

DMHAS / Disordered Gambling Integration Manual

Mission

To increase the capacity of substance use disorder and mental health treatment/recovery programs to address gambling and problem gambling through enhanced screening, assessment, awareness, intervention, recovery and health promotion strategies. To make gambling problems and behaviors a relevant topic of conversation within the broader substance use and mental health disorder treatment/recovery communities.

Procedure:

Welcome to the Disordered Gambling Integration initiative (DiGIn). The activities and tasks that your agency has committed to as a participant in this initiative are listed below and will also be separately described in detail.

Agency Tasks and Activities:

1. Identify the Key Staff who will participate in the DiGIn program (at least three per each agency participating in DiGIn)
2. Identify staff who will be agency representatives attending the DiGIn Guide Team meetings and the onsite Work Group meeting.
3. All staff complete Problem Gambling Awareness and Readiness Survey
4. All clients (within a one month window) complete Problem Gambling Awareness and Readiness Survey
5. All staff complete 3 hours of DiGIn training (available online or can be arranged as an in person training)
6. Key Staff complete requirements for Specialty Certificate in Problem Gambling Competency through CT Cet. Board; or Gambling Awareness Certificate of Competency through PGS.
7. Develop Gambling/Problem Gambling Integrated Intake/Assessment
8. Develop plans for integrating discussion of gambling/problem gambling into clinical interventions (treatment plans, psychoeducational materials, individual sessions, group sessions, etc)
9. Develop plan for integrating problem gambling into agency mission, policies, protocols and procedures
10. Complete Problem Gambling Capability site visit evaluation
11. Complete follow-up PG Awareness and Readiness Surveys

Key Staff

Key staff are those staff who have been selected (or volunteered) to be the DiGIn specialists in their programs/agencies. Their commitment to the initiative is to meet the criteria for obtaining the Specialty Certificate in Problem Gambling Competency through the CT Certification Board, or the Gambling Awareness Certificate of Competency through PGS.

DiGIn Guide Team

The DiGIn guide team meets every month. The Guide Team is a group that provides oversight and direction for the initiative. Staff assigned to this group should be able to bridge the development of DiGIn protocols and policies with those of their respective agencies. It may be helpful to assign agency staff at a management level to this group.

At least one staff member from each agency should be appointed as a Guide Team participant.

DiGIn Work Group

The DiGIn Work Group meets quarterly on-site at their agency. The Work Group is the group that includes “front line” staff involved in implementing DiGIn at their agency (Key Staff members). This group will focus on discussing what is (or isn’t) working at their agencies, report on successful initiatives and problem solve obstacles/barriers to implementation.

Survey – Initial provider and client surveys

Prior to any substantial agency interventions, within the first month of an agency becoming part of the DiGIn initiative, all staff and all clients seen within the month should complete Problem Gambling Awareness surveys.

For staff the initial survey is available on Survey Monkey

Client surveys are available in hard copy (since completing surveys on line is generally not feasible for clients) and included as Appendix A.

Online Training – all agency staff

After staff have completed the PG Awareness survey, they should complete the DiGIn online training. This is meant for all agency staff to complete (including clerical and administrative staff as well as clinical staff). Instructions for registering for this online training are listed below:

Instructions for Registering for Online DiGIn Training

The DigIn web-based training for all agency staff is now available. The formal title is: Introduction to Integrating Gambling and Problem Gambling into Substance Use and Mental Health Disorders Programs

Here are the instructions for registering and accessing this class:

Log on to the DMHAS Learning Management System at <https://ctlms.ct.gov>
In the catalog search field put the first few words of the title (i.e. Introduction to Integrating), click Go.
Click on the title of the training to see a course description and CEU information.
Scroll to the bottom of the screen and click on Launch.

If you forgot your username and/or password an email request must be sent to workforce.development@ct.gov to reset. If you do not have a username and password go to www.ct.gov/dmhas/workforcedevelopment and click on My Profile Information Form. Fill out form and e-mail or fax per the information at the bottom of the form.

Key Staff Training and Certification

It is expected that the Key Staff designated to be program DiGIn “experts” will meet criteria to obtain the Specialty Certificate in Problem Gambling Competency offered through the Connecticut Certification Board see - <http://www.ctcertboard.org/>

Key elements required for this certification include:

- 30 hours of PG training – offered through DMHAS Learning Management System (see above) and through the Connecticut Women’s Consortium <http://www.womensconsortium.org/>
- At least 4 hours of case consultation – provided through case conference calls held the first Wed. of each month 1-2 pm and the 3rd Friday at 9 am. Call in number is 877.723.2042, pass code 4890236#.
- 100 direct contact hours – time spent addressing issues of gambling or problem gambling within your client population.

On site Consultation

After staff has had an opportunity to complete the 3 hour DiGIn overview training, scheduling an in person on site consultation is recommended. This visit with key members of the clinical management and treatment team is designed to clarify any questions about the DiGIn process and help the agency formulate their own implementation plan. The following key components of the DiGIn process should be addressed:

Develop Problem Gambling Integrated Intake/Assessment

- One of the basic components of developing a Problem Gambling Integrated system of care is to comprehensively incorporate gambling and problem gambling in the agency's intake and assessment process. (See examples in Appendix B)
- Integrate Problem Gambling into Treatment/Recovery Planning process
- Develop Problem Gambling Integrated Awareness/Educational/Treatment Materials (See example of PG Integrated Co-Occurring Manual and Workbook by going to www.ct.gov/dmhas/pgs, click on "Resources" tab, and you will find the items among other helpful information in the "Treatment Manuals" section).

Site Visit/Evaluation

Each agency/program will be reviewed initially to establish a baseline, then annually once they have had time to implement DiGIn strategies using the Problem Gambling Capability Scale (See Appendix C). This site visit evaluation process is described below.

Process overview:

1. Observations of the milieu and physical settings
2. Focused but open-ended interview of agency directors, clinical supervisors, clinicians, support personnel and clients
3. Review of documentation such as medical records, program manuals, brochures, daily patient schedules, intake and assessment forms, other materials that may seem relevant

Arranging and conducting the site visit:

1. Advance scheduling – with agency director or DiGIn initiative coordinator
 - a. Define scope (program or programs to be focused on)
 - b. Clarify time allocation requirements
 - c. Define personnel and clients to be involved
 - d. Define materials to be available.
 - e. Time and staff to be included in feedback session

2. Personnel to be involved (recommended)
 - a. Agency director
 - b. Program clinical leaders and supervisors
 - c. Select clinicians
 - d. Clients (mainly those with primary problems other than gambling)
 - e. Support staff - receptionists, clerks, billing

3. Tour of physical site
 - a. Waiting room
 - b. Group rooms
 - c. Offices

4. Document review
 - a. Brochures
 - b. Medical records
 - c. Client schedules
 - d. Client education materials
 - e. Manuals
 - f. Policies and procedures

5. Preliminary Feedback Session
 - a. Using MI model
 - b. Positive and affirming
 - c. Accomplishments
 - d. Areas agency/staff had indicated as wanting to improve or have help with
 - e. Suggestions for continuing development

Site Visit Agenda – Example

| | |
|--------------------|---|
| 9:00 am – 10:00 am | Interview with agency management |
| 10:00 am – 10:30 | Tour of physical site (include lobby, waiting areas, group rooms, counselor rooms, etc) |
| 10:30 – 11:30 | Interview with clinicians |
| 11:30 – noon | Interview with support staff (data management, billing, receptionists, etc) |
| Noon – 12:30 | lunch |
| 12:30 – 1:30 | Interview with clients |
| 1:30 – 2:45 | Records and materials review |
| 2:45 – 3:30 | Organize information and prepare summary |
| 3:30 – 4:00 | Present summary of findings to agency management and staff |

Depending on agency schedules, various meetings can be rearranged, but time allotted should be maintained.

5 charts should be provided for review.

Follow-up Surveys (provider and client)

Another component of the DiGIn program evaluation consists of follow-up PG Awareness and Readiness surveys. During a one month period around the time of the PG Capability site visit, the agency will be asked again to have all staff and all clients served within that month complete these follow-up surveys to assess changes in perception and attitudes toward gambling and problem gambling within the agency.

Appendix A



DigIn Survey

CLIENT SURVEY

1. Today's Date

Date / /

2. Have you taken this survey previously?

- Yes
 No

3. Your Date of Birth:

Date / /

4. Agency where you are taking this survey.

- CCAR
- CNV HELP
- Community Renewal Team
- Communicare
- CMHA
- CT Renaissance
- MCCA
- Natchaug Hospital
- Perception Program
- RNP
- UCFS
- Wheeler Clinic

5. Name of Program you attend within this agency?

6. Your Gender:

- Female
- Male

7. Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

8. Race (choose all that apply) - (Persons of Hispanic origin can be of any race)

- Black or African American
- White
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Other

9. Current Relationship Status: (choose one)

- Single
- Married
- Living with Partner
- Widowed
- Divorced/Separated

10. What is the highest grade or year of school you completed?

- Less than a high school graduate
- High school graduate or GED
- Some college but no degree
- Completed a 2 year college degree (A.A.; A.S.)
- Completed a 4 year college degree (B.A.; B.S.)
- Graduate or Post Graduate Degree (M.A.; M.S.; PhD.)

11. Which of the following best describes your employment status?

- Employed full time
- Employed part time
- Not employed, looking for work
- Not employed, NOT looking for work
- Retired
- Disabled, not able to work
- Homemaker
- Student

12. How long have you been a client at this agency?

- Less than 1 week
- 1 week - 4 weeks
- 1 month - 6 months
- 7 months - 12 months
- More than 12 months

13. How frequently do you receive services at this agency?

- Less than once per month
- Once per month
- 2-3 times per month
- 4-5 times per month (weekly)
- More than once per week

14. Which of the following services do you receive at this agency (Check all that apply)

| | No | Yes |
|---------------------------|-----------------------|-----------------------|
| Individual Counseling | <input type="radio"/> | <input type="radio"/> |
| Group Counseling | <input type="radio"/> | <input type="radio"/> |
| Family/couples counseling | <input type="radio"/> | <input type="radio"/> |
| Medication Management | <input type="radio"/> | <input type="radio"/> |
| Peer Support Services | <input type="radio"/> | <input type="radio"/> |
| Other | <input type="radio"/> | <input type="radio"/> |

Other (please specify)

15. Which of the following types of treatment do you receive at this agency? (Check all that apply)

| | No | Yes |
|-------------------------|-----------------------|-----------------------|
| Substance Use Disorder | <input type="radio"/> | <input type="radio"/> |
| Mental Health Treatment | <input type="radio"/> | <input type="radio"/> |
| Gambling | <input type="radio"/> | <input type="radio"/> |
| Co-occurring | <input type="radio"/> | <input type="radio"/> |
| Other | <input type="radio"/> | <input type="radio"/> |

Other (please specify)

16. In the community where you live, how popular do you think the following forms of gambling are?

| | Unpopular | Not very popular | In the middle | Somewhat popular | Very popular |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Bingo | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Casino table games (cards, dice, roulette, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Casino slots | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lottery - Lotto, daily numbers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Internet betting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Betting on games of skill (pool, golf, darts, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Playing fantasy sports for money | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stock Market | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Betting on animal fights | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Betting on horse or dog races | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Card or dice games outside of casino | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Keno | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

17. Please indicate how much you agree or disagree with the next set of statements:

| | Strongly Disagree | Somewhat Disagree | Neither Agree or Disagree | Somewhat Agree | Strongly Agree |
|---|-----------------------|-----------------------|------------------------------|-----------------------|-----------------------|
| It is important for this program to provide help for gambling problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problem gambling awareness and prevention programs are a good investment for this program | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Strongly Disagree | Somewhat Disagree | Neither Agree or Disagree | Somewhat Agree | Strongly Agree |
|---|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|
| Overall, I believe gambling benefits my community | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| It is important to prevent youth gambling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problem gambling is simply a result of greed and/or lack of self control | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People who have substance use or mental health problems are at high risk for problem gambling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Families are strongly affected when a member of the family gambles too much | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| It is important for people in recovery substance use or mental health issues to have information about problem gambling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gambling is a healthy form of recreation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| It is important for counselors, social services and mental health providers to be knowledgeable about problem gambling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

18. For the following questions, please check the response that best fits for you:

| | False | Somewhat false | Neither false or true | Somewhat true | True |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I believe clients who are in this program are at high risk for gambling problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am aware of programs in the community that address problem gambling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have received helpful information about problem gambling in this program | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am interested in learning more about problem gambling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Addressing problem gambling should be a priority for this program | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

19. In the past 6 months how effective has this program been at doing the following?

| | Not at all effective | Slightly effective | Somewhat effective | Effective | Very effective |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Having information on problem gambling available | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Screening for gambling problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Educating people about the impact of gambling on recovery | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Treating people who have a gambling disorder | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Integrating gambling and problem gambling into agency practices | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

20. Please indicate which response fits best for your experience in this program in the past 6 months:

| | Never | Rarely | Occasionally | Most of the time | Always |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| When staff in this program talk about alcohol and drugs, they also mention gambling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My counselor or other staff in this program have talked to me about how gambling can affect my recovery | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Staff in this program talk about high risk and low risk gambling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Staff in this program talk about warning signs of problem gambling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Staff in this program talk about guidelines for gambling responsibility | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

21. Please indicate which of the following types of gambling you have done in the past 6 months. For each type, check one answer.

| | Not at all | Less than once a week | Once a week or more |
|--|-----------------------|-----------------------|-----------------------|
| Bingo | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Casino table games (cards, dice, roulette, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Casino slots | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lottery - Lotto, daily numbers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lottery scratch offs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Keno | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sports betting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Internet gambling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Betting on games of skill (pool, golf, darts, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Playing fantasy sports for money | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stock Market | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Betting on animal fights | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Betting on horse or dog races | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Card or dice games outside the casino | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

22. Please answer the following questions:

| | No | Yes |
|--|-----------------------|-----------------------|
| Before taking this survey, have you been asked about gambling problems while in this program? | <input type="radio"/> | <input type="radio"/> |
| Before taking this survey, have you been asked about the types of gambling you do while in this program? | <input type="radio"/> | <input type="radio"/> |
| At any time in your life have you ever participated in a gambling treatment program? | <input type="radio"/> | <input type="radio"/> |
| At any time in your life have gambling counseling services ever been offered to you? | <input type="radio"/> | <input type="radio"/> |
| Do you currently need help for a gambling problem? | <input type="radio"/> | <input type="radio"/> |

23. Have you gambled within the past 6 months?

- No
- Yes

24. If you have gambled in the past 6 months, please answer the following questions:

| | Not true for me | True for me |
|---|-----------------------|-----------------------|
| I did <u>not</u> use alcohol or drugs when gambling | <input type="radio"/> | <input type="radio"/> |
| I used more alcohol or drugs than usual when gambling | <input type="radio"/> | <input type="radio"/> |
| I used less alcohol or drugs than usual when gambling | <input type="radio"/> | <input type="radio"/> |
| I gambled more than usual when using alcohol or drugs | <input type="radio"/> | <input type="radio"/> |
| I gambled less than usual when using alcohol or drugs | <input type="radio"/> | <input type="radio"/> |
| I gambled to get money to buy alcohol or drugs | <input type="radio"/> | <input type="radio"/> |
| I substituted gambling for alcohol or drug use | <input type="radio"/> | <input type="radio"/> |

THANK YOU FOR YOUR PARTICIPATION !

Appendix B

UCFS

SUBSTANCE USE/GAMBLING

Alcohol and/or other Drugs

During his/her life, has the client had a problem with alcohol and/or other drugs: DURING HIS/HER LIFE, HAS THE CLIENT HAD A PROBLEM WITH ALCOHOL AND/OR OTHER DRUGS

Has the client used any (even once) of the following drugs in the past 90 days: HAS THE CLIENT USED ANY (EVEN ONCE) OF THE FOLLOWING DRUGS IN THE PAST 90 DAYS (SELECT ALL THAT APPLY)

Current use of alcohol/drugs/other substances/or gambling: IS CLIENT CURRENTLY USING ALCOHOL AND/OR DRUGS OR OTHER SUBSTANCES/OR GAMBLING .

History of Substance Use and/or Gambling (other than current use previously identified): IS THERE ANY HX OF ALCOHOL OR SUBSTANCE USE OR GAMBLING IN LIFETIME (IN ADDITION TO IDENTIFIED IN CURRENT USE)? .

Any additional comments: Yes SUBSTANCE USE/GAMBLING ADDITIONAL COMMENTS .

Betting/Gambling

Have you ever won anything: Yes . Provide Details: PROVIDE DETAILS: WHAT DID YOU WIN.

How much money did you spend placing bets for money or something of value like personal items, sneakers, etc. or to win things in the past year (e.g., cards, dice, dominos, fantasy sports, video games that you bet on or any other game you place bets with): Describe:.

Is there any history of money related arguments or confrontations: Yes Provide Details: PROVIDE DETAILS.

Does client, caregiver or clinician identify any issues or concerns related to gambling, scratch-offs, betting, etc. at this time: Yes (Opens the NODS-CLIP short problem gambling screen).

MCCA

Substance Use and Gambling Treatment History

Alcohol / Drug Use: Do you believe that you have/had a problem with substance and/or gambling use?

Yes

No

If yes, enter below:

Have you ever been untruthful about the extent of your gambling, or hid it from others?

Yes

No

Comments:

Consequence of addiction / drug use / gambling: Which of the following do you identify as a consequence of your substance and/or gambling use?

Loss of Control

Hallucinations

Loss of Child Custody

Tolerance Change

Delirium Tremens

Problems in Relationships

Blackouts

Job Loss

Arrests

Shakes

Absenteeism

Alcohol/Drug Related Accidents/Injuries

Morning Use

Financial Problems

Evidence of Withdrawal - When Stopping or Decreasing Use

Cravings

Divorce

Unsuccessful attempts at stopping

Seizures

Biggest consequence of substance / gambling abuse? What do you believe is the biggest consequence of substance abuse and/or gambling?

Have you ever overdosed? Yes

History of Suicidal or Homocidal Ideation

Have you ever thought about intentionally hurting yourself?

- Yes
 No

Are you currently experiencing thoughts of intentionally harming yourself?

- Yes
 No

Have you ever considered suicide?

- Yes
 No

Have you ever attempted suicide?

- Yes
 No

Are you currently contemplating ending your life?

- Yes
 No

Explain: If Yes: were drugs/alcohol or gambling involved and if received treatment

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Outpatient - Danbury -
BioPsychoSocial Assessment

Have you ever seriously thought about intentionally harming another person or animal?

- Yes
 No

Are you currently experiencing thoughts or urges to hurt another person or animal?

- Yes
 No

Have you ever intentionally caused physical harm to another person or animal?

- Yes
 No

Explain: If Yes: were drugs/alcohol or gambling involved and if received treatment

FAMILY INCOME

Total Income Per Year
(In thousands):

Number Dependent on
Income:
In Debt?

Yes

No

If YES, how much?

What type of Debt?

Debt due to Gambling?

Is any debt due to gambling activities

Yes

No

Have you ever borrowed
money in order to
gamble or cover lost
money:

Yes

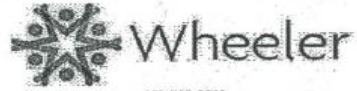
No

Comment:

Describe your
involvement with AA/
NA/GA:

What is your attitude
towards AA/NA/GA?

Wheeler Clinic



860-793-3500

Social History

Is there any history of mental illness, suicide attempts or substance abuse by parents, siblings or close relatives?

Check all that apply

Father

- Verbal/Emotional Abuse
- Physical Abuse/Family Violence
- Substance Abuse
- Suicide/Attempted Suicide
- Incest/Sexual Abuse
- Gambling
- Mental Health
- Eating Disorder

Mother

- Verbal/Emotional Abuse
- Physical Abuse/Family Violence
- Substance Abuse
- Suicide/Attempted Suicide
- Incest/Sexual Abuse
- Gambling
- Mental Health
- Eating Disorder

Sibling

- Verbal/Emotional Abuse
- Physical Abuse/Family Violence
- Substance Abuse
- Suicide/Attempted Suicide
- Incest/Sexual Abuse
- Gambling
- Mental Health
- Eating Disorder

Other

- Verbal/Emotional Abuse
- Physical Abuse/Family Violence
- Substance Abuse
- Suicide/Attempted Suicide
- Incest/Sexual Abuse
- Gambling
- Mental Health
- Eating Disorder

Community supports/leisure/recreational/religious activity

Check all that apply

- | | |
|--|--------------------------|
| 12 step or other community support group | TV/Movies |
| Religious/Spiritual activity | Go to club |
| Hobbies | Gambling |
| Party/Drink/Get High | Go out to eat/for coffee |
| Talk to friends | Other |
| Shop | |
| Sports/Exercise | |
| Volunteer Work | |

Appendix C

PROBLEM GAMBLING CAPABILITY IN ADDICTION AND MENTAL HEALTH TREATMENT SCALE (PG-cap *VERSION 3.0*)

RATING SCALE COVER SHEET

Program Identification

Date: _____ Rater(s): _____ Time Spent (Hours): _____
 Agency Name: _____
 Program Name: _____
 Address: _____ Zip Code: _____
 Contact Person: 1) _____ ; 2) _____
 Telephone: _____ ; FAX: _____ ; Email: _____
 State: _____ Region: _____ Program ID: _____ Time Period: ____ (1= Baseline; 2 = 1st-follow-up; 3= 2nd follow-up; 4= 4th follow-up; etc)

Program Characteristics

| | | | |
|--|---|---|--|
| <p>Payments received (program): _____ Self-pay _____ Private health insurance _____ Medicaid _____ Medicare _____ State financed insurance _____ Military insurance Other funding sources: _____ Other public funds _____ Other funds</p> | <p>Primary focus of agency: _____ Addiction treatment services _____ Mental health services _____ Mix of addiction & MH services _____ General health services _____ Hospital</p> <p>Size of Program: _____ # of admissions/last fiscal year _____ Capacity (highest # servable) _____ Average length of stay (in days) _____ Planned length of stay (in days) _____ # of unduplicated clients/year</p> | <p>Agency type: _____ Private _____ Public _____ Non-Profit _____ For-Profit _____ Government operated _____ Veterans Health Admin.</p> <p>Level of care: <u>ASAM-PPC-2R (Addiction):</u> _____ I. Outpatient _____ II. IOP/Partial Hospital _____ III. Residential/Inpatient _____ IV. Medically Managed Intensive Inpatient (Hospital) _____ OMT: Opioid Maintenance _____ D: Detoxification</p> <p>Mental Health: _____ Outpatient _____ Partial hospital/Day program _____ Inpatient</p> | <p>Exclusive program/Admission criteria requirement: _____ Adolescents _____ Co-occurring MH & SUDs disorders _____ HIV/AIDS _____ Gay & Lesbian _____ Seniors/Elders _____ Pregnant/post-partum _____ Women _____ Residential setting for patients & their children _____ Men _____ DUI/DWI _____ Criminal justice clients _____ Adult General _____ Problem Gambling _____ Co-occurring MH, SUD, PG disorders</p> |
|--|---|---|--|

PGCS assessment sources _____ Chart Review; _____ Agency brochure review; _____ Program manual review; _____ Team meeting observation;
 _____ Supervision observation; _____ Observe group/individual session; _____ Interview with Program Director;
 _____ Interview with Clinicians; _____ Interview with clients (#: _____); _____ Interview with other service providers; _____ Site tour.

Total # of sources used: _____

**PROBLEM GAMBLING CAPABILITY IN ADDICTION AND MENTAL HEALTH TREATMENT SCALE (PGCS VERSION 3.0)
RATING SCALE**

| | 1 NGIS | 2 | 3 PGC | 4 | 5 PGE |
|---|---|--|--|---|--|
| I. PROGRAM STRUCTURE | | | | | |
| IA. Primary focus of agency as stated in the mission statement (If program has mission, consider program mission) | (SUD)/MH or co-occurring only | | Primary focus is a Substance use and/or mental health disorder. Gambling disorder is acknowledged and treated as a secondary or co-occurring issue. | Mission statement addresses gambling disorder along with SUD and MH. No specific mention of addressing impact of gambling on recovery. | Primary focus on comprehensive program that integrates the impact of gambling and gambling disorder in all aspects of care. |
| IB. Organizational certification & licensure. | Organizational certification and/or licensure does not permit addressing gambling disorder as a primary diagnosis or distinct co-occurring disorder | Has no actual barrier, but staff report there to be certification or licensure barriers. | Has no barrier to providing PG along with or treating co-occurring disorders within the context of substance use or mental health disorder treatment | | Is certified and/or licensed to provide gambling disorder services equally with SUD and MH services. |
| IC. Coordination and collaboration with problem gambling services | No document of formal coordination or collaboration. Meets SAMHSA definition of Minimal Coordination | Vague, undocumented, or informal relationship with PG agencies or providers or consulting with a staff member from those agencies. Meets SAMHSA definition of Consultation. | Formalized and documented coordination or collaboration with PG agency or provider. Meets SAMHSA definition of Collaboration. | Formalized coordination & collaboration, or availability of in-house problem gambling specialists that share and coordinate client care. Meets SAMHSA definition of Collaboration and has some informal components consistent with integration. | Most services are integrated within the existing program, or routine use of PG/peer counseling staff or staff exchange programs. Meets the SAMHSA definition of Integration. |
| ID. Financial incentives. | Can only bill for SUD and/or MH disorders | Could bill for gambling disorder if substance use or other mental health disorder is primary, but staff report there to be barriers OR: Partial reimbursement for gambling disorder services is available. | Can bill for any service type, however, substance use or mental health disorder must be primary. | | Can bill for PG, SUD or MH treatments, or any combination and/or integration. |

| | 1 NGIS | 2 | 3 PGC | 4 | 5 PGE |
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| II. PROGRAM MILIEU | | | | | |
| I.A. Routine expectation of and welcome to treatment for PG along with Substance use and mental health disorders | <p>Expects substance use and/or mental health disorders only, refer or deflect persons with PG disorders or symptoms.</p> <p>No expectation of addressing impact of gambling on recovery.</p> | <p>Documented to expect substance use and/or mental health disorders only (e.g. admission criteria, target population), but have informal procedure to allow some persons with pg problems so long as SUD or MHD primary.</p> | <p>Expect substance use and/or mental health disorders, and, with documentation, accepts pg disorders if co-occur with SUD or MHD.</p> | <p>Program formally defined like PGC but clinicians and program informally expects and treats both disorders, <u>not</u> well documented.</p> | <p>Clinicians and program expect and treat all disorders, regardless of which is primary or whether a substance use or mental health disorder co-occurs with the gambling, well documented.</p> |
| I.B. Display and distribution of literature and patient educational materials. | <p>SUD and MHD literature and materials only.</p> | <p>Some material available for PG as well as Substance use and mental health disorders OR some minimal mention of gambling as a co-occurring problem on some SUD or MH material> Material on gambling or problem gambling not offered routinely or formally available.</p> | <p>Routinely available for PG as well as impact of gambling on recovery in waiting areas, client orientation materials, family visits, but distribution is less than for substance use and MH disorders.</p> | | <p>Routinely and equivalently available for PG as with SUD and MH and for the impact of gambling on recovery from a comprehensive range of other disorders (e.g. alcohol use disorder, depression, anxiety, schizophrenia, etc)</p> |

| | 1 NGIS | 2 | 3 PGC | 4 | 5 PGE |
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| III. CLINICAL PROCESS: ASSESSMENT | | | | | |
| IIIA. Routine screening methods for problem gambling symptoms and the impact of gambling on recovery | Pre-admission screening based on patient self-report. Decision based on clinician inference from client presentation or by history. No screening for PG or the impact of gambling on recovery. | Pre-admission screening for problem gambling symptoms, treatment history prior to admission. Some evidence based set of problem gambling screening questions.. | Routine set of standard screening questions for PG using a well validated framework and integration of questions on impact of gambling in at least 50% of sections of intake data collection. | | Screen using standardized or formal instruments for problem gambling with established psychometric properties. Screen includes standardized assessment of frequency of gambling on comprehensive range of gambling activities. Screening questions for evaluation of the impact of gambling or problem gambling included in at least 80% of major categories. |
| IIIB Routine assessment if screened positive for problem gambling symptoms | Assessment for gambling problems and/or the impact of gambling on recovery is not recorded in the medical record. | Assessment for gambling problems occurs for some clients, but is not routine or is variable by clinician | Assessment for gambling disorder is present, formal standardized and documented in at least 50% of the records. | Assessment for gambling disorder is present, formal, standardized and documented in at least 90% of cases for which there is positive PG screen or indication. | Assessment for gambling disorder is formal, standardized and integrated with assessment for substance use symptoms and mental health symptoms and documented in at least 90% of the records. |
| IIIC. Routine assessment of impact of gambling on recovery. | Assessment for the impact of gambling on a client's recovery is not recorded in the record. | Assessment for the impact of gambling on client's recovery occurs for some clients, but is not routine or is variable by clinician. | Assessment for the impact of gambling is present, formal standardized and documented in at least 50% of the records. | Assessment for the impact of gambling is present, formal, standardized and documented in at least 70% of the records. | Assessment for the impact of gambling is formal, standardized and integrated with assessment for SUD and MH symptoms and documented in at least 90% of the records. |

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| IIID. Gambling disorder diagnosis made and documented along with Psychiatric and substance use diagnoses. | Gambling disorder diagnosis not made or documented. | Gambling disorder diagnostic impressions or past treatment records are present in records, but the program does not have a routine process for making and documenting gambling disorder diagnosis. | The program has a mechanism for providing gambling disorder diagnostic services in a timely manner. | The program has a mechanism for providing routine, timely gambling disorder diagnostic services. Documented at least 70% of the time | Comprehensive gambling disorder diagnostic services are provided in a timely manner at least 90% of the time. |
| IIIE. Gambling history reflected in medical record. | Collection of substance use and/or other mental health disorder history only. | Standard form collects substance use and/or mental health disorder history only. Gambling/problem gambling history collected inconsistently. | Routine documentation of gambling/problem gambling history in record and in narrative section (even if this means documentation of no history of gambling/problem gambling). | Specific section in record dedicated to gambling/problem gambling history and chronology. | Specific section in record devoted to history and chronology of gambling behaviors/problems and the interaction between them and substance use and/or mental health disorders is examined temporally |
| IIIF. Program acceptance based on problem gambling symptoms acuity/severity/persistence: low, moderate, high. | Admits persons with no to low acuity/severity/persistence. | | Admits persons in program with low to moderate severity, etc whose gambling behavior does not create immediate crisis in terms of debt, legal issues, housing, etc or whose gambling creates serious emotional problems or whose gambling history is prolonged and unresponsive to interventions. | | Admits persons in program with moderate to high severity, etc. including severe and persistent financial, legal, emotional etc consequences of gambling and/or are at high relapse risk potential. |
| IIIG. Stage-wise assessment | Not assessed or documented. | Assessed & documented variably by individual clinician | Clinician assessed and routinely documented, focused on SUD and MH and more variably for PG. | Formal measure used and routinely documented but focusing on PG (less than 80%) | Formal measure for gambling problem motivation specifically included in documentation and used and routinely, focus integration of PG and substance use and/or mental health motivation. (80% or more) |

| | 1 NGIS | 2 | 3 PGC | 4 | 5 PGE |
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| IV. CLINICAL PROCESS: TREATMENT | | | | | |
| IVA. Treatment plans. | Address substance use/mental health only (PG not listed) | Variable by individual clinician (plans vaguely or only sometimes address gambling problems/impact of gambling) | Plans routinely address all disorders although substance use and/or mental health disorders are addressed as primary, gambling problems as secondary with generic interventions. | Plans routinely address problem gambling/impact of gambling issues. Equivalent focus on all disorders; some individualized detail is variably observed. | Plans routinely address problem gambling/impact of gambling issues equivalently with SUD/MH and in specific detail; comprehensive interventions for gambling issues are used. |
| IVB. Assess and monitor interactive courses of both disorders. | No attention or documentation of progress with problem gambling issues | Variable reports of progress on gambling problems by individual clinicians. | Routine clinical focus in narrative (treatment plan or progress note) on gambling problem change, description tends to be generic | Treatment monitoring and documentation reflecting equivalent in-depth focus on gambling problems along with SUD/MH is available but variably used | Treatment monitoring and documentation routinely reflects clear, detailed and systematic focus on change for gambling problems as well as SUD/MH |
| IVC. Stage-wise treatment | Not assessed or explicit in treatment plan. | Stage or motivation to address gambling issues documented variably by individual clinician in treatment plan. | Stage or motivation regarding gambling problems variably and inconsistently addressed and variably integrated into comprehensive stage-wise treatment plan. | Stage or motivation regarding gambling problems routinely incorporated into individualized plan, and general awareness of adjusting treatments by individual stage of readiness. Gambling issues variably included in integrated stage-wise treatment matching. | Stage or motivation routinely incorporated into individualized plan, and formally prescribed and delivered stage-wise treatments that relate to specific gambling problems and that integrate gambling issues with both substance use and mental health issues. |

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| IV. CLINICAL PROCESS: TREATMENT (cont) | | | | | |
| IVD. Integration of Problem Gambling/Impact of Gambling in treatment content | Not addressed in program content | Based on judgment by individual clinician; Variable penetration into routine services | In program routinely as an isolated intervention with variable integration into standard practices dependent on clinical judgment, interest, and skill. | There is more substantial movement toward inclusion of the impact of gambling/problem gambling in all aspects of treatment intervention. | Consistent inclusion of the impact of gambling/problem gambling references, examples and content throughout treatment interventions by practice and policy. |
| IVE. Specialized, stage appropriate individualized interventions with problem gambling content. | Problem gambling signs and symptoms not addressed. | Based on judgment/expertise of individual clinical, variable penetration into routine services. | Program routinely addresses problem gambling signs and symptoms as secondary to SUD/MH. Routine clinician adaptation of an evidence-based treatment to address gambling as a relapse risk factor or co-occurring addiction. | Some PG specialized interventions by specifically trained clinicians in addition to more general adaptations of MH/SUD approaches. | Routine PG specific individualized interventions are provided in stage appropriate manner for individuals who present signs and symptoms of problem gambling. Gambling Disorder is treated as primary and equal to MH/SUD. Program has capacity to treat individuals with all levels of problem gambling severity along with co-occurring SUD/MH. |
| IVF. Education about gambling disorder, treatment and interaction with SUD/MH | PG/impact of gambling is not at all included in psycho-education offerings and materials | PG education offered variably or by clinician judgment | Program offers routine education on problem gambling/impact of gambling as an isolated class or group as part of a cycle of educational topics and is routinely delivered in individual or group formats. | In addition to routine education on PG, more general or MH/SUD educational offerings integrate gambling/impact of gambling and the interaction among the 3 disorders is address in education offerings variably. | PG specific education components are included in group and individual curriculum and PG/gambling impact content is thoroughly infused in all educational modules and topics. A continuum of PG specific educational components are available to address the needs of clients with the full range of gambling problems. |

| | 1 NGIS | 2 | 3 PGC | 4 | 5 PGE |
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| IVG. Family education and support. | For alcohol, drug or other mental health problems only | Problem gambling family education and support available variably or by individual clinical judgment | Impact of Gambling and problem gambling issues addressed routinely but informally incorporated into family education or support sessions. Available as needed. | PG issues routinely and more formally incorporated into family or support sessions. Structured family interventions to specifically address gambling issues and support families dealing with gambling problems more routinely accessible. | Gambling and Problem gambling routinely and systematically integrated into all family education and support materials and groups. Specific problem gambling education, support and counseling routinely available for those needing this (80% of time) |
| IVH. Specialized interventions to facilitate use of peer support groups. | No interventions used to facilitate use of PG peer support | Some availability of information on PG peer supports, addressed variably | Information on PG peer supports routinely available and provided to clients in conjunction with information on SUD and MH peer supports. However, no routine interventions to specifically link to PG peer supports. | Meets criteria for PGC and occasional though variable linkages made to PG peer support as appropriate. | Routine facilitation to engage clients presenting signs and symptoms of PG with peer support resources either via onsite PG support groups, PG support resources routinely referenced with SUD/MH supports and linkages made for individual clients with PG peer supports. |
| IVI. Availability of peer recovery supports for patients with gambling problems. | PG peer supports not present, or if present not recommended. | Off site, recommended variably | Off site or on consultation basis with local contact person or informal matching with peer supports in the community with PG focus. | Present, off site, integrated into plan, and routinely documented. | Present, on site, facilitated and formally integrated into program routinely used and documented. |

| | 1 NGIS | 2 | 3 PGC | 4 | 5 PGE |
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| V. CONTINUITY OF CARE | | | | | |
| VA. Gambling problems addressed in discharge planning process. | Not addressed | Variably addressed by individual clinicians. | Gambling problems/impact systematically addressed as secondary in planning process for off site referral. | Some capacity (les than 80%) to plan for integrated follow-up. | All disorders/issues are seen as primary with confirmed plans made for onsite follow-up (at least 80% of time). |
| VB. Capacity to maintain treatment continuity. | No mechanism for managing ongoing care of problem gambling needs when substance use or mental health program is completed. | No formal protocol to manage problem gambling needs once program is completed, but some individual clinicians may provide extended care until appropriate linkage takes place; Variable documentation | No formal protocol to manage problem gambling needs once program is completed, but when indicated, most individual clinicians provide extended care and /or monitor impact of gambling until appropriate linkage takes place; Routine documentation | Formal protocol to manage problem gambling needs indefinitely, but variable documented evidence that this is routinely practiced, typically within the same program or agency. | Formal protocol to manage problem gambling needs indefinitely and consistently documented evidence that this is routinely practiced, typically within the same program or agency. |
| VC. Focus on ongoing recovery issues for problem gambling as well as substance use and other mental health disorders. | No | Individual clinician determined. | Routine focus is on recovery from substance use or mental health disorders. PG issues are viewed as secondary to SUD/MH | | Routine focus on gambling equally with SUD/MH recovery and management all seen as primary and ongoing. Focus includes interaction and impact of each on overall recovery. |
| VD Specialized interventions to facilitate the use of community-based peer support groups during discharge planning. | No interventions made to facilitate use of any gambling specific peer support groups upon discharge. | Used variably or infrequently by individual clinicians for individual clients, mostly for facilitation to SUD/MH peer supports | No official policy or protocol, there is more routine offering of information and recommendation of gambling specific peer supports during discharge planning, but this is still viewed as secondary to SUD/MH | Assertive linkages and interventions variably made targeting PG peer support equally with SUD/MH supports | Assertive linkages and interventions routinely made to facilitate use of PG peer support groups or all recovery groups upon discharge |

| | 1 NGIS | 2 | 3 PGC | 4 | 5 PGE |
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| VI. STAFFING | | | | | |
| VIA On site clinical staff members with problem gambling certification (i.e. NCGC I or II), or competency (CT cert of competency or equivalent). | Program has no staff who are certified, licensed, trained or has sufficient experience to establish competence as a problem gambling counselor. | 1-24% of clinical staff have cert, license or sufficient clinical experience to establish competence in PG treatment | 25-33% of clinical staff have cert, license or sufficient clinical experience to establish competence in PG treatment | 34-49% of clinical staff have cert, license or sufficient clinical experience to establish competence in PG treatment. | 50% or more of clinical staff have cert, license or sufficient clinical experience to establish competence in PG treatment |
| VIB. Access to problem gambling supervision or consultation. | No access | Yes, off site by consultant or contractor, variably provided | Provided routinely and consistently by consultant or contractor off site, via telephone or onsite. | Routinely provided onsite by staff member. | Routinely provided onsite by staff member and focuses on in-depth learning.. |
| VIDC Case review, staffing or utilization review procedures emphasize and support integration of gambling problems in treatment. | Not conducted | Yes, off site by consultant or contractor, variably provided | On site, documented as needed coverage of problem gambling issues. | Documented, routine review of PG issues with increasing attention to review of impact of gambling issues among all cases | Documented, routine and systematic review of PG issues and the impact of gambling on recovery |
| VID. Peer/Alumni supports are available with problem gambling issues | Not available | Available with PG disorder, but as part of the community. Variably referred by individual clinician. | Available with gambling disorder but as part of community. Routine referrals made through clinician relationships or more formal connections such as peer support groups. | Available on site, with gambling disorders either as paid staff, volunteers or program alumni. Variable referrals made. | Available on site with gambling disorder, wither as paid staff, volunteers or program alumni. Routine referrals made for individuals at risk for as well as those with clearly identified gambling disorder.. |

| | 1 NGIS | 2 | 3 PGC | 4 | 5 PGE |
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| VII. TRAINING | | | | | |
| VIIA. All staff members have basic training in attitudes, prevalence, common signs and symptoms, detection and triage for gambling disorder as well as training on assessing and addressing the impact of gambling on SUD/MH recovery | No staff has basic training. | Variably trained, no systematic agency training plan or individual staff member election (1-24%) | Certain staff trained, encouraged by management and with systematic training plan (25-50% staff trained). | Many staff trained and monitored by agency strategic training plan (51-79%). | Trained in these skills per agency strategic training plan (over 80-% staff trained) |
| VIIIB. Clinical staff members have advanced specialized training in problem gambling integrated treatment of SUD/MH | No clinical staff have advanced training | Variably trained, no systematic agency training plan, or individual staff member election (1-24%) | Certain staff trained, encouraged by management and with systematic training plan (25-50% of clinical staff trained) | Many staff trained and monitored by agency strategic training plan (51-79%) | Most staff trained and periodically monitored by agency strategic training plan (at least 80%) |

ADDITIONAL SITE VISIT NOTES:

