Show of Hands Please

- How many of you are:
  - Primarily problem gambling counselors?
  - Primarily substance abuse counselors?
  - Primarily both?
  - Other?

Most Problem Gambling Treatment Programs in Iowa

- Are primarily substance abuse and/or mental health treatment programs
- Is that about the same in Kansas? Missouri? Nebraska? Oklahoma?

What are Some of the Differences You Have Seen?

- Between a substance abuse client presenting for treatment?
- And a pathological gambling client presenting for treatment?

Imagine You Are In Crisis

- You promised your spouse you'd stop gambling
- Yet you lost another $3,000 last night
- You'd only meant to be at the casino an hour
- And you'd promised yourself you'd leave if you lost more than $100 –
But you KNEW it was going to be a lucky night, you just KNEW
And you HAD to get YOUR money back...

You Get Up the Nerve to Call the Helpline
You promised your spouse you would
The Helpline does a good job of transferring you directly to a problem gambling treatment program in your town...

And You Get an Answering Machine
We're busy, please leave a message
Or we're closed now, please call tomorrow
Or we're closed now, please call Monday
Or (my personal pet peeve) if you know who you want to talk to - please press their extension now...

What Might Your Response Be?
Put yourself in that caller's shoes – how might you respond?

Data from Iowa – August of 2009
Only 57% of Helpline callers asking for help actually got to the treatment program
Iowa's 1st NIATx change in this area was to do a "live" handoff for all 8 am to 8 pm calls Mondays through Fridays
In September of 2009, 83% of these calls got to the program
Helping Crisis Callers Reach Programs

% Helpline Calls Actually Received by Program

Changes

- Explain “live handoff”
- 2nd Step: Some programs started to take a serious look at how they could make sure they:
  1. Didn’t miss calls
  2. Engaged the caller – to get them in the door – and to get them admitted

Next Step – Call Walk-Throughs:

- We wanted to know how our programs were doing
- And our programs asked for the feedback
- Over a one-year period, three of us made over 100 calls to our nine programs
- On the first round about one-third didn’t get through to anyone at the program

From the 100 Calls to Providers

- Many calls went well
- Some might have gone better
- Some messages were never returned
- Some...

How Not to Engage the Caller?

- Gee I don’t think we offer problem gambling treatment
- Or: Sure, we do that but I don’t know who is taking those calls right now...
- Or: Sure, but the counselor is busy right now, please leave a message on her/his voicemail
- Or: We don’t have anyone in this office who does that – only at the main office (70 miles away!)

More Responses Included

- My schedule is full, but I can schedule you in five weeks
  - Five weeks was the longest wait time
- When we were able to talk to a counselor we always (eventually) tried to get an appointment. Less than 10% of the time were we able to see a counselor within two days
Overall:

1\textsuperscript{st} Round Walkthrough Results

- 15/26 calls were handled by a counselor
- 13/26 calls were able to get an appointment
- 5/26 went to voice-mail
  - Some calls were never returned
  - Some calls were disconnected by the program
  - Programs generally did a much better job of handling crisis calls during weekdays than during evenings/weekends

What Would Your Response Be?

Comments?

How would you engage a caller?

One Iowa Example to Study

- Among other noticeable successes:
  - This program developed what we consider to be the “Gold Standard” for handling crisis calls
  - And they did it one change at a time – one small step at a time – checking the data for each step – did it work or not?
  - Why one step at a time? Last job & multiple changes.

Better response to crisis calls by programs:

First steps to increase admissions:

Goal: Converting Crisis Calls

- Converting crisis callers
  1. Get the call to the program
  2. Convert the call to an appointment
  3. To an admission
  4. To a successfully discharged patient
  5. To a contributing member of society

Converting Crisis Calls, Part 2

- Iowa has made over 100 crisis call walk-through calls – Based on these calls, we developed a clear idea about what we think should happen: “The Gold Standard”
Converting Crisis Calls

- The Gold Standard – from the Helpline to the program:
  1. Supportive but brief and transfer
  2. “Conferencing” calls greatly reduces hang-ups
  3. Important to demonstrate care for the callers – example with phone breakdown at program

Converting Evening & Weekend Crisis Calls to Successful Admits

- The Gold Standard – One Programs Example:
  1. A live person answering the phone is always good
  2. A counselor on the phone is even better
  3. A counselor who can see the caller today or tomorrow is best
  4. If the counselor can’t see the caller soon, get permission to call and check in: Much less likely to lose the caller

Increase Admissions from Evening/Weekend Crisis Calls – Step #1

Program got phone number and name to call back next day

Why Not Schedule Right Away?

- 9 County Service Area
- 3 Full-time office and several PT offices
- Multiple staff who treat problem gamblers
- Counselor taking crisis calls didn’t know the schedules of staff in other offices.
- Lot’s of thought went into how to fix this

Increase Admissions from Crisis Calls – Program Step #2

By scheduling at time of call

Second Agency: One Change – Huge Results

- Background:
  - Largely rural program with small number of admissions year after year
  - On-call system did not connect with a live person immediately – and then seldom with an experienced problem gambling counselor
  - 8-5 weekday calls seldom got to an experienced problem gambling counselor right away
One Change – Huge Results

• One Step:
  
  • Experienced problem gambling counselor volunteered to take all Helpline crisis calls – as he said, there weren't that many!
  
  • Problem gambling admissions the next year doubled

Recommendation #1

• Get someone you trust, who doesn't know your phone system to call in. How friendly is your phone system?

  • If you know someone who can act a little, have them call in as a problem gambler and report how they are treated – BTW, some of the people I called knew me for years and didn't recognize my voice.

PS

• Our other Iowa NIATx major findings had to do with the initial intake and assessment

  • How long do you think it is optimal to spend with a client doing an intake and assessment before starting treatment?

Other Research Findings

• All NIATx findings for substance abuse and mental health find there is a significant drop-out rate if the intake/assessment period lasts longer than forty-five minutes

  • Our programs were taking anywhere from two-to-five hours – most counselors thought the longer the intake the better.

  • Most programs cut intake to one hour or less

Admit Clients on Same Day by Reducing Paperwork

Client Continuation Results

• Through our NIATx process
Improving Continuation
Maintaining & Improving on Results
New Admit Clients with Four Sessions in the Next 30 Days
Program I

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<th>Change 7-1 to 10-20-09</th>
<th>Sustain 1-1 to 1-30-10</th>
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<tr>
<td>55%</td>
<td>64%</td>
<td>82%</td>
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In Case I Forgot to Mention During Last 2 Slides...

- Why are four sessions during the 30 days following admission important?

- Research: Just about doubles the chances of successful completion of treatment

Recommendation #2

- Have a non-clinical person go through your intake process as a client.

- Is it friendly?

- Are you asking some questions over and over again?

For More Information

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