prevention efforts. In general, the group believed that the more partners and the stronger the relationships, the more effective the overall efforts will be. Over 20 potential partners were identified (See Appendix V).

6. What *infrastructure* is needed to accomplish your prevention goals?
  - Who will make up the problem gambling prevention workforce? What are their roles?

Discussion synopsis: The problem gambling prevention workforce can be thought about as anyone who cares about problem gambling and does something about it (parents, teachers, bankers, police, etc.). The backbone of the formal problem gambling prevention workforce will likely be the same workforce that focuses on drug and alcohol issues with the addition of some problem gambling counselors who take on dual roles as both treatment providers and prevention workers.

- What workforce competencies must be developed?

Discussion synopsis: There was some discussion of developing a certification for problem gambling prevention as a means to insure competencies. Those competencies would include knowledge of risk and protective factors for developing gambling problems, knowledge of available resources, knowledge of gambling and the gaming industry, and knowledge of best practice approaches and methods.

- What are the existing administrative systems and resources that can be utilized? What partnerships need to be developed?

Discussion synopsis: A key partner will be the Regional Prevention Centers with SRS providing policies and guiding principles as the administrators of the problem gambling services. SRS partnering with other governmental agencies is viewed as important in order to create coordinated efforts across state agencies. Regional Prevention Centers will need to partner with their community resources (schools, churches, etc.) to be most effective.

- What other infrastructure pieces need to be added or enhanced?

Discussion synopsis: Participants noted that prevention efforts needed to be accompanied by a well functioning helpline and treatment system.

For a more complete record of the discussion that took place regarding Problem Gambling Prevention, during the June 5, 2008, Stakeholder Workgroup Meeting on Prevention, see Appendix V.

## **5. LESSONS LEARNED FROM THE FIELD**

### Introduction

Embracing and implementing ‘best practices’ is the goal of virtually every State Agency charged with the management and delivery of behavioral health services. There are few dissenting voices to this trend in public administration, and it is commonly accepted that programs based on scientifically verifiable outcomes are a good public investment.

There is, however, a concern that adoption of policies that require “best practice” programs can result in a detriment to the public. Most of this dissention is the result of the realities of the substantial resources required to implement programs/services based on a pure ‘best practices’ model – resources which are frequently beyond the limits of most publicly funded programs. Furthermore, in addressing problem gambling, it is critical to be cognizant of the fact that ‘best practices’ have not been established for either the administration of services or for the service delivery itself. This is true for public awareness, prevention and treatment services. While many efforts could likely be termed “promising” there is no gold standard or empirically verified ‘best practice’ in this field.

It is the authors’ belief that while ‘best practices’, once they are discovered, should be embraced, the practical realities of managing an emerging public service will prohibit the mere adoption of a series of programs/services that appear to be effective when implemented in other jurisdictions and for other social issues. A vast majority of the mandates placed upon a state agency when developing problem gambling services are forged in the process of the passage of gambling expansion legislation. The primary emphasis of this type of legislation is on the regulation of the gambling expansion, with a brief or cursory mention of providing funds and possibly specifying general services with which to address problem gambling. Frequently, there are no established bureaucracies equipped to develop and implement an essentially new system intended to serve a population for which no public services have existed previously. This situation has led several states to flounder when developing problem gambling services while the bureaucracies of State government attempt to figure out who is responsible for implementation of the legislatively mandated services.

This blank slate creates both opportunities and challenges. Opportunities include the ability to create a service system free of some of the inefficiencies and barriers inherent in existing and well established programs, an absence of Federal mandates, and the ability to tailor services to meet needs at the local level. Challenges often present themselves in the form of limited state personnel available to manage the emerging

program, existing institutional processes that impose mandates on the system that do not, in fact, exist, and a lack of needed resources to literally develop a service system from the ground up.

### Recommendations for Developing a System to Address Problem Gambling

It is in this context that the following “lessons learned” are offered. They should not be interpreted as “best practices” since best practices have not yet been developed. Rather, what follows are the lessons gleaned from other states as they have embraced their opportunities and overcame challenges in developing and implementing problem gambling service systems. These ‘lessons learned’ are listed in order as a suggested roadmap of areas of focus that must be addressed when initiating problem gambling services. Inherent within each area are numerous policy decisions which must be made as the service system develops. As these policy decisions are made, they will inform the next stage of the system implementation process.

#### 1) Comprehensive Strategic Planning

*In the absence of clear and detailed legislative mandates, the strategic and theoretical basis for the service system needs to be established.* Doing so enables the agency to clearly and concisely communicate the goals, methods and processes it will utilize to address problem gambling issues in the state.

A comprehensive strategic plan will be the measuring stick that allows legislators, agency administration, the public and other stakeholders to determine the effectiveness of the system as it develops. Furthermore, the development of a comprehensive strategic plan will establish the foundation on which system, service delivery and allocation decisions can be made.

#### 2) Agency Personnel

*Agencies are well advised to designate staff to be responsible for the development and implementation of this new service system.* Adding more tasks and responsibilities to already over tasked employees in other States has resulted in poorly conceived, ineffective and mismanaged programs. Problem gambling treatment services are targeted to a population that has previously not typically received public services and are provided by a work force that has not knowingly served this population before. Thus, a major challenge for a state agency is acquiring or developing staff that is aware of the similarities and differences between problem gambling services and existing social service systems.

There are very few, if any, rules, policies, statutes, and/or regulations that have been written to guide problem gambling service provision and the management/regulation of these services. Even when utilizing existing infrastructure, these rules, policies and procedures must be developed to guide the management and oversight of the system. This large amount of work can not be accomplished effectively by merely inserting “problem gambling” within existing

documents thereby necessitating dedicated and qualified staff with knowledge of problem gambling service systems.

3) Appropriate Allocation

For many states, the calculation of an appropriate allocation of funds for problem gambling services is a moot point because the allocation is fixed in the authorizing legislation as either a flat sum or a percentage of anticipated gambling revenue. In light of this, a commonly accepted calculation of an ideal allocation of funds based upon population or other common factors does not exist.

*However, allocation needs can be established based upon the theoretical approach adopted by the system and the priorities adopted by the agency. In early stages, the bulk of the allocation will need to be targeted to workforce development, public awareness and education, research/evaluation and infrastructure development. As services and the workforce become established, a greater percentage of the allocation will need to shift to service delivery and prevention efforts according to the adopted strategic plan. It may be beneficial to use a “stepped” approach to establishing program allocations, where the fund allocation requirements will grow over the initial first five years of the program and then, in the absence of further gambling expansion, will likely stabilize.*

4) Agency Authority

Agencies need to be aware of the target population differences particularly when establishing client eligibility criteria for problem gambling treatment services. The criteria should reflect the theoretical approach adopted by the system through the strategic planning process. *As a result, the agency should be empowered to establish client and provider eligibility criteria specific to this service system.*

Many agencies experience difficulty diverting from currently held client eligibility criteria that govern the broader public behavioral health system. Fundamental changes need to be made to existing client financial and clinical eligibility – particularly when adopting a public health construct for the system. Many problem gamblers and concerned persons do not meet existing financial criteria, and sub-clinical (consumers not meeting diagnostic criteria for Pathological Gambling) populations may benefit greatly from brief, targeted interventions. These nuances reinforce the need for staff to be tasked with the development of appropriate problem gambling specific criteria to accomplish system goals.

5) Work Force Development

Sustaining ongoing training opportunities for behavioral health professionals is needed to establish and maintain a work force capable of providing problem gambling services in the treatment, prevention and public awareness arenas. Initially, many states choose to substantially underwrite the cost of the training sessions to reduce barriers experienced by professionals who wish to provide the services. *An initial substantial commitment to providing numerous training*

*opportunities is often necessary.* Clearly, the training sessions should be designed to meet agency established provider eligibility qualifications. In subsequent years, training opportunities can be reduced to maintain the needed work force and the focus may shift to training on advanced clinical techniques to sustain the skill level of existing providers.

Drawing from both the mental health and substance abuse fields is advisable. There have been no studies or empirical evidence to suggest that substance abuse professionals are any more adept at working with this population than mental health professionals, or vice versa. *Particularly in the development phase of the system, it is much more effective to target potential providers from all disciplines.*

Once a work force is developed, it is critical to continue to support the counselors/therapists in their efforts to serve this difficult to reach population. Support services which have been effective in a variety of jurisdictions include clinical supervision conference calls with an experienced problem gambling service provider, ongoing training events, education and training around case finding or outreach activities, and clinical supervision specifically tailored to problem gambling service delivery.

## **6. CONCLUSIONS**

The task of establishing a statewide problem gambling service system is challenging along a number of fronts. From a technical standpoint, the field of problem and pathological gambling is relatively young. Therefore, the body of knowledge about problem gambling treatment and problem gambling prevention is lean and lacking the maturity needed to establish best practices. Even less is known about large-system interventions to address problem gambling. The knowledge that does exist about U.S. state efforts to address problem gambling is largely outside of the mainstream literature and may be best accessed through government reports and personal communication with state administrators of problem gambling services. Further complicating the body of knowledge about large-system problem gambling treatment is a lack of uniformity regarding all facets of the system. That is, each state collects different information, has a different service structure, and operates out of a variety of budget scenarios. In summary, due to the field's limited experience and diversity, an agreed upon "best practice" system model for problem gambling services does not exist. However, valuable lessons have been learned though the trial and error approach taken by several U.S. states. Kansas has the advantage of learning from the successes and misdoing of other states.

Kansas is positioned to break new ground in the United States as the only state to own casinos and possesses the greatest opportunity to develop the model system to minimize harm caused by gambling. The enacting legislation for the state owned casinos provided ample funding for problem gambling services; the agency designated to administer state-funded problem gambling programs (SRS) has demonstrated its commitment to building a state-of-the-art system though their detailed planning process and efforts to gather

community involvement and support; Kansas already has a group of dedicated individuals and agencies ready and willing to assist with SRS efforts to build problem gambling programs; and many community entities and government agencies appear energized and eager to partner with future SRS efforts to reduce gambling related harm.

This report documented the beginning stages of a planning process initiated by the Kansas Department of Social and Rehabilitation Services (SRS) for the development and delivery of problem gambling services within the State of Kansas. In the short time since SRS initially assigned staff to this initiative until the writing of this report, tremendous progress has been made. This is even more notable given the fact that SRS has not received any new monies related to the Problem Gambling and Addictions Grant Fund. Significant accomplishments include forming a Planning Group of stakeholders, hiring a Problem Gambling Services Coordinator, participating in the formation of the Kansas Responsible Gambling Alliance, building a webpage to keep the community informed, holding a very successful and well attended community forum on problem gambling, drafting a mission and vision statement for problem gambling services, holding three Workgroup meetings, and compiling a wealth of information and input from sources inside and outside of Kansas.

The next year, fiscal year 2008-2009, will be an important period in the development of SRS problem gambling services. Through noteworthy efforts, SRS has begun the foundational work in establishing a premier system for reducing gambling related harm. Reinforcing that foundation will entail further infrastructure development such as growing and strengthening the Kansas Alliance for Responsible Gambling and collaborating with gaming regulators and operators in developing casino property policies and procedures to promote responsible gambling and address problem gambling. To prepare for the planned expansion of gambling treatment and problem gambling prevention services, SRS will need to leverage their resources and utilize the information collected at the community forum on problem gambling and the three follow-up workgroups. Information gathered can be used to guide the development of:

- (a) Guiding principles for services
- (b) Logic models for treatment and prevention services
- (c) Planning documents which outline service structures, projected costs, and implementation schedules
- (d) Rules and Regulations for services addressing problem gambling
- (e) Policies and standards for gambling treatment and problem gambling prevention practices
- (f) Project management tools, such as a PERT chart, to prioritize and manage identified tasks
- (g) Service descriptions and contracts for high priority items such as research into needs assessment and development of information management systems

In short, there is much work that needs to be done prior to implementing a comprehensive problem gambling treatment and prevention system. Efforts to date will greatly assist SRS in meeting the above challenges. The course has been laid to develop and support effective problem gambling prevention, treatment, and research in Kansas.

## APPENDIX A

### Senate Bill 66 The Kansas Expanded Lottery Act Problem Gambling & Addictions Grant Fund References

Section 3 Page 9	29 30 31 32	[(13) include a provision for 2% of lottery gaming facility revenues to be paid to the <u>problem gambling and addictions grant fund</u> established by K.S.A. 2006 Supp. 79-4805, and amendments thereto;
Section 16 Page 26	17 18 19	<del>[(7)]</del> [(6)] 2% of net electronic gaming machine income shall be credited to the <u>problem gambling and addictions grant fund</u> established by K.S.A. 2006 Supp. 79-4805, and amendments thereto;
Section 33 Page 38	15 16 17 18 19 20 21 22 23 24	[New Sec. 33. Each lottery gaming facility manager and each racetrack gaming facility manager shall post one or more signs at the location where such manager operates electronic gaming machines or lottery facility games to inform patrons of the <u>toll-free number</u> available to provide information and referral services regarding compulsive or problem gambling. The text shall be determined by the executive director of the Kansas racing and gaming commission. Failure by a lottery gaming facility manager or racetrack gaming facility manager to post and maintain such signs shall be cause for the imposition of a fine not to exceed \$500 per day.
Section 35 Page 39	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	[(c) The executive director shall certify weekly to the director of accounts and reports the percentages or amounts to be transferred from each account maintained in the expanded lottery receipts fund to the expanded lottery act revenues fund, the live horse racing supplement fund, the live greyhound racing purse supplement fund and the <u>problem gambling and addictions grant fund</u> , as provided by the lottery gaming facility management contract or section 16, and amendments thereto. Upon receipt of the certification, the director of accounts and reports shall transfer amounts from each such account in accordance with the certification of the executive director. Once each month, the executive director shall cause amounts from each such account to be paid to cities, counties and lottery gaming facility managers in accordance with the lottery gaming facility management contract and to racetrack gaming facility managers in accordance with section 16, and amendments thereto.

Section 44 17 (B) alleviate problem gambling, including a requirement that each lottery  
Page 44 18 gaming facility and each racetrack gaming facility maintain a self-exclu-  
19 sion list by which individuals may exclude themselves from access to elec-  
20 tronic gaming machines and other lottery facility games.

Section 55 16 [Sec. 55. K.S.A. 2006 Supp. 79-4805 is hereby amended to  
Page 57 17 read as follows: 79-4805. (a) there is hereby established in the  
18 state treasury the problem gambling *and addictions* grant fund. All  
19 moneys credited to such fund shall be used only for the awarding  
20 of grants under this section. Such fund shall be administered in  
21 accordance with this section and the provisions of appropriation  
22 acts.

23 [(b) All expenditures from the problem gambling *and addictions*  
24 grant fund shall be made in accordance with appropriation acts  
25 upon warrants of the director of accounts and reports issued pur-  
26 suant to vouchers approved in the manner prescribed by law.

27 [(c) (1) There is hereby established a state grant program to  
28 provide assistance for the direct treatment of persons diagnosed  
29 as suffering from pathological gambling and to provide funding  
30 for research regarding the impact of gambling on residents of Kan-  
31 sas. Research grants awarded under this section may include, but  
32 need not be limited to, grants for determining the effectiveness of  
33 education and prevention efforts on the prevalence of pathological  
34 gambling in Kansas. All grants shall be made after open solicitation  
35 of proposals and evaluation of proposals against criteria estab-  
36 lished in rules and regulations adopted by the secretary of the  
37 department of social and rehabilitation services. Both public and  
38 private entities shall be eligible to apply for and receive grants  
39 under the provisions of this section.

40 [(2) *Moneys in the problem gambling and addictions grant fund*  
*may be used to treat alcoholism, drug abuse and other*  
*addictive behaviors.*

Section 55 4 [(e) All grants made in accordance with this section shall be  
Page 58 5 made from the problem gambling *and addictions* grant fund. The  
6 secretary shall administer the provisions of this section and shall  
7 adopt rules and regulations establishing criteria for qualification  
8 to receive grants and such other matters deemed necessary by the  
9 secretary for the administration of this section. Such rules and reg-  
10 ulations shall include, but need not be limited to, a requirement  
11 that each recipient of a grant to provide treatment for pathological  
12 gamblers report at least annually to the secretary the grantee's  
13 measurable achievement of specific outcome goals.

14 [(f) For the purpose of this section “pathological gambling”  
15 means the disorder by that name described in the most recent  
16 edition of the diagnostic and statistical manual.

17        *[(g) On the effective date of this act the director of accounts and*  
18        *reports shall transfer all moneys in the problem gambling grant fund to*  
19        *the problem gambling and addictions grant fund. Thereupon the problem*  
20        *gambling grant fund shall be and is hereby abolished.*

## Appendix B

### Invitation Letter to Forum to Address Problem Gambling

Dear \_\_\_\_\_,

Kansas lawmakers recently passed Senate Bill 66 which created and appropriated funds for the Problem Gambling and Addiction Fund to address problem gambling and other addictions. The Department of Social and Rehabilitation Services (SRS) is responsible for the administration of this new fund. In order to gather valuable input from those in the community and across the state with the knowledge and experience regarding the consequences of problem gambling, SRS and Addiction and Prevention Services is hosting a "Forum to address Problem Gambling". Information gathered during the Forum will be used to form a series of recommendations that SRS will use to develop a comprehensive plan to address problem gambling. Please note that while the bill does identify *other addictions* as a part of this fund, this forum will only focus on the needs to address Problem Gambling.

This forum represents an early step in the SRS planning process. The issue of problem gambling is one that affects multiple service areas, diverse populations, and the community at-large. Therefore SRS and Addiction and Prevention Services, need to better understand how problem gambling impacts the population you serve or represent and your thoughts about what is needed to best address this issue. To help in this effort, you are cordially invited to participate in this Forum to discuss the various components of problem gambling services, as outlined in the attached document. SRS is committed to a forum that includes a diverse representation of individuals from across the state. If you are unable to attend this event, please suggest someone in your place who could speak from a similar perspective.

The forum has been scheduled for Tuesday, October 23, 2007 from 10:00 AM to 4:00 PM at the Rock Springs 4-H Center, 1168 Hwy. K157 (just outside Junction City). Please complete the attached registration form by October 12, 2007.

Thank you for your interest and time commitment to this important process. SRS looks forward to your insight and input as efforts are made to plan for the future.

Sincerely,

David Dickinson  
Director  
Addiction and Prevention Services

## APPENDIX C

### STAKEHOLDERS FORUM ADDRESSING PROBLEM GAMBLING OCTOBER 23, 2007 ATTENDEES

Lori Alvarado	SRS Strategic Development	Topeka
Kath Ayers	SRS Strategic Development	Topeka
Valoree Barrett	Central Kansas Foundation	Salina
Charley Bartlett	SRS/HCP/AAPS	Topeka
Jodie Beisner	Central Kansas Foundation	Salina
Stanley Bier	Private Practice	Kansas City
Penny Boleski	The Mental Health Consortium	Topeka
Cindy Bowen	SRS	Pratt
Mary Bradshaw	Housing and Credit Counseling	Topeka
Kim Brown	SRS/AAPS	Topeka
Arnetta Burgess	Self-Help Advocate	Topeka
Chris Burk	Housing and Credit Counseling	Topeka
Lisa Carter	Kansas Association of Addiction Professionals	Topeka
Joan Cloutier	Private Practice	Shawnee Mission
Ann Collins	Sunrise Inc	Larned
Jan Correll	SRS, SE Region	Chanute
Michael Cranston	Central Kansas Foundation	Salina
Joyce Cussimano	SRS/AAPS	Topeka
David Dickinson	AAPS Director	Topeka
Bernie Doel	SRS Strategic Development	Topeka
Randy Ecker	Kings Treatment Center	Wichita
Ron Eisenbarth	Eisenbarth and Associates	Topeka
Dr. Morris Faiman	University of Kansas	Lawrence
Shirley Faulkner	Prairie View Inc.	Hutchinson
Patricia Fields	Center for Health and Wellness	Wichita
Sarah Fischer	SRS Strategic Development	Topeka
Milt Fowler	Parallax Program, Inc.	Wichita
Kathryn Franklin	Panelist	Lawrence
Larry Franklin	Panelist	Lawrence
Ernie Gauthier	Co-Occurring Distractions	Lees Summit
Pat George	Kansas House of Representatives	Dodge City
Amy Gier	DCCCA Addiction Services	Wichita
Carole Gray	The Center for Counseling and Consultation	Great Bend
Dustin Hardison	SRS Government Affairs	Topeka
David Hinzman	Kings Treatment Center	Wichita
Kenneth Holloway	KNOX Center, Inc.	Wichita
Jean Holthaus	Prevention and Recovery Services	Topeka
Lloyd Hull	Kansas SRS	Topeka
Chester Irving	Kings Treatment Center	Wichita
Scott Jackson	Family Life Center, Inc.	Riverton

Chrisy Khatib	KC Metro SRS	Kansas City
Edith Knox	KNOX Center, Inc.	Wichita
Gary Lee	Valeo Behavioral Health Center	Topeka
Mary Lemon	Prairie View	McPherson
Stuart Little	Little Government Relations	Topeka
Kala Loomis	Kansas State Gaming Agency	Topeka
Sally Lunsford	Kansas Lottery	Topeka
Joyce Markham	Private Practice	Topeka
Dan Mauer	Klik Kreative	Topeka
Beverly Metcalf	Mirror, Inc.	Newton
Cheryl Moore	Sunrise, Inc.	Larned
Gloria Nepote	NCADD	Kansas City
Vern Norwood	Kansas Department on Aging	Topeka
Pat Ochs	SRS/AAPS	Salina
Duane Olberding	Private Practice	Topeka
Lauren Otto	SRS Community Support Services	Topeka
Brad Parks	Elm Acres Recovery Services	Pittsburg
Nan Putnam	SRS	Wichita
Dennis Rogers	SRS Strategic Development	Topeka
Charlie Roth	Kansas House of Representatives	Salina
Melissa Sandman	Kansas State University	Manhattan
Natalie Savage	SRS	Topeka
Kathy Slimmer	Kansas Certified Gambling Counselor	Topeka
Tony Snow	Area Mental Health Center	Dodge City
Tammy Spangler	Parallax Program, Inc.	Wichita
Les Sperling	Central Kansas Foundation	Salina
Carol Spiker	Prevention and Recovery Services	Topeka
Kevin Steele	SRS	Emporia
Myrna Stephens	SRS Strategic Development	Topeka
Daniel Sterrett	Heartland RADAC	Roeland Park
Linda Stewart	RPC of Wyandotte County	Kansas City
Deb Stidham	SRS Health Care Policy	Topeka
Shanna Trujillo	Kansas State University	Manhattan
Krista Tummons	Southeast Kansas Mental Health Center	Fort Scott
Myron Unruh	ValueOptions	Topeka
Clay Walters	Prevention and Recovery Services	Topeka
Any West	SRS	Dodge City
Max Wilson	Prevention and Recovery Services	Topeka
Scott Wituk	Wichita State University	Wichita
Melissa Woodward	Kansas Department of Corrections	Topeka
Jan Wrolstad	Mid-America Addiction Technology Trsf Center	Kansas City

## APPENDIX D

### Stakeholders Forum Addressing problem Gambling: Engaging the Community

Tuesday, October 23, 2007  
10:00 a.m.  
Rock Springs 4-H Center

<b>Agenda</b>
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09:15 – 10:00 Registration

10:00 – 12:00 Welcome/Opening Remarks

*David Dickinson*  
*Representative Pat*  
*Representative Charlie Roth*

Panel

Prevention

*Jean Holthaus*

Crisis Intervention and Helpline Services

*Penny Boleski*

Workforce Development

*Lisa Carter*

Treatment Services

*Duane Olberding*

*Larry & Kathryn Franklin*

Research and Evaluation

*Jeff Marotta*

Q & A for Panel Members

12:00 – 01:00 Lunch

01:00 – 02:45 Focus Group Sessions

02:45 – 03:00 Break

03:00 – 03:30 Report Out

03:30 – 04:00 What's Next/Closing Remarks

*David Dickinson*

## APPENDIX E

### Prevention: Focus Group Session Notes October 23, 2007

#### Prevention

*Description:* Comprehensive problem gambling prevention includes: (a) primary prevention, i.e., services that seek to reduce the incidence of problem gambling, (b) secondary prevention, i.e., activities aimed at early detection, thereby increasing opportunities to prevent low-level problem gambling from progressing into pathological gambling, and (c) tertiary prevention, i.e., activities designed to identify and alleviate pathological gambling intensity or duration, in order to reduce gambling related harm.

#### **What aspects of Prevention are important when we think of problem gambling?**

- Education ~ consequences, risk factors
- Awareness
- Target groups ~ age, culture
- Social issues
- Advertising
- Availability
- Types of gambling ~ casino, internet (better training to address/recognize)
- Help line
- Training counselors
- Define the risk of problem gambling
- Identify risks/protective factors related to problem gambling
- Research evidence based programs related to problem gambling
- What laws are related to underage gambling? Is it against the law for kids to be in Texas Hold'em restaurants?
- Start prevention education early
- Stigma
- Programs/Services
- Education
  - Potential gamblers; Teenagers (adolescents, ages 12-24); Parents; Far reaching/outreach; Professionals; Judicial system; School counseling staff; CPS; Aging population/APS
- Make gambling a part of the assessment
- Social/Environment
- Availability
- Policies

**What are our Prevention priorities today? Where and how does problem gambling fit?**

- Seek advice/help from national resources (National Council on Problem Gambling)
- Advertising – all medias
- Work together with medical profession
- Financial institutions
- Remove ATMs from casinos

**What are our Prevention priorities today? Where and how does problem gambling fit? Continued...**

- Identify enabling behaviors
- Identify alternative recreation (youth & elderly)
- Schools
- Look at commonalities with other risk factors for substance abuse prevention
- Develop PSAs to counter pro-gambling advertising
- Priority to use evidence based data and programs
- Substance abuse / Underage drinking
- Consider problem gambling in current risk factor model (another “problem behavior”)
- EES
- CFS
- Working with casinos to identify need for services
- Working with clients on budgeting/financial boundaries
- Identifying common risk factors/needs assessment
- Counter-advertising
- Collaboration – National, State to State, local, community.

**What people, organizations, systems and professional groups should be at the table?**

- |   |   |
|---|---|
| • Local governments                     | • Financial institutions                            |
| • Schools                               | • Judicial system                                   |
| • Colleges/universities                 | • Military  |
| • Debt recovery                         | • Legislators                                       |
| • NPGA                                  | • National organizations                            |
| • Evidence-based research               | • Site specific community                           |
| • PGs in recovery                       | • Churches  |
| • Medical professionals (brain imaging) | • Housing and credit counseling                     |
| • Faith communities                     | • Financial institutions (banks, savings and loans) |

- Faith communities
- Educators
- Parents
- Everybody
- 12 key community sectors
- Senior citizen groups
- RPC
- SRS
- Treatment Providers
- Insurance companies for treatment
- Community leaders
- Gaming commission
- Financial institutions
- Medical
- Mental health professionals
- Schools
- Youth serving organizations
- Alcohol and drug counselors
- Legal (police, lawyers, judges)
- Credit counselors
- Recovery community
- Celebrities/role models
- Domestic violence

## APPENDIX F

### Workforce Development: Focus Group Session Notes October 23, 2007

#### Workforce Development

*Description:* Workforce development has emerged as a term to describe a relatively wide range of activities, policies, and programs. These may include (a) development of workshops and information for professional groups that come in contact with problem gamblers; (b) development and implementation of a training program for persons in the health and social services sector to proficiently provide prevention or treatment services to address problem gambling; (c) development of programs to encourage growth in the number of professionals specializing in the field of problem gambling research, treatment, or prevention.

#### **What are the training needs for existing prevention and treatment professionals?**

- Focus on what it looks like ~ how to treat
- Coaching, application supervision
- Ongoing training
- Incentive which will increase business to build capacity
- Begin with assessment
  - What population will we be serving
  - Who is doing “identification”
- Clients to initiate and maintain treatment ~ family involvement
- Look at what groups need what training
  - Offer a variety of training in a variety of ways
- Dual diagnosis training ~ spot and refer
- Clergy learning to refer
- Clearly understand guidelines
- Training to address variety
- Best practices if available
- Increased public awareness
- Advanced trainings
- Consider tribal nation

#### **Who should conduct the training?**

- Someone with experience and success
- “Kansas grown” based on experts
- Recovering individuals
- Local (service coaches)
- Bankers (financial)
- Increased number of certified gambling counselors

- GA group

**How could the training needs of providers in rural and frontier areas be addressed?**

- Technology ~ video conferencing
- Travel
- Sharing information ~ What is available?
- Incentives to serve ~ tuition, etc.
- Address poverty issue
- Established reimbursement program
- Assess greatest need
- Informed choices
- Border issues ~ who pays?

**How could the training needs of providers in rural and frontier areas be addressed?  
Continued...**

- Staff assessment
- Study results provided to state

**With what existing systems can we partner in the effort and what would their roles be (e.g. Addiction Treatment Transfer Center (ATTC), community colleges)?**

- KAAP
- National council NCADD
- Mental health counselors
- Problem gambling coalition
- Racing and Gaming Commission
- Fellow agencies
- Prevention from within
- Interfaith counsels, community colleges
- Medical community, clinics
- High schools
- Technology – WIKI, internet
- Mid-America ATTC
- ATTC training of the trainers ~ web and in person

## APPENDIX G

### Research and Evaluation: Focus Group Session Notes October 23, 2007

#### Research and Evaluation

*Description:* Due to the technical nature of conducting research and program evaluation, this service component is complex yet priorities need to be set about what type of research to fund and along what timeline. Surveillance research may involve repeated prevalence studies of gambling behaviors or longitudinal studies to assess the incidence of problem gambling. Program evaluation may focus on service level processes and/or outcomes, system level processes and/or outcome or some combination.

#### **What kind of research should be done and for what purpose?**

- All people with addiction resist treatment.
- Core addiction treatment can be used and augmented for gambling addicts.
- Is there another addiction involved? Prevalence of co-occurring disorder.
- Distinction between evaluation and research. Typically:
  - Research = prevalence studies
  - enrollment/discharge data in treatment
- Montreal – Research methodology – 7 year longitudinal study of community (where casino was going in)
- “Pure” research is expensive
- Research grant program to take the state toward a “best practice” standard.
- Role of clinical research with clinical trials with medication – med center, self-help network, WSU, etc.
- How high a priority is it to put dollars into research?
- Pick one community r/t whole state.
- Dodge City – good choice. Establish baseline and log longitudinal study.
- SRS could provide dollars by prioritizing research and making grants available.
- Leverage Federal funds.
- Setting up state-wide RFP/grant system. Would bring in academic community. No national institute in gambling.
- What are pathways to recovery from gambling addiction? There is a small amount of these studies.
- Consider student research grants (small amounts – big results)
- How do we evaluate these research grants (see Bill language)

Themes: Lots of support for grant based research – not all pre-defined.  
Socio-economic impact on one community like Dodge City.

**What treatment outcomes would be important to measure for this population?**

- Successful completion of treatment.
- Define success. Treatment complete vs. lower gambling or zero gambling.
- Abstinence vs. harm reduction.
- Measuring quality of life components
  - Family
  - Employment
  - Finances
- Currently no standardized tracking. We use NOMS.
- Treatment complexion is different for people and programs.
- Many pathways to recovery.
- Addiction vs. abuse definition.

**What treatment outcomes would be important to measure for this population?  
Continued...**

- Promising practices. States vary widely. Some only GA or some with inpatient/outpatient. Mostly funding goes to outpatient – combo individual/group. On average, 20 sessions.
- What types of gambler benefits from what type of treatment. Based on typologies r/t progression.
- Need theoretical model (to classify).
  - Extensive assessment
  - Drives treatment decisions
- Do we need to bring (or does Kansas have) gambling addiction experts?

Themes: Don't just look at outcome measures, look at several harm reduction vs. abstinence for outcomes. Importance of follow-up evaluation.

**What data should SRS collect to evaluate regarding problem gambling services?**

- Start with baseline – Dodge City
  - Prevention
  - Treatment
  - Community impact
  - Community based survey before, during and after.
- No systematic way to collect information on gambling, i.e. police reports, accident rate on route, other related incidences. CTL is exception.
- Race and ethnicity. Cultural awareness/attitudes
- Gender
- Demographics in general. Epidemiological.
- How to evaluate impact. ID sub populations early.

- To what extent do problem gamblers turn to others outside treatment/recovery system for help?
- Interview community leaders etc. as part of survey/initial data and on-going.
- Can we piggy back on existing A&D infrastructure for research/evaluation? KCPC. Interface with A&D system.
- Mental Health Center intakes. AIMS data. Let's not reinvent the wheel.
- Interface with providers who are collecting data. All of group. Specify in grants.

Themes: Programs and community data.

Gather much descriptive data about gambler entering treatment.

Not reinvent the wheel.

Use existing infrastructure.

## APPENDIX H

### Public Awareness and Marketing: Focus Group Session Notes October 23, 2007

#### Public Awareness & Marketing

*Description:* This section refers to the activities, policies, and programs designed to raise the consciousness of individuals, groups, or organization to any or all of the following: (a) the risks associated with gambling, (b) the availability of treatment, (c) signs and symptoms of a gambling problem, (d) responsible gambling guidelines, (e) gambling policies or laws, (f) consumer education, e.g., game odds, randomness, and (g) gambling helpline or other help and information resources.

#### **On what should a public awareness campaign focus?**

- What the problem is...and what it is not.
- Results of problem gambling. Impact on the family.
- Where to go to get help.
- High risk factors that lead to the problem.
- Look at populations – Aging, youth, etc. Not just one group. Have target audiences.
- Education to break the stereotypes. Everyone is at risk.
- Use data to educate.
- Prevention efforts.
- Available treatment options.
- Design the message appropriately – succinct – so the message is branded and doesn't lose focus.
- Approach it using strategic marketing strategies.
- Benefits to a community for having gambling.
- Delineate gambling vs problem gambling – gamble responsibly.
- Appeal to consumers rather than making it a political statement.
- Signs and symptoms of problem gambling and who to call for help (helpline).
- Focus on those family members (and others) affected and signs and symptoms that others can identify.
- A separate campaign for self-exclusion.
- Create a cohesive brand – one number to call, one website for gaming information – a coalition of all interested parties.

#### **What types of advertising, marketing, and promotion might be especially effective?**

- Billboards furnishing help line and website.
- Radio

- Anonymous information on websites.
- Television commercials.
- Regional Prevention Centers working with coalitions.
- Bathroom stall advertising.
- Direct mailing.
- Coupons – message about responsible gaming.
- Public utilities – flyers.
- Newspaper advertising.
- Curriculum in schools.
- Faith-based.
- High profile spokesperson – or “real” spokespersons.
- Look for someone like Michael Vick to say “I lost it all.”
- Counselor training.

**What types of advertising, marketing, and promotion might be especially effective?  
Continued...**

- Educate people about side-effects of medication.
- A brand!
- Make materials available – logos, PSAs, etc.

**What sub-populations should be targeted and by whom?**

<b>Sub-population</b>	<b>By whom?</b>
50+ to Retirees	AARP
Youth	Schools, On-line gambling, Hip Hop radio stations, Sports talk radio
College students	Orientation
Those already addicted	
Geographical Areas	Resource Directories, Phone books
Families	
Caregivers – Parents (includes exploitation)	
Professionals – Physicians	Medical Schools, Conferences, Continuing Education
Financial Institutions – Housing Refinancing	
General	Legal System
Other Ethnicities	

**Highlights:**

- A brand – organized, cohesive, consistent effort. Simple and memorable effort.
- Recognizing many sub-populations. Crafting messages to diverse audience.
- Define what problem gambling is and what it is not.

## APPENDIX I

### **Crisis Intervention and Helpline Services: Focus Group Session Notes October 23, 2007**

#### **Crisis Intervention and Helpline Services**

*Description:* Crisis intervention refers to the activities employed to aid persons experiencing high levels of emotional distress related to a gambling problem. Crisis intervention objectives include de-escalating situations, preventing harm to self or others, referral and placement into appropriate level of care. Programs or systems designed to respond to emotional crisis may include help lines, mental health centers, casino based interventions, employee assistance programs, and others.

#### **How will we assure there are no “wrong” doors for problem gamblers or affected others seeking services?**

- Advertise.
- Phone calls from phone book > Awareness.
- Clear broad-based, wide spread information.
- Standard screening into regular screening.
- Target awareness by all access points. Addictionizing. Need specific knowledge for this issue. Competency of providing the service. Point person needs to be informed/qualified with crisis intervention experience.
- Need Master’s level for point person. Casino...training as a “natural Helper”. Non Professional.
- Learn more about “process addiction”. Adequate funding for quality hiring for “point person” who’s accessible and knowledgeable of resources across the state.
- Collaborate with 911, Law Enforcement, Hospital ER, First Responders, Cosmetologists, Clergy, Bartenders.

#### **What services should a helpline offer?**

- What percentage comes from gambler? Average 3-5 minute conversations. Engagement.
- Provide excellent resource to Mental Health and community. Phone number, information, location of caller, family.
- Gambler’s mindset. Won’t admit problem, narcissistic, 12 steps for GA are different.
- Need process training and treatment.
- Engagement skills must be stronger.
- More training and qualified for each addiction type.
- Treatment on demand and the system to log the information.
- On call counselors across the state.

- Implement access standards, triage and tracking of information.
- Shared knowledge per person – Database.
- Helpline is the beginning of case coordination.
- Follow up for the caller and check with caller later. Call helpline with feedback.
- Crisis and treatment on demand (24 hour access to treatment).

**Where and how can we most effectively implement problem gambling assessment and referral programs within community contact points?**

- Standard questions in all assessments.
- Training of persons asking screening questions.
- Next step if “yes”
- Tool like SASSI for gambling addiction

**Where and how can we most effectively implement problem gambling assessment and referral programs within community contact points? Continued...**

- Community contacts developed. Banks, Credit Unions, Doctor offices.
- Know where GA meetings are being held. Help non-GA get to meeting.
- Curriculum to include core competency for providers and legitimize this treatment.
- Become a part of what AAPS requires. Credentials include specific education.
- Degrees, Doctor, Nurses, Social Workers, Psychologists, Etc.
- Use helpline as consultation point for community and providers. Community resource.

## APPENDIX J

### **Treatment: Focus Group Session Notes October 23, 2007**

#### **Treatment Services**

*Description:* Treatment Services are professionally delivered interventions aimed at improving health, functioning, and quality of life for problem gamblers and their concerned others. Types of treatment services may include individual counseling, couples/family counseling, group counseling, financial management counseling, and/or medication management.

#### **What levels of care are essential for problem gamblers?**

- Base it on what research says.
- Work equity. Community service. Give back.
- Crisis services.
- One on one care.
- Group
- Family
- Residential
- Couple
- Intensive out patient
- Case management
- DBT – Dialectical Behavioral Treatment
- Medication management
- Financial
- Aftercare
- Immediate intervention
- Support groups
- Dual diagnosis
- Legal consultation
- Recovery house/Oxford houses
- Housing – gambling shelters
- Assessment services
- Services for children
- Transportation
- Payees

#### **How should the client fee structure be set up?**

- Income based.
- Progressive. As the person goes through treatment, they pay more.

- Ability to pay.
- Client being responsible for a portion.
- Individualized treatment with individualized fee structure.
- If no fee – it would be for family members.
- Completion responsibility.
- No cost at all to gambler or family. State pays all.

**Who should be eligible to provide SRS supported problem gambling treatment?  
Include any discussion about provider training or certification requirements.**

- Certified speciality for program gambling.
- Trained to work with problem gamblers.
- Determine an oversight structure for monitoring counselors.
- Ongoing C.E.U.s offered locally.
- University courses need to be developed and offered.
- Core competencies i.e. personality disorders, social anxiety, crisis intervention, suicide.
- Decompression therapy (debriefing)
- Special populations – casino vs. internet vs. stock market. Youth vs. elderly.
- Not so narrow it excludes SA treatment professional.
- Why must you be CADC II or III?
- Standards for non-mental health providers (credit counselors to be able to provide services.)

**What should the provider reimbursement structure look like?**

- Fee for service with no limit.
- Fees based on qualifications.
- Standard fee for each service.
- Fee based on outcomes.
- Fee schedule based on percentage of Medicaid.
- Incentive the fee schedule to encourage providers to come into the field.
- Appropriate pay for the intensity of service.
- Incentives for treatment retention – can't keep them coming.
- Formulatic – fee payment for referrals to out of state providers.
- Flex fund to pay rent/utilities with stipulation the person stays in treatment.

**Themes:**

- Need for specialized training.
- Knowledge of community supports.
- Need to be paid for services.
- Cooperation between entities.
- Incentives for clients.
- Communication and creativity.

## APPENDIX K

### PROBLEM GAMBLING FOLLOW UP MEETING NOVEMBER 27, 2007 ATTENDEES

Kath Ayers	SRS Strategic Development	Topeka
Charley Bartlett	SRS/HCP/AAPS	Topeka
Heath Bechler	Kings Treatment Center	Wichita
Penny Boleski	The Mental Health Consortium	Topeka
Lisa Carter	Kansas Association of Addiction Professionals	Topeka
Joan Cloutier	Private Practice	Shawnee Mission
Michael Cranston	Central Kansas Foundation	Salina
Jim Costello	Addiction Specialists of Kansas	Wichita
Joyce Cussimano	SRS/AAPS	Topeka
Ray Dalton	Health Care Policy	Topeka
David Dickinson	AAPS Director	Topeka
Bernie Doel	SRS Strategic Development	Topeka
Ron Eisenbarth	Eisenbarth and Associates	Topeka
Dr. Morris Faiman	University of Kansas	Lawrence
Dustin Hardison	SRS Government Affairs	Topeka
Jason Hess	Heartland RADAC	Roeland Park
Jean Holthaus	Prevention and Recovery Services	Topeka
Dan Mauer	Klik Kreative	Topeka
Duane Olberding	Private Practice	Topeka
Marilyn Stanley	Housing and Credit Counseling	Topeka
Deb Stidham	SRS Health Care Policy	Topeka
Derese Unruh	New Chance	Dodge City
Jan Wrolstad	Mid-America Addiction Technology Trsf Center	Kansas City

## APPENDIX L

### PROBLEM GAMBLING FOLLOW UP MEETING JUNE 4, 2008 ATTENDEES

Bernie	Doel	Social and Rehabilitation Services	Topeka
Claudia	Larkin	KAAP	Topeka
Ron	Eisenbarth	Eisenbarth and Associates	Topeka
Jack	McGinnis	Recovery Advocate	Topeka
Barbara	Strecker Gaudreau	Social and Rehabilitation Services	Topeka
Debbie	Woolaway	Kansas Family Partnership	Topeka
Deb	Stidham	Social and Rehabilitation Services	Topeka
Mike	Deines	Kansas Racing and Gaming Commission	Topeka
Stuart	Little	Little Government Relations	Topeka Garden City
Ric	Dalke	Area Mental Health Center	City
Suzi	Green	SRS-CFS	Topeka
Sally	Lunsford	Kansas Lottery	Topeka
Loretta	Shelley	Dept. of Commerce	Topeka
Roger	Hayden	Department of Corrections	Topeka
Janette	Corpstein	SRS/AAPS	Atchison
Steve	Mock	SRS Government Affairs	Topeka
Becky	Rinehart	SRS Mental Health	Topeka
Penny	Boleski	The Mental Health Consortium	Topeka
Bev	Metcalf	Mirror, Inc.	Newton
Jean	Holthaus	SRS AAPS	Topeka
Cindy	Pauls	SRS - Docking Building	Topeka Garden City
Kendal	Carswell	Heartland RADAC	City
Krista	Tummons	Southeast Kansas Mental Health Center	Ft. Scott
Richard	Bartlett	SRS-AAPS	Chanute
Keven	Pellant	Kansas Department of Corrections	Topeka
Susan	Lopez	Family Life Center	Riverton

## APPENDIX M

### PROBLEM GAMBLING FOLLOW UP MEETING JUNE 5, 2008 ATTENDEES

Bernie	Doel	Social and Rehabilitation Services	Topeka
Barbara	Stecker Gaudreau	Kansas Rehabilitation Services	Topeka
			Kansas
Peggy	Kelly	KCM	City
Tammy	Adams	ValueOptions of Kansas	Topeka
Ruth	Owens-Jurgens	Allen County Community College	Burlingame
Mark	Thompson	Kansas State Department of Education	Topeka
Arnetta	Burgess	Recovery Advocate	Topeka
Jack	McGinnis	Recovery Advocate	Topeka
Carol	Spiker	PARS	Topeka
Stuart	Little	Little Government Relations	Topeka
Claudia	Larkin	KAAP	Topeka
Ron	Eisenbarth	Eisenbarth and Associates	Topeka
Deb	Stidham	Social and Rehabilitation Services	Topeka
Debbie	Woolaway	Kansas Family Partnership	Topeka
Kathy	Perron	SRS-AAPS	Topeka
Janine	Gracy	Regional Prevention Center	Olathe
Michelle	Voth	Kansas Family Partnership	Topeka
Becky	Rinehart	SRS Mental Health	Topeka
Jean	Holthaus	SRS AAPS	Topeka
David	Fulton	St. Paul's Lutheran Church	Wichita
Linda	Stewart	RPC of Wyandotte County	City
Mollie	Thompson	Mirror, Inc/SCKRPC	Newton
Tom	Lohff	Addiction Recovery Center	Frontenac
Vern	Norwood	Kansas Department on Aging	Topeka
Chrisy	Khatib	KC Metro SRS	City
Lisa	Chaney	Data and Information Systems Group	Girard
Morris D.	Faiman	University of Kansas	Lawrence

## APPENDIX N

<p style="text-align: center;"><b>Kansas Department of Social and Rehabilitation Services</b> <b>Stakeholder Workgroup Meeting on Problem Gambling Services</b> November 27, 2007 Topeka, Kansas</p>
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### ~ AGENDA ~

- |         |   |                 |
|---------|---|-----------------|
| 8:30am  | <b>Registration</b>   |                 |
| 9:00am  | <b>Welcome/Introductions</b>  | David Dickinson |
|         | <ul style="list-style-type: none"><li>• Overview of goals for the day</li></ul>   |                 |
| 9:15am  | <b>Mission/Vision for SRS Problem Gambling</b>  | Bernie Doel     |
|         | <ul style="list-style-type: none"><li>• Gather input on Mission/Vision statements</li></ul>                                       |                 |
| 9:45am  | <b>Public Awareness/Marketing Overview</b>  | Tim Christensen |
|         | <ul style="list-style-type: none"><li>• Role of public awareness in service systems</li></ul>                                     | Jeff Marotta    |
| 10:15am | <b>BREAK</b>  |                 |
| 10:30am | <b>Public Awareness/Marketing Roundtables</b>   | Tim Christensen |
|         | <ul style="list-style-type: none"><li>• Identify priorities for Kansas</li><li>• Identify potential evaluation measures</li></ul> | Jeff Marotta    |
| 11:30am | <b>Report Out Roundtable Discussion</b>   | All             |
|         | <ul style="list-style-type: none"><li>• Synthesize small group discussions</li></ul>  |                 |
| 12:00pm | <b>LUNCH</b>  |                 |
| 12:30pm | <b>Treatment Services Overview</b>  | Jeff Marotta    |
|         | <ul style="list-style-type: none"><li>• Unique aspects of PG treatment services</li><li>• Possible evaluation measures</li></ul>  | Tim Christensen |
| 1:00pm  | <b>Treatment Services Roundtables</b>   | Jeff Marotta    |
|         | <ul style="list-style-type: none"><li>• Identify priorities for Kansas</li><li>• Identify potential evaluation measures</li></ul> | Tim Christensen |
| 2:15pm  | <b>Report Out Roundtable Discussion</b>   | All             |
|         | <ul style="list-style-type: none"><li>• Synthesize small group discussions</li></ul>  |                 |
| 2:30pm  | <b>BREAK</b>  |                 |

2:45pm	<p><b><i>Research Overview</i></b></p> <ul style="list-style-type: none"> <li>• Critical gaps in PG research</li> </ul>	Jeff Marotta
3:00pm	<p><b><i>Research Roundtables</i></b></p> <ul style="list-style-type: none"> <li>• Identify research priorities for Kansas</li> </ul>	Jeff Marotta Tim Christensen
3:30pm	<b><i>Report Out Roundtable Discussion</i></b>	All
3:45pm	<b><i>Summation of Day and Next Steps</i></b>	David Dickinson
4:00pm	<b><i>Adjourn</i></b>	

## APPENDIX O

<p style="text-align: center;"><b>Kansas Department of Social and Rehabilitation Services</b> <b>Stakeholder Workgroup Meeting on Problem Gambling Services</b> June 4, 2008 Topeka, Kansas</p>
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### ~ AGENDA ~

8:00 am	<b>Registration</b>	
8:30 am	<b>Welcome/Introductions/Review</b> <ul style="list-style-type: none"><li>• Overview of goals for the day</li><li>• Review of progress to date</li><li>• Review of mission &amp; vision</li></ul>	Deborah Stidham
9:15 am	<b>Crisis Intervention and Helpline Services Overview</b> <ul style="list-style-type: none"><li>• Review what other states have done</li><li>• Review of the evidence</li></ul>	Tim Christensen Jeff Marotta
10:00 am	<b>BREAK</b>	
10:15 am	<b>Crisis Intervention and Helpline Services Roundtables</b> <ul style="list-style-type: none"><li>• Identify priorities for Kansas</li><li>• Identify potential evaluation measures</li></ul>	All
11:15 am	<b>Report Out Roundtable Discussion</b> <ul style="list-style-type: none"><li>• Synthesize small group discussions</li></ul>	All
12:15 pm	<b>LUNCH</b>	
1:00 pm	<b>Workforce Development Overview</b> <ul style="list-style-type: none"><li>• Developing a comprehensive system</li><li>• Novel ideas used in the problem gambling field</li></ul>	Jeff Marotta Tim Christensen
2:00 pm	<b>Workforce Development Roundtables</b> <ul style="list-style-type: none"><li>• Identify priorities for Kansas</li></ul>	All
3:00 pm	<b>Report Out Roundtable Discussion</b>	All
4:00 pm	<b>Summation of Day and Next Steps</b>	Jean Holthaus
4:30 pm	<b>Adjourn</b>	

## APPENDIX P

<p style="text-align: center;"><b>Kansas Department of Social and Rehabilitation Services</b> <b>Stakeholder Workgroup Meeting on Problem Gambling Services</b> June 5, 2008 Topeka, Kansas</p>
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### ~ AGENDA ~

**June 5, 2008**

8:30 am	<b><i>Welcome/Introductions/Review</i></b> <ul style="list-style-type: none"><li>• Overview of goals for the day</li><li>• Review of progress to date</li><li>• Review of mission &amp; vision</li></ul>	Jean Holthaus
9:00 am	<b><i>Prevention Overview</i></b> <ul style="list-style-type: none"><li>• Role of prevention service systems</li><li>• Review of the models from other states</li><li>• Review of the evidence</li></ul>	Jeff Marotta Tim Christensen
9:45 am	<b><i>BREAK</i></b>	
10:00 am	<b><i>Prevention Roundtables</i></b> <ul style="list-style-type: none"><li>• Identify priorities for Kansas</li><li>• Identify potential evaluation measures</li></ul>	All
11:00 am	<b><i>Report Out Roundtable Discussion</i></b> <ul style="list-style-type: none"><li>• Synthesize small group discussions</li></ul>	All
11:45 pm	<b><i>Summation of Day and Next Steps</i></b>	Jean Holthaus
Noon	<b><i>Adjourn</i></b>	

## APPENDIX Q

### Public Awareness/Marketing: Workgroup Session Notes November 27, 2007

Assignment: Design the “ideal” program to address problem gambling awareness. Your model should address the following questions:

1. **What is success? Determine your public awareness goals.**

Synopsis: Integrate non-stigmatizing problem gambling awareness and responsible gaming messaging into a variety of mediums and outlets with the objective to inform the public about the risks associated with gambling, tips to avoid becoming a problem gamblers, signs and symptoms of problem gambling, and knowledge of where to find help if a problem is developing or has developed.

Success is:

- Coming to treatment/staying in treatment
- Recognizing warning signals
- Treatment works
- Reducing stigma (woven in to all messages)
- Knowing/recalling (re)sources of help (who to call)
- Parents and community understand how to prevent problem gambling
- Free, confidential and effective
- Know will not be turned away because of inability to pay
- Will know impact of problem gambling – need for help to overcome
- Reaching a vulnerable population (targeted to at risk populations)
- Includes public health
- Number of Help-Line calls
- Increase in saturation points reached
- 100% of population aware!
- Measure those who don't need help along with those who do call for help
- Radio spots
- Casino literature:
  - a decrease in calls to the Help Line from persons asking for Casino directions, Casino info., etc.
  - look at the Casino literature and clearly define the differences between calling **Gambling Help-Line** vs. calling for Casino information.

- Equalization of calls from a broader source of calls in addition to Help-Line calls
- Schools: create a logo/Mascot for children to begin to associate prevention of gambling problems
- Develop “motivating” messages for various ways to reach the public
- Partnering with lottery, racing and gaming commission (10%)
- Casino staff: training needs/resources for gambling casinos staff written in to SRS “policy”
- Recognize the risk of gambling
- Integrate into school curricula how to manage money, to be responsible with money, and the statistics of what % of money is lost gambling- what the odds are of actually winning
- Consider and promote the ethical responsibility of the state who supports the gambling process to reduce the harm done
- Marketing to tie into actual research which is honest and creditable.

**2. Review the lists generated at last month’s gambling forum for public awareness and marketing.**

**(a) What role can SRS take in supporting such a comprehensive list of activities?**

Synopsis: SRS can provide leadership and direction in developing and implementing strategies and improvement processes to increase public awareness of problem gambling.

- Guidelines (list of minimal standards) for consistency
- Draw from comments of 10/23/07 event for the principles noted above
- Support and provide technical assistance (e.g. sharing resources, strategies)
- Determine outcomes and outcome measures
- Assist in sharing best practices
- Liaison between gaming and ‘the rest of us’
- Designating warehouse/clearing house for sharing media resources
- Support a statewide media campaign
- Weave the awareness of gambling problems into all agencies of SRS
- Policy and Legislation
- Add GA and Help Line info into the currently used waiting room video for our clients in the Regions Awareness.
- Utilize contacts for the lottery, bingo, casinos.

- ID help available using TV campaign, newspapers, text messages, grocery stores, pamphlet, Coalition members, radio to advertize Help-Line for information/treatment
- Rename helpline to \_\_\_\_\_
- Website \_\_\_\_\_ for new casino's to link to help.
- Help PA/TX get involved.
- Internal SRS marketing! Infuse concepts into SRS infrastructure.
- Include forums with SRS - ongoing

**(b) Identify resources and potential partners to support a comprehensive public awareness campaign.**

- Gaming industry/casinos
- Regional Prevention Centers
- ATTC
- Local coalitions
- Higher education
- Local school districts
- Local law enforcement
- Legal/judicial system
- Faith based
- Housing and credit
- Treatment (centers)
- Legislators
- The 12 sectors
- Other state agencies (e.g. Lottery, Corrections, KRGC, KDOA, APS Securities and Exchange Commission)
- Chambers of Commerce
- Proclamation from Mayors
- Coalitions – KAAP, KCOP Gamb.
- KA of Counties/Municipalities
- Kansans for Life at its Best
- Association of CMHC

**(c) Where are the priorities and how might these change over time?**

Synopsis: Consensus on the belief that much needed to be done but varying opinions about where to start.

- K-12 (Gaming Ed) (K-6 start) (Modeling influence...)
- Families
- Develop initial response network (addressing...thru...triage)

- Marketing to providers (to initial educators network)  
Infrastructure. Treatment and Prevention.
- Internal marketing first
- College-aged students
- Investigate/research best practices apply... information gathering
- Letting people know there's help out there
- Include GA resource
- Access academic resources re: marketing...
- Partnering with gaming etc. Struggle with part of initial marketing. Exactly where to start.
- What is initial messaging – not alienating – (e.g. gaming...)
- How to ID yourself or others if there's a problem? Signs and Symptoms and how to get help
- Get the *facts* of incidence of problem gambling in population
  - Odds are against winning; that's why they call it gambling
  - Entertainment vs. gambling problem or addiction
  - When most people will choose "G".
  - Address TV-Poker gambling ---What does this say to our youth
  - Target the lending industry? (ATM's at the Casino's, etc)
  - On-line gambling = multiple targets to include: College, Elderly, sports, Gaming industry itself/their staff

## APPENDIX R

### **Treatment: Workgroup Session Notes November 27, 2007**

Assignment: Design a treatment model for the “ideal” gambling treatment program. Your model should address the following questions:

**1. What is success? Is harm reduction a legitimate goal?**

Synopsis: General consensus that treatment should be client centered and individualized; therefore, harm reduction can be a legitimate goal. Success is reducing harm and improving quality of life either through abstinence from gambling or reduced gambling or another method.

- Abstinence and harm reduction, both
- Developmental model – long term recognition (defining success in different ways)
- Helping family (and others)
- Reduction in negative consequences
- Individualized, client centered treatment
- Immediate access to treatment availability. Variety of access points...extensive
- Harm reduction = self-determination by the client? Some TX persons believe they are professional informed as to what the client needs; the question is how to ‘get buy-in’ *with* the client.

**2. Review the list generated at last month’s gambling forum for “what levels of care are essential for problem gamblers”. Are there any that should be added? How should they be prioritized or grouped?**

Synopsis: General consensus that ideally the state’s system should include all levels of care. Opinion varied about how to prioritize what levels of care are more important than others.

- Co-occurring screening which utilizes a “standard practice”
- Medical assessment + Dental
- MH & MSE Risk Assessment
- Could be grouped thru leveling (of care)
- Research limited (recognize)
- Look at promising practices (e.g. pharmaceutical approaches, behavioral...being explored)
- Assessment (to include e.g. social issues, anxieties, personality disorders...)

- In state residential treatment center (consider establishing) – need determined or start with a few (designated) beds
- Decision around center of excellence or open to several
- All levels of care building from existing system including outpatient interventions at all levels
- **Level I** 9 hrs allows for flexibility of treatment for individual and/or group TX allows for individual growth. Start tracking data.
- **Level 2** – Pilot Programs. Early interventions
- Case Management services increased in each Region!
- Address family involvement as assess family’s needs!
- Who are those at greatest “immediate risk”?
- Find out where these immediate risk clients are. In which geographical areas? Look at Dodge City for immediate need).
- Youth & College students. Is there evidence to support possible delay of on set of problems due to awareness of potential gambling problems early in life?
- Target: the destination areas for new gambling casinos.
- Sub populations – CMHC gateways

**3. What pre-requisites should be required for gambling counselor certification?**

Synopsis: General level of consensus that gambling counselor certification should provide some level of quality assurance. There were varying opinions about what pre-requisites should be required and some discussion that these should be viewed as fluid depending on the needs of the system as it evolves.

- ‘Consider’ raising requirements → higher reimbursement
- Noted those who stay working in field
- Remembering higher quality of care – focus
- Called out pay-for-performance possibility
- Tap how National came up with existing requirements
- Grand fathering approach in raising credentials, academic requirements
- May change overtime
- Need to establish provider base initially
- Education: Diagnose and treatment assessment criteria. KAP (January training) Gambler Certification Training. Use existing certification qualifications and add more? Certification to include
  - the ability to assess risk of suicide, and level of crisis
  - ability to diagnose and treatment
- Be able to provide or refer to treatment
- Assessments – (Funding source driven). Need to be consistent across KS.

- Use existing QMHP – Addiction Counselors would be able to diagnose and assess problem gambling with 60 hr. training = certified.
- QMHP only for assessment

**4. Review the list generated at least month’s gambling forum for “who should be eligible to provide SRS supported problem gambling treatment?” Expand and clarify by discussing treatment settings (agencies or private practitioners) and exceptions for non-certified counselors to provide services.**

Synopsis: Most agreed requirements to obtain SRS supported gambling treatment funds should not be exclusive to the point of seriously reducing access to services but there needs to be methods to demonstrate the system is composed of well qualified providers.

- Anyone who is certified as a gambling counselor both private practitioners and those in agencies
- Only gambling counselor who are partnered or in coalitions with other gambling counselors to address coverage, etc.
- Theory collaboration noted in proposal

**5. What continuing education or training activities would be required and who will be responsible for providing the training?**

Synopsis: Some discussion to look at the educational guidelines for national problem gambling counselor certification as a benchmark. Providers of the training could be diverse to cover a wide range of workforce development needs.

- 2 yrs of 12 to 15 CEUs is being proposed now
- Who’s responsible for training? Conferences exist now, PARS, NAADAC, Kansas to get training in all areas – (Time & Cost)
- College involvement in training as well as what education, etc.
- Annual continuing education requirements of 12+

**6. Review the list generated at last month’s gambling forum for “What should the provider reimbursement structure look like?” Would you add any payment options or strategies? Prioritize which structures or principles are most important to consider.**

Synopsis: General agreement that a provider reimbursement system needs to provide incentives for well-qualified and desired providers to participate in a state-funded gambling treatment system. Some discussion

about providing start-up funding in addition to reimbursing on a fee for service schedule.

- Anything to add? – Vouchers
- How to prioritize? Fee for service. Simple. Easy to track.
- If agency director – how to get my staff ready with fee for service...how for it to be equitable? Underwrite any cost. Help with loss of \$ for that day of training. Baseline incentive. RFP has to address increase \$, i.e. Vouchers for treatment. Defray cost to develop cost of developing services.

## APPENDIX S

### Research and Evaluation: Workgroup Session Notes November 27, 2007

Assignment: Design the “ideal” program to develop an evaluation and research component to problem gambling services. Your model should address the following questions:

#### 1. What are some possible goals for a state-sponsored research program?

Synopsis: Participants generally agreed that the research priorities of the Ontario Gambling Research Center seemed to fit for Kansas as well:

- Identify trends in prevalence;
- Identify and more completely describe segments, sub-groups or types within the gambling and problem gambling population;
- Treatment capacity, recruitment and delivery for adults;
- Examine the nature and extent of problem gambling among adolescents;
- Examine gambling related crime and abuse of trust, and responsibility for negative consequences;
- Identify the underlying problem(s) and creating effective preventive responses for young adults.

#### Participant Comments

- Determine for whom
- OGRC – noted seen as good/applicable
- Beyond evaluation/research...thinking and doing outside the box
- Develop longitudinal study/assess impact (from 10/23/07 list)
- What’s effective for treatment, recidivism? What’s needed nationally – not to lose \$. Gaps in literature.
- What separates those of recreational vs. gambling addiction?
- Baseline population study in a ‘new’ area and impact over time. Prior and post assessments! Kansas vs. National and International stats?
- 1<sup>st</sup> use – age of on set and impact on future use/problem.
- Relationship between front door to treatment and treatment outcome.
- ID and track those who could be in longitudinal study.
- Relationship between programs and addiction gambling?
- Does gambling casinos drive property values down? Bankruptcy?

#### 2. What are some possible goals of the program evaluation programs?

Synopsis: General consensus that the goals should be to demonstrate efficiency, effectiveness, and drive continual improvement.

- Effectiveness
- Inform practices, make improvements
- Implications inform Workforce Development needs...
- Demonstrate that it's a good investment
- Course correction/gaps/needs
- Cost benefit analysis
- Community measures. Quality life increased? Decreased?

**3. After reviewing the list from last month's gambling forum on "what kind of research should be done", is there more to add and how should these potential research areas be prioritized?**

Synopsis: The discussion revealed several research ideas with general group support for all of them. Many agreed that SRS should establish research priorities then utilize outside experts to evaluate proposals, loosely modeled after what is done at the federal level with the National Institute of Health.

- Setting up grant program, bringing in people in community. Going where the data takes you.
- Setting up review (boards) to review (research?) applications
- Set up structure to manage research grants (could extend to evaluation...)
- Prevention to be included
- Dodge City – longitudinal study
- Problem gambling and co-occurring with health. Prevalence and correlation.
- Develop "best practices"

**4. How would you measure the efficacy of your gambling treatment programs? Where do you draw the line on the amount of agency administrative time it takes to complete evaluation instruments?**

Synopsis: General consensus that a standardized assessment and outcome measures are important. Consideration was given to expanding beyond intake and discharge measures to include follow-up measurements. Most agreed that a web-based system electronic tracking system would ease provider burden and increase efficiency.

- Process now includes some gambling questions – noted effective. Now at 1 hour.
- Need to move to web-based system.
- Miller – pre/post, core questions.
- Statewide data collection system, easy...KCPC > Electronic tracking which is *simple*.
- Private practice issues – something similar.
- Standardized assessment

**5. What criteria would you use to measure the impact of your prevention efforts and workforce development efforts?**

Synopsis: General consensus that evaluation efforts to assess prevention efforts and workforce development efforts needed to begin soon to establish baselines. Looking into repeated surveys of the population at-large and targeted sub-groups could provide useful measures to assess prevention and workforce development efforts. Also discussion of capitalizing on existing surveillance systems like youth surveys, helpline call data, and website hits.

- Baseline(s) established (thru survey...)
- Helpline data
- Website 'hits'
- Putting all this together and filling in the gaps
- Tapping into what's going on in schools
- Checking to see what related information gaming entities, etc have
- Checking on effective measuring attitudes, beliefs and values instruments.
- More data about statewide gambling. Not able to measure well.
- Later initiation of gambling for youth.
- Knowledge of issue – services – signs/symptoms
- Minority populations (Hispanic)

## APPENDIX T

### Crisis Intervention/Helpline Services: Workgroup Session Notes June 4, 2008

**Assignment:** Design the “ideal” crisis intervention and helpline service to address problem gambling issues – with the model addressing the following questions:

<b>1. Determine your goals for crisis intervention services:</b>	
<b>Group A</b>	<b>Group B</b>
<p><b>a. Where and how will crisis intervention services be provided?</b></p> <p>24/7 access = critical Crisis as defined by: Individuals and individuals’ families</p> <p>Within casino – Employed by whom? = State?; Casino?...</p> <p>More than one counselor on site Critical need of effective training Self-exclusion &amp; follow-up intervention opportunities Significant impact on workforce development, training, etc. Presents issue with tracking...</p> <p><b>Outside casino -</b></p> <ul style="list-style-type: none"> <li>• ‘Tele-medicine; tele-video* – With updated, upgraded technology (e.g. ‘+’s =can see person )</li> <li>*Concern about rural &amp; remote area access –possibilities to address- Chat rooms; Pulling ‘others into the concern...(e.g. clergy; primary care Physicians...)</li> <li>*Marketing can have impact</li> <li>• Directory</li> <li>• Mental Health Centers – Assessments expanded</li> <li>• Existing providers some have problem gambling screens now</li> </ul>	<p><b>a. Where and how will crisis intervention services be provided?</b></p> <p><u>Where:</u> Casinos, Social service, Services that include adolescents, colleges, corrections</p> <p><u>How:</u> Provide staff training, do cross-training amongst any social services, broaden the casino base to add counselors on site (possible gambling centers in casinos)and place financial controls on customer spending (I.e. don’t allow credit cards, or no over-riding checks.) Find dedicated staff to be responsible “Gambling Coordinators” , or someone who has the background in being a “problem gambler”, to educate high schools, colleges, school counselors, MH agencies, Retirement Home, CFS, First Responders, post secondary employees, Shawnee County Gatekeepers’ and all service professionals.</p>

<ul style="list-style-type: none"> <li>• Build on addiction services</li> <li>• RADACS &amp; mobile assessments</li> <li>• Telephone</li> </ul> <p><b>b. What criteria would you use to measure the success of your efforts?</b></p> <ul style="list-style-type: none"> <li>• Treatment admissions</li> <li>• 2-3 treatment follow-ups (from engaging to follow-up...)</li> <li>• Different numbers to access different interventions – track these (e.g. phone (logs) have some existing defining data here</li> <li>• From existing Mental Health measures Numbers of hospital admissions ; emergency room admissions Quarterly surveys with stakeholders (e.g. courts, casinos, police) Client self reports</li> </ul> <p><b>c. What infrastructure development needs to take place?</b></p> <ul style="list-style-type: none"> <li>• Dedicated teams – through training get more people to handle crisis situations...to get more people to help/professional services they need</li> <li>• Accountability aspect of structure for teams - probably/possibly not separate from other addiction...interventions</li> <li>• Statewide central repository for data (working with HIPPA)</li> <li>• Hierarchy &amp; funding – who’s in charge/accountability...Who will be overseeing whole thing (e.g. e.g. tele-marketing efforts...) ? = SRS</li> </ul>	<p><b>b. What criteria would you use to measure the success of your efforts?</b></p> <p>No waiting list, statics, # of providers</p> <p><b>c. What infrastructure development will need to take place?</b></p> <p>Need an infrastructure for gambling problems but need to help those working with them too. Want everyone to get on the same page and have reasonable screening. Need assessment tools and approaches to be universal.</p>
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<b>2. Determine your roles and goals for the helpline services:</b>	
<b>Group A</b>	<b>Group B</b>
<b>a. What resources and services should be offered?</b>	<b>a. What resources and services should be offered?</b>

<ul style="list-style-type: none"> <li>• Triage</li> <li>• Clearinghouse</li> <li>• Send out workbook</li> <li>• Staff with Master’s level professionals</li> <li>• Computer generated assessments</li> <li>• Mental Health Centers call ‘next day’ with contacts they’ve received (regarding gambling problems) – occurring in some places now with other addictions</li> <li>• What does the customer want in this scenario (e.g. do they want written material coming to their home – the importance of asking)</li> <li>• Pattern after suicide hot line?</li> <li>• What it’s (hotline) called very important</li> <li>• Large enough phone bank to accommodate</li> <li>• Challenge &amp; criticality of keeping directory current!</li> </ul> <p><b>b. Does the line and staff need to be problem gambling dedicated?</b></p> <ul style="list-style-type: none"> <li>• A specific phone number, etc. should be dedicated to gambling...or specific ‘gambling referral’ number - initial number, then roll to different, more specific one</li> <li>• (Often) co-occurring issues (e.g. alcohol, mental health, other addictions)..could support generic crisis intervention...then specialization</li> <li>• May want to consider contracting with entities that provide different addiction...interventions</li> <li>• May be tracking issues with the above described approach</li> </ul> <p><b>c. What are the minimum qualifications, training, skills, and</b></p>	<p>Have trained staff answer the phone, do crisis intervention, do a risk assessment and also assess the safety of the caller, determine needs and resources needed, accept referrals, utilize a data base for providers to have access into the customers calling, provide resources for the family members and friends, use Best Practices.</p> <p>Have it State-run and administered; connect to additional state services and have inclusion of other additional addictions.</p> <p><b>b. Does the line and staff need to be problem gambling dedicated?</b></p> <p>The Helpline should be designed to let the caller know that someone cares.</p> <p><b>c. What are minimum qualifications, training, skills, and competencies are</b></p>
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<p><b>competencies needed for helpline staff to perform the services you envision?</b></p> <p><i>Addressed in answers to previous questions</i></p> <p><b>d. How will you measure the performance of the helpline services?</b></p> <p><i>Partially addressed in answers to previous questions</i></p> <p><b>e. How will you market helpline services?</b></p> <ul style="list-style-type: none"> <li>• Go where gamblers go – convenience stores, grocery stores...</li> <li>• Match versus tagging with casino promos, ads...</li> <li>• Catch ‘potential customers’ going in as well as going out of the casinos</li> <li>• Those who gamble at home</li> <li>• Reach impaired professionals – tap into their systems</li> <li>• Statewide – include scratch-off ‘customers’</li> <li>• T.V, billboards</li> <li>• Working with Kansas Alliance for Responsible Gamblers</li> </ul>	<p><b>needed from helpline staff to perform the services you envision?</b></p> <p>Provide training for staff and do cross training, caring attitude</p> <p><b>d. How will you measure the performance of the helpline services?</b></p> <p>(Didn’t get answered)</p> <p><b>e. How will you market helpline services?</b></p> <p>If it well funded and marketed the number of calls will increase. Let the professionals do the marketing in collaboration with GA. Use one single message, but deliver it differently according to your audience; check with marketing firms and regulate advertisement.</p>

## APPENDIX U

### Workforce Development for Treatment Professionals: Workgroup Session Notes June 4, 2008

**Assignment:** Design the “ideal” program to develop a problem gambling workforce. Your model should address the following questions:

<b>1. Determine your workforce development goals. What is success?</b>	
Group A	Group B
<p>a. Successful providers</p> <ul style="list-style-type: none"> <li>• They’re there to provide effective treatment – have to be able to provide service</li> <li>• Enough staff to meet licensing ratio</li> <li>• Training – with sufficient opportunity to train, share training, have standardized training, in rural areas – have mentoring from the beginning</li> <li>• Credentialing made simpler, user friendly</li> </ul> <p>b. Consumers are successful</p> <ul style="list-style-type: none"> <li>• Question to keep asking – are consumers achieving goals, moving forward toward outcomes...and are they doing so...</li> <li>• Effectively, efficiently, quickly</li> <li>• There is an increased ability to identify problem gambling</li> </ul>	<p><b>Goals:</b></p> <ul style="list-style-type: none"> <li>• Retention of new/old – keep ‘em (Integrated workforce)</li> <li>• Capacity Building</li> <li>• Flexibility of hours/creative scheduling</li> <li>• Adequate staff – What is that? (Addition Generalist) (Specialist)</li> <li>• Bench – Strength</li> <li>• Multiple counselors, if possible</li> <li>• Bring people from recovery to be utilized</li> <li>• Bring in family members to be utilized</li> <li>• Financial incentive, reimbursement</li> </ul> <p><b>Success:</b></p> <ul style="list-style-type: none"> <li>• Measure by – no wait list = 24/7</li> <li>• Measure success by statistics – number of providers</li> <li>• Needs formulas - based on data</li> <li>• Staff levels to see clients within day</li> </ul>

<b>2. Answer from the perspective of your agency:</b>	
Group A	Group B
<p><b>What would you change about the current Kansas Certified Gambling Counselor certification requirements?</b></p>	<p><b>What would you change about the current Kansas Certified Gambling Counselor certification requirements?</b></p>

<ul style="list-style-type: none"> <li>• Allowing other non-specific /general counselor courses to be considered in place of those specifics cited</li> <li>• Consider need for more formal education</li> <li>• Recruiting more highly educated to join this workforce = challenging</li> <li>• Leverage laws...to better serve and best determine who can be contracted for services</li> </ul>	<ul style="list-style-type: none"> <li>• Are enough supervisors available?</li> <li>• One single certifiable body</li> <li>• Updated standards</li> <li>• Utilize experience requirement for supervisors</li> <li>• Minimum educational requirement ...</li> <li>• Skill measure</li> <li>• Letter of recommendation</li> <li>• Employed by state regulation</li> </ul>
<p><b>What conditions and core competencies should be required for publicly funded problem gambling treatment professionals?</b></p> <ul style="list-style-type: none"> <li>• Problem gambling specific training <ul style="list-style-type: none"> <li>- Addressing co-occurring disorders</li> <li>- (Other) mental ‘issues’...</li> <li>- More often offered on-line on regular basis (e.g. Webinars)</li> <li>- Importance of clinical supervision</li> <li>- Tech link between the last two above</li> </ul> </li> <li>• Need for money/subsidy to allow for workforce development as described</li> <li>• CEU’s – Requirements for continued re-certification goes up <ul style="list-style-type: none"> <li>- On-line...can help with the above</li> <li>- So can clinical supervision</li> </ul> </li> <li>• If billing for problem gambling services – will need to have certified problem gambling professional(s)</li> <li>• Consider/think about private practitioners contracting to provide clinical supervision that meets minimum requirements – possibly some levels of counselors doing this also...concerns with this in areas of auditing, data collection, etc...</li> </ul>	<p><b>What conditions and core competencies should be required for publicly funded program gambling treatment professionals?</b></p> <ul style="list-style-type: none"> <li>• Target employees with certification and more</li> <li>• Specialist</li> <li>• Education (With conditions to override)</li> <li>• Internship</li> <li>• Ethics</li> <li>• Assessments</li> <li>• Work with individual on financial matters (TAP 21)</li> </ul>

3. What entities should be responsible for furthering/contributing to counselor workforce development and what would be their role?	
Group A	Group B
<ul style="list-style-type: none"> <li>• Entities...               <ul style="list-style-type: none"> <li>- KS Board of Regents – KS Access</li> <li>- MATTC</li> <li>- KAAP involvement</li> <li>- With KDHE – KSTrain Training</li> <li>- Universities – Substantial work already being done here (e.g. FHSU in Hays and SW AAPS certification...)</li> <li>- Community Colleges</li> <li>- KS Educators Alliance with Dept of Commerce (e.g. Apprentice Programs)</li> </ul> </li> <li>• Roles...               <ul style="list-style-type: none"> <li>- Implementing Trainer-of Trainer Models</li> <li>- Question: What will have entities provide service – if not profitable?  <u>Urban</u> = Help through involvement of other provided services  <u>Rural</u> = Build capacity...to at least break even?  <u>Ethical duty</u> = to have trained staff to address problem gambling</li> </ul> <p>May generate a little more revenue to help with other provided services</p> </li> </ul>	<ul style="list-style-type: none"> <li>• Reimbursement structure help support workforce (*Goal)</li> <li>• SRS</li> <li>• Colleges</li> <li>• Portion of dollars obtained, sustain (subsidize) financial needs of agency ... state will do it??</li> <li>• Subsidize employer and have them make their own policies.</li> </ul>

<b>4. What important partnerships could be leveraged or developed to further the workforce development goals?</b>	
<b>Group A</b>	<b>Group B</b>
<ul style="list-style-type: none"> <li>• All entities referenced in answer to # 3, plus...</li> <li>• KS Dept of Aging (e.g. with them address elderly and gambling issues)</li> </ul>	<ul style="list-style-type: none"> <li>• Utilize resources of other providers</li> <li>• Addition generalist – specialist</li> <li>• GA</li> <li>• Gambler themselves</li> <li>• BSRB – Behavioral Science Reg. Board</li> <li>• Federal money</li> </ul>

<b>5. What criteria would you use to measure the impact of your workforce development efforts?</b>	
<b>Group A</b>	<b>Group B</b>
<ul style="list-style-type: none"> <li>• Are needs of consumer being met?</li> <li>• Are needs of workforce being met?</li> <li>• More certified to provide services, etc.</li> <li>• Numbers of those trained and credentialed increases</li> </ul>	<ul style="list-style-type: none"> <li>• Waiting list</li> <li>• Statistic</li> <li>• Distance</li> <li>• Increase partnerships</li> <li>• Increase educational opportunities</li> <li>• Number's exposed to training</li> <li>• Number of people trained and certified</li> <li>• Retention</li> <li>• Increase in volume/billable unites</li> <li>• Customer service satisfaction (Quality Assistance)</li> <li>• Interviews and observation</li> </ul>

<b>6. Other</b>	
<b>Group A</b>	<b>Group B</b>
	<ul style="list-style-type: none"> <li>• Measure success by retention of staff</li> <li>• Target 2<sup>nd</sup> career</li> <li>• What does job duties require for a counselor?</li> <li>• Goals: Bring in families as counselors?</li> <li>• Caution: Silos</li> <li>• Standardize level of care</li> <li>• Review?</li> <li>• Legislative strategies</li> </ul>

## APPENDIX V

### Problem Gambling Prevention: Workgroup Session Notes June 5, 2008

**Assignment:** Design the “ideal” program to prevent or reduce harm caused by problem gambling. Be prepared to explain your responses to the following questions:

<b>1. Determine your prevention goals?</b>	
<b>Group A</b>	<b>Group B</b>
<ul style="list-style-type: none"> <li>● Educate community               <ul style="list-style-type: none"> <li>- Healthy practices – note slide</li> <li>- Unhealthy practices/warning signs</li> <li>- Protective factors – addressing these through families, long and short range...</li> </ul> </li> <li>● Reduce problem gambling               <ul style="list-style-type: none"> <li>- Using evidence-based programs, practices, policies</li> <li>- Develop those evidence-based best practices</li> <li>Identify vulnerable populations (e.g. seniors...)</li> <li>Research (partner with regents, universities)</li> <li>- Make it a public issue</li> <li>Through inclusiveness (e.g. involving clergy...)</li> <li>Translate into language all can understand</li> <li>– use technology to engage and include increase access to resources</li> <li>- Increase collaboration (leverage data)</li> </ul> </li> <li>● Delay or prevent onset of problem gambling behavior</li> </ul>	<ul style="list-style-type: none"> <li>● Decrease or maintain participation in gambling among youth</li> <li>● Introduce topic as an area of concern to other coalitions in community</li> <li>● Reduce impact of casinos in “your” community</li> <li>● Increase awareness amongst educators, courts – (Diversion and gambling courts)</li> <li>● Increase number of gambling courts – “or begin”</li> <li>● Connect drug and gambling courts – (Expand)</li> <li>● Expand current Prevention Effort ... (Increase awareness)</li> <li>● Need more research!</li> <li>● Inform media</li> <li>● Integrated data system</li> <li>● Definition – Consistency of word “gambling” and what age appropriate?</li> </ul>

<b>2. What data is needed to assist with planning?</b>	
<b>Group A</b>	<b>Group B</b>
Baseline Data... <ul style="list-style-type: none"> <li>● People’s beliefs</li> <li>● Define problem gambling</li> </ul>	<ul style="list-style-type: none"> <li>● National Data</li> <li>● Adult Data</li> <li>● Surrounding/Additional Counties --</li> </ul>

<ul style="list-style-type: none"> <li>• KCTC student survey – AAPS funded</li> <li>• BRFSS – adults through KDHE telephone survey...for program planning</li> <li>• YRBS – Youth – needs assessment, to discover trends, to inform and work with schools on identified issues</li> <li>• Gather from existing sources</li> <li>• Address data gaps</li> </ul>	<p>(Integrated system)</p> <ul style="list-style-type: none"> <li>• Treatment data – (Access to)</li> <li>• On-site investigation of deaths – (fatalities, coroners office)</li> <li>• Target population</li> <li>• Utilize player’s card data</li> </ul>
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<b>3. How would you measure the impact of your prevention efforts?</b>	
<b>Group A</b>	<b>Group B</b>
<ul style="list-style-type: none"> <li>• Shift in definition of problem gambling (including increased awareness of risks, dangers...)</li> <li>• Reduction in gambling behavior</li> <li>• Reduction in gambling revenue (?)</li> <li>• Reduction in bankruptcies, crime statistics (related deaths...)</li> <li>• Changes in gambling behavior – moving toward responsible gambling</li> <li>• Reduction in gambling behavior risk factors</li> <li>• Note of the referenced reductions with teachers, with those who work with the elderly</li> <li>• Look to the positives in moving toward outcomes, steps – not just negatives <ul style="list-style-type: none"> <li>• Kansans ability to manage finances increased</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Decrease youth gambling</li> <li>• Problem studies/repeated studies</li> <li>• Survey communities</li> <li>• Statewide random survey</li> <li>• Random household survey</li> <li>• KDHE</li> <li>• Other states marketing techniques</li> </ul> <p>What is gambling? Needs defined.....?</p>

<b>4. What are your prevention priorities?</b>	
<b>Group A</b>	<b>Group B</b>
<p>a. <b>Prioritize populations or sub-groups to target efforts toward.</b> Targeted populations – address whole</p>	<p><b>Prioritize populations or sub-groups to target efforts toward.</b></p> <ul style="list-style-type: none"> <li>• African Americans</li> </ul>

<p>gamut – not just problem gambling!</p> <ul style="list-style-type: none"> <li>• Youth &amp; elderly (and everyone in between)</li> <li>• Military</li> <li>• Women</li> <li>• Those of lower economic status</li> <li>• Disabled</li> </ul> <p>b. <b>Prioritize prevention approaches or strategies to implement.</b></p> <ul style="list-style-type: none"> <li>• Priority – education</li> <li>• Building/working with national and local communities (on e.g. the realities, probabilities of winning)</li> <li>• Work with families</li> <li>• Leverage social marketing/'tech methods' (e.g. U-Tube – viral promotion)</li> <li>• Develop economy outside of gambling</li> </ul>	<ul style="list-style-type: none"> <li>• Asian</li> <li>• College students</li> <li>• K-12</li> <li>• Parents</li> <li>• Faith Communities</li> <li>• Geographical – close to casino</li> <li>• Older adults</li> <li>• Retirement communities</li> <li>• Senior centers</li> <li>• Disability individuals</li> <li>• Young vets</li> <li>• Young Active Military</li> <li>• Military families</li> </ul> <p><b>Prioritize prevention approaches or strategies to implement.</b></p> <ul style="list-style-type: none"> <li>• Limit cards ... players card</li> <li>• Partnering with casinos</li> <li>• Problem Identification/Relationships</li> <li>• Media approaches</li> <li>• Youth gambling</li> </ul>
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5. What important partnerships can be leveraged to create an effective statewide problem gambling prevention effort?	
Group A	Group B
<ul style="list-style-type: none"> <li>• The Lottery</li> <li>• Data Sources</li> <li>• Faith Community</li> <li>• Area Agencies on Aging</li> <li>• Financial Community</li> <li>• State Agencies</li> <li>• Regional Prevention Centers</li> <li>• Department on Education</li> <li>• Schools</li> <li>• Regional Institutions/Universities</li> <li>• Community Colleges</li> <li>• Recovering Community!</li> </ul>	<ul style="list-style-type: none"> <li>• GA</li> <li>• Casinos</li> <li>• Senior Centers</li> <li>• Military</li> <li>• Schools</li> <li>• Prevention Centers</li> <li>• Bankers Association</li> <li>• Financial Advisors</li> <li>• Credit Council – Bankruptcy</li> <li>• Universities – Secondary Education (County extension offices – Research)</li> <li>• Legislators</li> <li>• Business/Associations</li> </ul>

	<ul style="list-style-type: none"> <li>• Faith Communities</li> <li>• Tribes/Gaming Industry</li> <li>• Youth Serving Organizations</li> </ul>
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<b>6. What infrastructure is needed to accomplish your prevention goals?</b>	
<b>Group A</b>	<b>Group B</b>
	<p><b>Who will make up the problem gambling prevention workforce?</b></p> <p><b>What workforce competencies must be developed?</b></p> <ul style="list-style-type: none"> <li>• Informed hot-line help</li> <li>• Shared Resources</li> <li>• Knowledge of gaming industry</li> <li>• Certification</li> </ul> <p><b>What are the existing administrative systems and resources that can be utilized? What partnerships need to be developed?</b></p> <ul style="list-style-type: none"> <li>• Resources – Partnerships</li> <li>• Additional GA and GamAnon (Asking question – financial gambling suicide, etc.)</li> <li>• Coroners Office</li> <li>• Regional Prevention Center</li> </ul> <p><b>What other infrastructure pieces need to be added or enhanced?</b></p> <ul style="list-style-type: none"> <li>• NGA – Help and enhance helplines</li> </ul>

<b>7. Other</b>	
<b>Group A</b>	<b>Group B</b>
	<ul style="list-style-type: none"> <li>• Concern GA – money wasted on “just” research</li> </ul>