Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Prevention, Treatment, and Recovery in an Era of Change

Donna M. Doolin, LSCSW, Lead Public Health Advisor
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U. S. Department of Health and Human Services

11th Annual Midwest Conference on Problem Gambling & Substance Abuse
June 25-27, 2014 • Kansas City, MO
“...we need to see [to] it that men and women who would never hesitate to go see a doctor if they had a broken arm or came down with the flu, that they have that same attitude when it comes to their mental health.”

President Barack Obama

June 3, 2013
Secretary Burwell is committed to the mission of ensuring that every American has access to the building blocks of healthy and productive lives.

Has called for the Department to operate under three guiding tenets:
• to deliver results on a wide range of complex issues;
• to strengthen the relationships that drive progress; and
• to build strong teams with the talent and focus needed to deliver impact for the American people.

Sylvia Mathews Burwell
Secretary, U.S. Department of Health & Human Services
Sworn in as the 22nd HHS Secretary on June 9, 2014.
SAMHSA: Key Messages

- Behavioral health is essential to health
- Prevention works
- Treatment is effective
- People recover from mental and substance use disorders
SAMHSA’s Mission and Vision

→ SAMHSA’s MISSION: Reduce the impact of substance abuse and mental illness on America’s communities

- Behavioral health is essential to health
- Prevention works
- Treatment is effective
- People recover
How Do We Carryout the Mission and Vision?

- Emphasizes that behavioral health is a component of service systems that improve overall health status, and that contain health care and other costs to society.
- Promotes continuous process improvement and cost effectiveness in the delivery and financing of prevention, treatment and recovery support services.
- Concerned about problem and pathological gambling given the correlations with MH/SUDs.
President’s 2015 Budget Request

- Supports President’s Commitment to and Investment in the Nation’s Health through Key Behavioral Health Priorities
- Maintains FY 2014 Increases in Critical Block Grant Funding
- Maintains FY2014 Funding Ratio
  - SA (68 percent)
  - MH (32 percent)
President’s 2015 Budget Request

→ Requests funding for New Programs
  • Primary Care & Addiction Services Integration
  • SPF Rx
  • Adult Trauma Screening/Brief Intervention
  • Science of Changing Norms
  • Peer Professionals Workforce Development

→ Continues *Now is the Time*
  • A Presidential Initiative aimed at protecting children and communities by reducing gun violence and increasing mental health services:

→ New Access to Recovery/ATR Funding is not Requested
Block Grant in the Health Reform Era

- To fund priority treatment and support services for individuals without insurance
- To fund those priority evidence-based treatment and support services that are not covered by Medicaid, Medicare or private insurance for low income individuals
- To fund primary prevention-universal, selective and indicated prevention activities and services for persons not identified as needing treatment
- To collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services and to plan the implementation of new services
Changing Health Care Environment

- Behavioral Health is essential to Health
- Prevention/Wellness rather than illness
- Quality rather than Quantity – saving costs through better care rather than less care
- Inclusive – everyone’s Eligible for something
- Public Payers’ Roles changing
- Implications for the Behavioral Health Workforce
SAMHSA’s Leading Change 2.0: A Plan for FY 2015 – FY 2018

Planning now
- National Advisory Committees in early April
- All SAMHSA staff in May
- Out for public comment in early summer 2014
- Final due early fall, by October 1, 2014

Internal work – SAMHSA’s Internal Operating Strategies (IOSs)

Enhancing SAMHSA’s public health role in beginning, testing, disseminating, influencing
SAMHSA leads public health efforts to advance the behavioral health of the nation.

SAMHSA’s Strategic Initiatives 2011 – 2014

1. Prevention
2. Trauma and Justice
3. Military Families
4. Recovery Support
5. Health Reform
6. Health Information Technology
7. Data, Outcomes & Quality
8. Public Awareness & Support

SAMHSA’s Strategic Initiatives 2015 – 2018

1. Prevention
2. Health Care and Health Systems Integration
3. Trauma and Justice
4. Recovery Support
5. Health Information Technology
6. Workforce
ACROSS THE NATION: SO MUCH PROGRESS IN FIVE YEARS . . .

➔ Access to Care
  • ACA – > 8 M covered; > 3.6 M children on parents insurance
  • Uninsured rates ↓ – 18% to 13.4%

➔ Parity
  • MHPAEA reg done; EHBs required = 62 M Americans w/ increased coverage)
  • Training, tracking compliance, and implementation
  • Parity as a concept – “Science of Changing Social Norms”

➔ Integration w/ Health – BH Is Essential to Health
  • Community health and wellness
  • Care delivery – primary, specialty, emergency, rehabilitative
  • Recovery/community living
  • Federal-level initiatives underway (SAMHSA, HRSA, CMS, AHRQ)
  • FY 2015 Primary Care Addiction Services Integration (PCASI)

➔ Messaging – Common across BH Stakeholders
ACA IMPACT ON BH WORKFORCE

- More coverage & access = more & different workers needed
- Bi-directional integration between primary and BH care, w/ increasing emphasis on screening/early intervention
- Increased need to understand and have skills to utilize Health IT/EHRs for billing, changing practice models, and quality
- Value of recovery-oriented systems & recovery principles, including individual responsibility, shared decision-making, self-directed care, and patient-oriented delivery systems
- Value of prevention and preventionists
- Increased value & use of peers & paraprofessional practitioners
- Different credentialing/licensure/competencies
BUILDING THE BH WORKFORCE

- Constantly evolving practice-based evidence; evidence-based practices in an integrated or wholistic care framework

- Increasing credentials and specific educational requirements for BH workforce in insurance environment

- Increasingly diverse and multilingual population = increased need to design and deliver services in a culturally specific manner
EXAMPLES OF SAMHSA WORKFORCE DEVELOPMENT ACTIVITIES

- Regional Leadership Institutes
- Minority Fellowship Program (MFP)
- Knowledge Application Programs (KAP)
- TIPs, TAPs, webinar series, and other written and media materials for training and practice improvement
- SBIRT Medical Residency Programs
- Training on buprenorphine and other medication assisted treatments
- TA Centers, e.g., housing, juvenile/adult corrections, military families, disaster preparedness and response
  - BRSS TACS – on recovery support services
  - Center for Adoption of Prevention Technology (CAPT)
  - National Center for Trauma-Informed Care (NCTIC)
  - Addiction Technology Transfer Centers (ATTCs) – with NIDA
Whole Health = BH + PH

- BH & PH are interdependent, and whole health depends on both.
- Prevention, treatment, and recovery are essential for behavioral and physical health.
SUDs and non-SUD Addictions: Interactive Behavioral Health Challenges

- Parallel addictions
- Reinforcing addictions
- Cross addictions
- Serial addictions
“I’m really in trouble with my gambling. It is out of control. I just got into a recovery program for my drinking. It seems like whenever I gamble, I have a much harder time not drinking. And when I drink, my gambling really takes off. I just wish I could stop.”

– George, age 32
SUDs and non-SUD Addictions

Behavioral addictions – such as pathological gambling – share common features with drug and alcohol use disorders:

- Failure to resist an impulse, drive, or temptation that is harmful to the person or to others.
- Onset in adolescence and young adulthood – more men than women.
- Occurrence of an urge or craving state prior to initiating the behavior.
- Resulting “high” – need to increase the intensity of the behavior to achieve the same high.
- Financial and marital problems.
- Criminal behavior to fund addictive behavior or cope with consequences of it.

Neurological Similarities between SUDs and non-SUD Addictions

- Multiple neurotransmitter systems are implicated in the pathophysiology of behavioral addictions and substance use disorders.

- Serotonin and dopamine, in particular, may contribute to both sets of disorders.
  - Serotonin is involved with inhibition of behavior.
  - Dopamine is involved with learning, motivation, stimuli, and rewards.

- Alterations in dopaminergic pathways in the brain are thought to underlie reward-seeking (gambling, drugs, alcohol) that triggers the release of dopamine and produces feelings of pleasure.

Similar Treatment for SUDs and non-SUD Addictions

- Behavioral addictions and substance use disorders often respond positively to the same treatments:
  - Recovery support services – including peer recovery support and 12-step programs
  - Motivational enhancement
  - Cognitive behavioral therapies


- Recent findings suggest IM naltrexone can control gambling cravings/behavior while mitigating issues with adherence and toxicity. (Yoon and Kim. 2013. Am J Psychiatry. Letters.)

The Gambling Environment is Evolving

- Gambling has become more convenient and accessible.
- Gambling is coming out of gambling environments and is converging with other technologies.
- Gambling is becoming more anonymous and "asocial".
- Gambling is perceived as an ever more important source of public revenues.

Gambling in the U.S.

- Approximately 85% of U.S. adults have gambled at least once in their lives; 60% in the past year.
- 2 million (1%) of U.S. adults are estimated to meet criteria for pathological gambling in a given year.
- Another 4-6 million (2-3%) would be considered problem gamblers.

Gambling and Co-occurring Disorders

According to the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC):

- 73.2% of pathological gamblers had an alcohol use disorder
- 38.1% had a drug use disorder
- 60.4% had nicotine dependence
- 49.6% had a mood disorder
- 41.3% had an anxiety disorder
- 60.8% had a personality disorder
- 15-20% attempt suicide

“A Perfect Storm”

Like other expression of addictions, gambling disorders are correlated with certain demographic characteristics.

Environmental factors may impact whether or not a person develops an addictive disorder.

Trauma has been shown to have a strong influence on addictive behaviors.

Source: National Center for Responsible Gaming. Increasing the Odds: A Series Dedicated to Understanding Gambling Disorders, Vol. 7., 2012
Small family studies have found that first-degree relatives of those diagnosed with pathological gambling had significantly higher lifetime rates of alcohol and other substance use disorders than did control subjects.

In a study of male twins, 64% of the co-occurrence between pathological gambling and alcohol use disorders was attributable to genes that influence both disorders – suggesting an overlap in the genetically transmitted underpinnings of both conditions.

Problem gamblers with frequent alcohol use have greater gambling severity and more psychosocial problems resulting from gambling than those without alcohol use histories.

Adolescents who are moderate to high frequency drinkers are more likely to gamble frequently than those who are not. (Grant, Potenza, et al, 2010)

For individuals with alcoholism and gambling disorders, addressing both problems simultaneously leads to better outcomes. (Hodgins and el-Guebaly, 2002)
Research indicate that cocaine-addicted individuals are nearly two times more likely to have serious gambling problems than those who are not cocaine-dependent.

Cocaine may artificially inflate a gambler’s sense of certainty of winning and skill, contributing to increased risk behaviors.

Pathological gamblers may use cocaine to maintain energy levels and focus during gambling and sell drugs to obtain gambling money.

Research also suggests a positive correlation between methamphetamine abuse and pathological gambling.
Gambling and Associated Medical Conditions

- Obesity
- Heart disease
- High blood pressure
- Digestive problems
- Muscular tension
- Insomnia
- Ulcers
- Migraines
Gambling at any Age

There is a growing body of literature on youth gambling that indicates gambling is a common activity among youth.

Approximately 4%-8% of kids between 12 and 17 years of age meet criteria for a gambling problem, and another 10%-15% are at risk of developing a problem.

Studies have concluded early involvement is predictive of later gambling problems.

Adolescent involvement in gambling is believed to be greater than their use of tobacco, hard liquor, and marijuana.

Adolescent Problem Gambling & Substance Use

The Research Institute on Addictions at the University of Buffalo conducted a survey of gambling among 14-21 year olds in the U.S.

68% of the youth reported having gambled during the past year.

37% of the youth who were identified as heavy drinkers were also heavy gamblers compared to 11% heavy gamblers among non-drinkers.¹

The rate of heavy gambling was twice as great for those who reported heavy marijuana use vs. those who did not smoke marijuana.²

¹ Heavy drinking was defined as drinking 5 or more drinks in 1 day on at least 12 days in the past year.
² Heavy marijuana use was defined as using marijuana or hashish 52 times or more during the past year.
Adolescent Gambling & Substance Use by Race/Ethnicity

Past Year Use Among Youths (14-21) in RIA Study:

- Used Alcohol
- Smoked Tobacco
- Used Marijuana
- Gambled
- Experienced Heavy Gambling

The Internet and Adolescent Gamblers

- A study of Connecticut high schoolers identified 2,006 adolescent gamblers – 20.5% of whom were Internet gamblers.

- Among the Internet gamblers:
  - 57.5% were classified as at-risk/problem gamblers (ARPGs) vs. 27.7% among non-Internet gamblers
  - 42.5% as low-risk gamblers (LRGs) vs. 72.3% among non-Internet gamblers

- ARPGs also reported higher regular use of tobacco, marijuana, moderate and heavy alcohol use, and dysphoria/depression.
  - They were also more likely to engage in serious fights and carrying a weapon.

Gambling Among College Students

- Research has shown that teenagers and college-aged young adults are more impulsive and at higher risk for developing gambling disorders than adults.
- Approximately 75% gambled during the past year (whether legally or illegally) with about 18 percent gambling weekly or more frequently.
- Both student athletes and students who are sports fans gamble more than other students.

Source: CollegeGambling.org, developed by the National Center for Responsible Gaming
Gambling Among College Students

Meta-analysis of 15 college student studies estimates the percentage of disordered gamblers among college students at 7.89%.

Despite the prevalence of on-campus gambling, only 22% of U.S. colleges and universities have formal policies on gambling.

It is important for college health professionals to promote understanding of PG as a treatable mental health disorder.

Sources: CollegeGambling.org was developed by the National Center for Responsible Gaming; Blinn-Pike, L. et al. (2007). Disordered Gambling among College Students: A Meta-Analytic Synthesis. J. Gambl Stud. 23:175-183.
Gambling Among College Students

CollegeGambling.org was developed by the National Center for Responsible Gaming (NCRG) as a tool to help current and prospective students, campus administrators, campus health professionals and parents address gambling and gambling-related harms on campus.

Information provided for educational purpose only: Does not imply SAMHSA endorsement
Gambling at any Age: Older Adults

- Estimates are that 39-45% of casinos’ traffic is comprised of patrons 65 years or older.

- A recent study of over 10,000 older adults (age 60 or older) found that 28.7% were lifetime recreational gamblers and 0.85% were lifetime “disordered” gamblers.

- Compared with older adults without a history of regular gambling, disordered gamblers were significantly more likely to have disorders such as alcohol (53.2% vs. 12.8%) drug (4.6% vs. 0.7%), anxiety (34.5% vs. 11.6%) and personality (43% vs. 7.3%).

DSM-5 Changes

- Contains significant changes to “Substance-Related and Addictive Disorders”.
  - Places “Gambling Disorder” in “Substance-Related and Addictive Disorders”, under “Non-Substance-Related Disorders”
  - Change reflects research findings that indicate that GD & related non-SUD addictive disorders are similar to substance-related disorders in clinical expression, brain origin, comorbidity, physiology, and treatment.

Importance of DSM-5

➔ Handbook used by health care professionals in the United States and much of the world as the authoritative guide to the diagnosis of mental disorders.

➔ Clinicians use DSM-5 diagnoses to communicate with patients, other clinicians, and to request insurance reimbursement.

➔ DSM-5 diagnoses can be used by public health authorities for compiling and reporting morbidity and mortality statistics.

➔ Also used to establish diagnoses for research: Consistent and reliable diagnoses enable researchers to examine risk and causal factors for specific disorders, and to determine their incidence and prevalence rates.

DSM-5 Gambling Reclassification Implications

- Placement in “Substance-Related and Addictive Disorders” could open the door to coverage under MH/SUD-related provisions of health reform.
- Improve diagnostic accuracy and screening efforts.
- Support more appropriate treatment and services.
- Facilitate integration/bundling of services and payment processes with MH/SUDs services and primary care (e.g., SBIRT).
- Increase public health awareness, and raise visibility among health care providers, insurers, and policy makers.
- Accelerate research and development of more robust, evidence-based practices.

Contributing psychosocial and environmental factors are represented in an expanded set of ICD-9-CM V-codes (forthcoming ICD-10-CM, Z-codes).

These codes enable clinicians to indicate other conditions or problems requiring clinical attention or that may influence the diagnosis, course, prognosis, or treatment of a mental disorder.

Such conditions may be coded along with the patient’s mental and other medical disorders if they are a focus of the current visit or if they help explain the need for a treatment or test.

Alternatively, codes may be entered into the clinical record as useful information relative to patient care.

DSM-5 and Insurance

- DSM-5 was developed to facilitate seamless transition into immediate use by clinicians and insurers to maintain continuity of care.
- Represents a step forward in more precisely identifying and diagnosing mental disorders.
- Completely compatible with the HIPAA-approved ICD-9-CM coding (new compliance date for the use of ICD-10 begins October 1, 2015).
- Can be used immediately for diagnosing mental disorders.
- Change in format from a multi-axial system may result in a brief delay while insurance companies update claim forms and reporting procedures to accommodate new format.

Internet Gaming Disorder (IGD) is identified in Section III as a condition requiring additional clinical research to determine if it warrants inclusion as a formal disorder.

Recent scientific reports indicate that “gamers” using the internet play compulsively, and that their persistent and recurrent online activity results in clinically significant impairment or distress.

Important to note that multiple studies suggest Internet gambling results in higher incidence of gambling disorders than land-based gambling.

Health Reform: Goals, Provisions and MH/SUDs

- Increase coverage and access, reduce disparities (at-risk, high risk, and underserved populations).
- HHS estimates that ACA associated coverage expansion and parity provisions have the potential to provide new or expanded MH/SUD benefits for 62 million Americans.
- Includes MH/SUD services in list of 10 Essential Benefits.
- Improve patient care and patient’s experience with health care.
- Expands and extends parity measures and protections of MHPAEA.
- Control and reduce cost.
Mandates free coverage of preventive services including alcohol misuse, tobacco use, depression, and behavioral assessments for children of all ages.

Fosters and supports new, improved service delivery and payment models including service integration and coordination.

Promotes and supports innovation and advances in HIT.
Estimated Health Care Cost Increases Associated with BH Co-Morbidity

<table>
<thead>
<tr>
<th>Chronic Disease</th>
<th>% Cost Increase w/Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>105%</td>
</tr>
<tr>
<td>Asthma</td>
<td>169%</td>
</tr>
<tr>
<td>COPD</td>
<td>186%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>124%</td>
</tr>
</tbody>
</table>

Cumulative Effects of These Transformative Behavioral Health Care Drivers

- Value-based, integrated and coordinated care becoming the new norm.
- Accelerated innovation, uptake, and implementation service delivery and payment, notably in HIT.
- Imperative for strategic alliances, partnerships, collaborations, and networks.
- Increased mergers and consolidation for service providers and payers.
- Substantial gains in operational efficiencies.
- Workforce training, retraining, and cross-training.
- Additional support for research, research translation, and evidence-based practices.
DSM-5 and Health Reform Opportunities

Are You Prepared?

- Education and public outreach programs and activities.
- Requisite operational/organizational infrastructure.
- Service delivery effectiveness and efficiency.
- Accessibility to services, service integration, and coordination.
- Professional networks for seamless and comprehensive care.
- Partnerships and collaboration with emergent health care providers.
- Ongoing dialogue with public/private insurance providers and realignment of payment streams to support value-based health care.
- HIT upgrades for patient-centric, interconnected services and records sharing, including privacy and security safeguards.
Various studies put the cost of gambling addiction from $5,000 a year to $15,000 a year per addict.

Providing services for pathological gamblers can save the State money across other systems, reducing costs in terms of the criminal justice system, child neglect and abuse, domestic violence and other systems.

“You cannot beat a roulette table unless you steal money from it.”
- Albert Einstein

Source: Pulliam, R. Like cigarettes, gambling takes toll on addicts. Indiana Star. 8/3/06, retrieved from http://www.aproundtable.org on 7/31/08
Research indicated that most people who have a gambling disorder also have one or more additional mental health problem.

“The largest study that examined the comorbidity of PG surveyed more than 43,000 representative Americans and concluded that almost 75% of those diagnosed with PG had a co-occurring alcohol use disorder, while 40% had a co-morbid drug use disorder.”

Source: National Center for Responsible Gaming. Increasing the Odds: A Series Dedicated to Understanding Gambling Disorders, Vol. 7., 2012
Interventions

- Prevalence surveys indicate that only a small proportion of individuals will seek treatment.
- Treatment involves a number of different options.
  - Inpatient, intensive outpatient, individual and group cognitive behavioral therapies and pharmacotherapy
- No agreed upon standard-of-care, however the most widely studied treatment has been some form of cognitive – behavioral therapy (CBT).
- Even though benefits have been demonstrated, more research is needed to truly determine the effectiveness of CBT.

Co-morbid mental health and drug and alcohol substance use disorders affect the ability of a pathological gambler to achieve abstinence. A recent study found that:

- Pathological gamblers with a drug diagnosis during their lifetime were less likely to have a minimum 3 month period of abstinence.

- A lifetime history of mood disorder also predicted a longer time to reach a minimum 3 months of continuous abstinence.

- A history of alcohol problems predicted an increase in the odds of experiencing a relapse from abstinence.

A sequential addiction pattern is common: a person with a history of alcohol dependence – even with many years of recovery – can develop a gambling problem.

Former drug/alcohol abusers may “switch addictions” to problem gambling.

For some addicts in recovery, picking up a new addiction is seen as helping to manage stress or giving them some sense of control over their lives.

Gambling can represent an attempt to self-medicate or to escape negative mood states.

Source: TIP 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders (Problem Gambling), SAMHSA, CSAT
Results from two U.S. national surveys found that only about 1 in every 10 pathological gamblers ever seeks treatment or attends a Gamblers Anonymous meeting.

Primary care providers can learn to recognize indications of possible problem or pathological gambling and ask appropriate questions.

“The dentist may notice it because an appointment is missed or a bill goes unpaid. The doctor may have to ask, ‘Why aren’t you taking that high blood pressure medication?’ only to find that the money to buy it had been gambled away.”  (Joanna Franklin, Program Director, U of Maryland School of Medicine Center on Problem Gambling)
Screening, Brief Intervention & Referral to Treatment (SBIRT) can also be an effective way of identifying those with problem and pathological gambling “upstream.”

Including screening for problem and pathological gambling in SBIRT within primary care settings would:

- Identify patients who don’t perceive a need for treatment,
- Provide them with a solid strategy to reduce or eliminate substance abuse, and
- Move them into appropriate services.

SBIRT: Core Clinical Components

- **Screening**: Very brief screening that identifies substance related problems.
- **Brief Intervention**: Raises awareness of risks and motivation of client toward acknowledgement of problem.
- **Brief Treatment**: Cognitive behavioral work with clients who acknowledge risks and are seeking help.
- **Referral**: Referral of those with more serious addictions.
A study examined prevalence and potential impact of disordered gambling of individuals (N=684) undergoing residential SUD treatment found few had sought help for gambling (15.9%) & only 14.3% reported having gambling addressed in their SUD treatment.

Findings: “residential SUD treatment facilities have considerably high rates of individuals screening positive for lifetime disordered gambling (21%).”

“Residential treatment centers represent a prime opportunity to identify gambling disordered individuals and refer them for specialized treatment and/or provide treatment.”

To link to this article: http://dx.doi.org/10.1080/10550887.2014.909697
Overcoming the Barriers: Holistic Approach to Treatment

- Integrated care and SBIRT emphasize the importance of a holistic approach to the treatment of problem or pathological gambling.

- Because problem or pathological gambling has wide reaching effect on the person, the family, and community (Financial, Relationships, Employment, etc.).

- Some state behavioral health councils have included a focus on other CODs such as problem gambling, tobacco, and other behavioral health issues. (SAMHSA (2013). The Dual Diagnosis Capability in Addiction Treatment (DDCAT) Toolkit. Retrieved from http://www.samhsa.gov/co-occurring/ddcat/.)

- Treatment and recovery benefit from a holistic approach that includes a wide range of support systems.
Overcoming the Barriers:
Recovery-Oriented Systems of Care (ROSC)

- Recovery-Oriented Systems of Care provides a coordinated network of community-based services and supports that is person-centered.

- ROSC builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

- ROSC is already being successfully integrated into many problem gambling treatment programs.
Values Underlying ROSC

- Person-centered
- Self-directed
- Strength-based
- Participation of family members, caregivers, significant others, friends, and the community
- Individualized and comprehensive services and supports
- Community-based services and supports
Operational Elements of a ROSC

- **Collaborative decision-making** – empower and support the individual
- **Continuity of services and supports** – coordination and seamless connections between services & support
- **Service quality and responsiveness** – evidence-based, gender-specific, culturally relevant, trauma-informed, family-focused
- **Multiple stakeholder involvement** – involves all segments of the community
- **Outcomes-driven** – performance data used to improve service delivery
- **Recovery community/peer involvement** – peer-to-peer recovery support services included
Examples of Peer Recovery Support Services

- The benefit of peer-to-peer support services has long been recognized by those treating pathological and problem gambling.
- The first Gamblers Anonymous group was started approximately 60 years ago – The National Council on Problem Gambling was founded in 1972 – and Maryland opened the first state-funded treatment program in 1979.
- Other Peer Recovery Support Services include:
  - Assistance in finding housing, educational, employment opportunities
  - Life skills training – including financial management
  - Health and wellness activities
  - Assistance in managing systems (e.g., health care, criminal justice, child welfare)
Benefits of ROSC for Treating Gambling Addiction

- Addressing quality of life issues through a holistic approach decreases the risk of relapse and increases the chances for a successful recovery for pathological gamblers.

- Recovery support services in conjunction with clinical treatment help to establish a more continuous treatment response.

- The ROSC approach ultimately means that the program focuses on reducing the acute and severe relapses that pathological gambling clients often experience.
Eliminating Silos

- Adopting an integrated treatment approach like ROSC does not guarantee a truly integrated system.
- Silos can exist between the various services, systems, agencies, and organizations that are part of recovery-oriented systems of care.
- Maintaining linkages and communication between all services and systems is essential.
- Health Information Technology, when truly interoperable, can help to eliminate silos while protecting confidential data and records.
HIT: An Interoperable Whole Health Infrastructure
Behavioral Health IT

Behavioral health is unique

- More stringent privacy requirements
- Subjective diagnoses
- Majority Non-pharmacological treatments
- Less emphasis on labs & imaging
- Need for strong and continued patient engagement
- Role of the family and social support structure
Health Information Technology is an important part of providing integrated treatment by linking between programs, services, and providers.

Health IT can help behavioral health providers:

- Communicate and collaborate between providers and other programs
- Track the progress of those who leave a program and monitor when and if additional services are needed
- Reduce redundancy between programs and providers
- Increase the quality of care
- Increase access to services and support
Using HIT to Increase Patient Engagement

→ HIT has tremendous potential to increase patient engagement in their own care
  • Provide the patient with health information tailored to their own risks and health literacy
  • Link to community and online resources
  • Tools to support shared decision making
  • Goal setting and tracking
  • Supporting adherence
  • Link with Mobile Health tools
The purpose of 42 CFR Part 2 and other regulations prohibiting disclosure of records relating to substance abuse treatment -- except with the patient’s consent or a court order after good cause is shown -- is to encourage patients to seek substance abuse treatment without fear that by doing so their privacy will be compromised.

SAMHSA’s Consent2Share

http://www.youtube.com/watch?v=PzlCMAb_cEQ
Ensuring Confidentiality and Trust

Increased accessibility to health records raises the question of how to ensure patient confidentiality and trust.

In order to achieve any level of systemic durability and success, electronic exchange efforts must establish trusting relationships with all participants, including patients. (Melissa M. Goldstein, JD et al, 2010)
Using Technology in Treatment

➔ More providers in many areas of medical practice are beginning to encourage the use of health apps for assistance in treating conditions and promoting general wellness.

➔ **Health apps** are programs that offer health-related services for smart phones and tablet-PCs. They can also be internet based-tools that are accessible from a PC. Apps can be used for self-monitoring purposes or in collaboration with treatment providers.

➔ The desired goal of apps is to increase participation in one’s own health care, increase access to information and create linkage to care.
mHealth Apps

A number of mHealth apps have been developed for use in the prevention and treatment of problem and pathological gambling, including:

➡ Mobile Monitor Your Gambling & Urges (MYGU)
  • Free tool that promotes self-awareness of gambling behaviors: Educational tool can gather important information about gambling behaviors and report back to the gambler.

➡ Cost2Play
  • Free tool that helps people to understand the long-term costs involved in popular casino games: slots, blackjack and roulette.

Information provided for educational purpose only: Does not imply SAMHSA endorsement.
Advantages and Concerns for mHealth and Web-Based Apps for Gambling Disorders

Advantages:

• Convenience: Essentially 24/7 without geographical constraints.
• Access: Low cost and potential to reach marginalized, difficult-to-reach populations.
• In theory offers greater anonymity and reduced “shame” factor.

Concerns:

• Leakage: Potential to act as gateway to gambling, especially internet-based.
• Hijacking: Susceptible to hacking such as introduction of pop-up ads for gambling.

Addiction Comprehensive Health Enhancement Support System (A-Chess)

- Connection with a support team (other ACHESS users)
- Photo sharing, discussion group and healthy event planning
- Use of GPS to detect when user is near a high-risk location (for example, a liquor store)
- Video chat with counselor or discussion group

SAMHSA supports integrated treatment for co-occurring disorders.

Through grants, publications, technical assistance and support, SAMHSA promotes integration at the State, community and agency levels.
Integrated Treatment for Co-occurring Disorders

- In evidence-based Integrated Treatment programs, consumers receive combined treatment for co-occurring disorders from the same practitioner or treatment team.
- SAMHSA resources captures lessons learned from States administrators and community providers; and focuses on six areas: Integration; Screening & Assessment; Workforce; Training; Financing; Data.
SAMHSA’s Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index is a program-level assessment used to inform addiction treatment agencies and others about a program’s ability to provide co-occurring services.

The DDCAT measures an addiction treatment program’s co-occurring capability in seven domains that are rated on a continuum from Addiction Only Services to Dual Diagnosis Capable to Dual Diagnosis Enhanced. The measure can be used to plan for and track improvement over time.
SAMHSA Grantee: Mid-America ATTC

- Collaborates with and is a member of the Midwest Consortium on Problem Gambling and Substance Abuse.
- Co-sponsors and plays a major role in the Midwest Conference on Problem Gambling and Substance Abuse.
SAMHSA Collaboration: Problem Gambling Toolkit

Collaboration of CSAT/SAMHSA, the National Council on Problem Gambling, and the Association of Problem Gambling Service Administrators.

Toolkit includes:

- *Substance Abuse Treatment for Persons with Co-Occurring Disorders (Problem Gambling)*
- *Problem Gamblers and Their Finances: A Guide for Treatment Professionals*
- *Personal Financial Strategies for the Loved Ones of Problem Gamblers*
SAMHSA’s Treatment Improvement Protocol: SAT for Persons with Co-Occurring Disorders

TIP 42: *Substance Abuse Treatment for Persons with Co-Occurring Disorders*—

- Provides information about the field of co-occurring substance use and mental disorders, and captures the state of the art in the treatment of people with co-occurring disorders, including problem gambling.
A New SAMHSA Advisory Publication

Gambling Problems: An Introduction for Behavioral Health Service Providers

- HHS Publication No. (SMA) 14-4851, Printed 2014
- Recently cleared and will be available for download at SAMHSA’s publications webpage in about 4 weeks.
The National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers.

The NREPP website helps states, territories, community-based organizations, and others to identify service models that may address your particular regional and cultural needs, and match your specific resource capacity.

http://www.nrepp.samhsa.gov/
SAMHSA’s NREPP Topics

- Substance abuse
- Post traumatic stress
- Workplace
- Violence
- Juvenile justice
- HIV/AIDS
- Gambling
- Co-occurring disorders
- Child welfare and substance abuse

• Tobacco use
• Physical exercise
• Cancer screening
• Nutrition
• Sun safety
• Mental health
• Adolescent substance abuse treatment
Brief Self-Directed Gambling Treatment

• Brief Self-Directed Gambling Treatment (BSGT) is designed for individuals who choose not to enter or are unable to access face-to-face treatment.

• BGST uses a motivational interviewing and cognitive behavioral treatment model.

• Participants complete a 45-minute motivational interview by telephone with a doctoral-level therapist and then receive a self-help workbook through the mail.

• The goal of the telephone intervention is to help clients increase their motivational levels and confidence about making change, as well as to heighten interest in the contents of the workbook.
Stacked Deck: A Program To Prevent Problem Gambling

- A school-based prevention program that provides information about the myths and realities of gambling and guidance on making good choices, with the objective of modifying attitudes, beliefs, and ultimately gambling behavior.

- The intervention is provided to students in 9th through 12th grade as part of a regularly scheduled class such as health education or career management.
Still to be Done: Develop the Workforce

- Support national gambling addiction professional minimum competency standards.

- Develop ongoing data collection of information about the changing characteristics of the client population and the workforce available to help them.

- Continue dissemination of research findings and evidence-based clinical and organizational practices through the ATTCs and other mechanisms.
Still to be Done: Develop Core Principles of Effective Treatment

- Place clients in level of care most appropriate for individual.
- Include motivational interviewing techniques.
- Develop treatment designs that are specific to the clinical needs of problem gambling clients.
- Include a family program component.
Still to be Done: Improve Public Perception

- Promote stigma reduction for persons in treatment and recovery:
  - Respect their rights
  - Treat recovering persons like those suffering from other illnesses
- Support educational initiatives that inform the public about the effectiveness of treatment.
- Promote the dignity of persons in treatment and recovery.
Emergent Challenges

- Rapidly expanding gambling gateways
- Youth gaming and gambling
- Aging baby boomers and gambling
- Internet gambling
- Government supported expansion of gambling
- Chronic feedback loops: Mental illness, Drug, Alcohol, Tobacco use and abuse, Gambling
Recovery Month – September 2014

Goals:

• Elevate the conversation, disseminate knowledge, and improve understanding.
• Promote the message that recovery is possible.
• Increase support for addiction treatment.
• Generate momentum for hosting state and local community-based events.
• Reduce discrimination associated with addiction.
• Encourage those in need to get treatment.
• Support those who are already in recovery.
Help bring hope and healing to others

- Visit the Recovery Month Web site at www.recoverymonth.gov
- Use the tools to spread Recovery Month’s message:
  - Toolkits, events, presentations, giveaways, public service announcements, Road to Recovery television and radio series, and more
- Join thousands of individuals and organizations by hosting a Recovery Month event in your community
- Educate others about the effectiveness of treatment and the hope of recovery
- For more information call 1-800-662-Help
THANK YOU.

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