Problem Gambling & Other Addictions Fund

Strategic Plan

Fiscal years 2014 - 2017

Kansas
Department for Aging and Disability Services

Sponsored by the Kansas Department for Aging & Disability Services

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I. EXECUTIVE SUMMARY

The Kansas Department for Aging & Disability Services (KDADS) serves as the single state authority to provide coordination, planning, administration, regulation and monitoring of all facets of the state public behavioral health system, including addiction prevention and treatment services. Funding for addiction services has historically relied on Federal Block Grants and Kansas General Fund Matching Dollars. This Plan describes the usage of the additional source of addiction service funding, the Problem Gambling and Other Addictions Fund.

During the development of the 2007 Kansas Expanded Lottery Act, concerns were raised about the negative impact expanded gambling may have on the incidence of problem gambling and other addictive disorders within Kansas. Due to these concerns, a provision was included in the act that created a Problem Gambling and Other Addictions Fund (PGOAF) by earmarking 2% of net revenues created by State-owned casino gaming to be directed toward services to address problem gambling and the treatment of alcohol and other drug addictions.

This Strategic Plan for use of the Problem Gambling and Other Addictions Fund: 2014–2017 (the Plan) provides a high-level framework to guide the use of the PGOAF within the broader KDADS addiction and prevention service system. This Plan is designed to supplement the KDADS Addiction and Prevention Services (AAPS) strategic plan and provide a context for the goals and objectives described within.

The development of the Plan was further guided by the vision to: (a) Provide problem gambling services to more people in need; (b) Identify gaps in addiction services and explore means to leverage PGOAF to meet current and emerging service demands; (c) Improve the effectiveness and efficiency of addiction services; and (d) Support and acknowledge KDADS behavioral health services providers as partners in reducing harm caused by problem gambling and other addictions.

To achieve the project's vision, over 200 stakeholders, including gambling and addiction treatment and prevention professionals, regional administrators, legislators, and service consumers were surveyed and/or participated in think tank meetings. The information gathered resulted in the development of four central improvement domains: Fund Allocation to Program Areas; Problem Gambling Services; Substance Use Disorder Treatment; and Addiction and Prevention Service System Supports. The details presented under each improvement domain were derived from specific needs, objectives, and recommendations that were identified and commonly endorsed by stakeholders. The resulting Plan outlines an expanded and improved upon addiction service system that will save costs related to untreated addiction disorders and in the process strengthen communities, save lives, and preserve families.

Problem Gambling & Other Addictions Fund
Strategic Plan Fiscal Years 2014 - 2017

II. INTRODUCTION

This report is the culmination of a strategic planning process by the Kansas Department for Aging & Disability Services (KDADS), formerly known as the Kansas Department of Social and Rehabilitation Services (SRS), for the continued development and improvement of services funded by the Problem Gambling and Other Addictions Fund (PGOAF). The stated objective for the project was to develop a four-year strategic plan for use of the PGOAF in order to achieve the following vision:

(a) Provide problem gambling services to more people in need;

(b) Identify gaps in addiction services and explore means to leverage Problem Gambling and Other Addiction Funds to meet current and emerging service demands;

(c) Improve the effectiveness and efficiency of services supported by Problem Gambling and Other Addiction Funds;

(d) Support and acknowledge KDADS behavioral health service providers as partners in reducing harm caused by problem gambling and other addictions.

To achieve the project's vision, data was gathered from behavioral health service stakeholders within Kansas, evidenced-based practices from the field at-large, and expert analysis. For a statewide addiction treatment system to optimally perform, the components of that system must be effectively utilized. Therefore, the PGOAF strategic plan includes exploration into workforce development, program evaluation, treatment standards and practices, as well as program administration. The scope of the effort was limited to driving decisions and policies relating to programs funded by the PGOAF.

The basic outline of the strategic planning process was guided by the principles and practices developed by Peter Drucker in his work with non-profit organizations.[1] The methodology included the formation of a PGOAF Strategic Planning Steering Committee (Steering Committee) to guide

[1] Drucker, P. (1990). Managing the Non-Profit Organization. HarperCollins Publishers.

the project plan, conducting a situational assessment of KDADS Addiction and Prevention Services (AAPS), and creating the strategic plan document. Over 200 stakeholders, including gambling and addiction treatment and prevention professionals, regional administrators, legislators, and service consumers were surveyed and/or participated in think tank meetings to help assess system strengths, challenges, and opportunities. Participants in the survey and think tank meetings identified several infrastructure and program areas that could be improved upon and provided input on how to address those needs. Findings from these activities where documented in two reports; a proceedings report from a series of strategic planning think tank meetings [2] and a stakeholder's survey findings report. [3] Information gathered during the assessment phase of the project was analyzed by the Steering Committee, policy clarifications were made, and the outline of the Strategic Plan was formed. The details presented in the PGOAF Strategic Plan were derived from specific needs, objectives, and recommendations that were identified and commonly endorsed by stakeholders during the project's assessment phase.

III. BACKGROUND

a. Legalized Gambling In Kansas

Kansas has experienced a renaissance in legalized gambling beginning in 1987 with the launch of the Kansas Lottery, the opening of four tribal casinos in the late 1990s, and the 2007 Kansas Expanded Lottery Act which authorized the Lottery to own and operate gaming in four destination casinos. Boot Hill Casino and Resort was the first casino to open in December 2009, Kansas Star Casino opened in 2011 and Hollywood Casino opened in 2012. Additionally, Kansas law permits non-profit religious, educational, charitable, and fraternal and veterans' organizations to conduct bingo games.

b. Problem Gambling Statistics

Based upon national prevalence rates of problem and pathological gambling, [4] there are an estimated 59,915 problem gamblers (2.8% of the adult population) and 24,394 pathological gamblers (1.14% of the adult population) in Kansas. Several demographic variables have been shown to be significantly associated with gambling problems including being an ethnic

[2] Marotta, J. J. (2012). Problem Gambling and Other Addictions Fund Meeting Proceedings: Strategic Planning Think Tanks. April 30 – May 2, 2012. Topeka, KS: Department for Aging & Disability Services.

[3] Department for Aging & Disability Services (2012). Stakeholder Survey: Improving Services Funded by the Problem Gambling & Other Addictions Fund. Topeka, KS: Author.

[4] Shaffer, H. J., and Hall, M. N. (2000). Updating and refining meta-analytic prevalence estimates of disordered gambling behavior in the United States and Canada. Boston: Division of Addictions, Harvard Medical School.

minority[5], being a college student (especially a male collegian athlete),[6] manifesting a mental health or addiction disorder,[7] and holding low socio-economic status.[8] The problems experienced by gamblers seriously affect their families and communities, often damaging employment, legal, health, and family life areas. Problem gamblers have high suicide rates partly because of the devastation that can occur from this disorder. Taken as a group, Kansas' pathological gamblers produce millions in social costs, impacting the criminal justice system, the corrections system, human service systems, and Kansas' overall economic health.

c. Youth Gambling and Substance Use

Data collected in Kansas suggest that youth gambling and substance use should be areas of great concern. The 2009 Kansas Communities That Care School Survey (KCTC), an anonymous, research-based survey of approximately 84,000 students in grades 6, 8, 10 and 12, assesses school climate, positive youth development and the behavioral health of Kansas youth. This survey found that about one quarter of Kansas adolescents (24.5%) have gambled in the past year and started gambling early (17.9% of 6th graders had gambled in past year). The 2011 KCTC survey found that 30-day past use of alcohol was reported by 24.2% of students with 12.7 percent of them saying they had engaged in binge drinking at least once within the past two weeks. Additionally, when the students were asked if they ever used marijuana, 18% said they had.

d. Limited Understanding of Problem Gambling

Problem gambling is not well understood by the general public, including members of helping professions, parents, gaming industry line employees, and others. Experts in the problem gambling field note significant barriers to successfully implementing programs to mitigate gambling related harm. These include stigma that problem gambling is less harmful than substance use disorders and other problem behaviors; perception that children do not gamble; and beliefs that problem gambling is a moral weakness rather than a valid psychiatric condition. Efforts to address problem gambling take on greater importance within the current context of expanding gambling opportunities combined with an under-developed system to reduce gambling related harm.

[5]Alegria AA, Petry NM, Hasin DS, et al. Disordered gambling among racial and ethnic groups in the US: results from the National Epidemiologic Survey on Alcohol and Related Conditions. CNS Spectr. 2009;14(3):132–142.

[6]Shaffer, H. J., and Hall, M. N. (2000). Updating and refining meta-analytic prevalence estimates of disordered gambling behavior in the United States and Canada. Boston: Division of Addictions, Harvard Medical School.

[7]Petry, Nancy M. et al. (2005) Comorbidity of DSM-IV Pathological Gambling and other psychiatric disorders: results from the national epidemiologic survey on alcohol and related conditions. Journal of Clinical Psychiatry, 66(5). 564-74.

[8]National Research Council (NRC). (1999). Pathological Gambling: A Critical Review. Washington, D.C.: National Academy Press.

e. Substance Use Disorder Statistics

Based upon the 2008/2009 National Survey on Drug Use and Health (NSDUH),[9] there are an estimated 211,541 Kansans with a substance use disorder (SUD). In Fiscal Year 2009, 16,591 received state-supported substance use disorder treatment. The primary substances of abuse reported by treatment seekers were alcohol (45%), marijuana (17%), methamphetamine (11%), and cocaine (10%). The majority of those treated were males (67%) of Caucasian (73%) and African American (15%) ethnicity. Thirteen percent were under age 18, 21% were age 18-24, and 46% were age 25-44. When viewing the estimated treatment need compared to those treated in Fiscal Year 2009, it is clear there is a significant treatment gap. Approximately 7.8% of those in need of alcohol and drug treatment received state-supported addiction treatment services in 2009, which is a statistic on par with the national average (7.1%).[10]

According to the National Institute on Drug Abuse (NIDA) and the White House Office of National Drug Control Policy (ONDCP), the economic cost of untreated substance use disorders in the U.S. was $328 billion in 1998. Nationally, only 3.9% of this total cost was spent on alcohol and other drug treatment. A review of 16 substance use disorder treatment cost-benefit studies between 1992 and 2006 found that there is an average annual return of $6.35 in increased employment income and reduced health care and criminal justice system costs for each $1 invested in treatment.

IV. PROBLEM GAMBLING & ADDICTION SERVICES

a. Problem Gambling Services

In late 2007, the beginning stages of a strategic planning process were initiated for the development and delivery of problem gambling services within the State of Kansas. This action followed the 2007 legislative assembly's passage of Senate Bill 66 that included a provision for "2% of lottery gaming facility revenues to be paid to the problem gambling and addictions grand fund" and designated the Department of Social and Rehabilitation Services (SRS) with the administration of programs supported by these funds (in 2012 SRS was reorganized and the Division of Disability and Behavioral Health Services was merged into the Department of Aging to become KDADS). New monies from this fund began to accrue beginning in fiscal year 2010. Although this new fund was designed to support all addiction programs, SRS began an initiative in August of 2007 aimed at problem gambling service infrastructure development. The rationale behind this problem gambling specific initiative was that SRS already had a service system to address substance use disorder

[9] Substance Abuse and Mental Health Services Administration, State Estimates of Substance Use and Mental Disorders from the 2008-2009 National Surveys on Drug Use and Health, NSDUH Series H-40, HHS Publication No. (SMA) 11-4641. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

[10] Marotta, J., Moore, T., Christensen, T. (2011). 2010 National survey of publicly funded problem gambling services. Phoenix, AZ: Association of Problem Gambling Service Administrators

treatment and prevention but did not have a similar system in place to address harm caused by gambling. The results of this effort was the hiring of an SRS Problem Gambling Coordinator and the development of a problem gambling service structure, which included six service components: gambling treatment, problem gambling awareness, problem gambling prevention, workforce development, problem gambling helpline and other crisis services, and research and evaluation. These 2007 efforts also resulted in the following Problem Gambling Service mission and vision statements:

> Mission: To develop and support effective problem gambling prevention, treatment, and research in Kansas.
>
> Vision: The public health of Kansans is supported through a comprehensive system of services to address problem gambling

The PGOAF began to receive funds following the opening of the first state owned casino, the Boot Hill Casino and Resort, in December 2009. In 2010, SRS developed a contract with Value Options of Kansas (VO) to manage a network of certified gambling counsellors and SRS together with VO developed the infrastructure for a problem gambling treatment system and began subsidizing gambling treatment for problem gamblers and their concerned others in February of 2011. During the first 14 months treatment services were offered, the problem gambling helpline received 304 calls for help and 178 clients were treated. As of FY12 there were 27 problem gambling treatment agencies and private practitioners in the VO network.

In addition to direct gambling treatment services, SRS served as the catalyst for the development of three Problem Gambling Community Task Forces and has hired three Problem Gambling Specialists to assist each of these Community Task Forces. These Task Forces primarily serve to raise community awareness of problem gambling, including educating their communities that gambling treatment is available. Television and radio problem gambling awareness ads have also been created and aired as public service announcements.

Compared to many other states, the problem gambling service system in Kansas has historically been poorly funded. For the 37 states that invest in publicly funded problem gambling services in 2010, per-capita allocations for problem gambling services averaged $0.34. [11] In 2010, Kansas had invested just $0.04 per-capita in problem gambling services. For those states with well-developed problem gambling treatment and prevention systems, the average per-capita investment was $0.95. In 2013, KDADS was provided budget authority for problem gambling services at an amount equivalent to $0.24 per-capita (totalling $740,000).

[11] Marotta, J., Moore, T., Christensen, T. (2011). 2010 National survey of publicly funded problem gambling services. Phoenix, AZ: Association of Problem Gambling Service Administrators

b. Alcohol and Drug Treatment Services

Approximately $32M was invested in substance use disorder prevention and treatment in Fiscal Year 2011. The majority of those funds were from the federal government including Substance Abuse Prevention and Treatment (SAPT) Block Grant (14%), Medicaid (34%) and other federal funds (4%) with the remaining 48% coming from State funds. An additional $5.25M was invested in primary prevention programs. The State Substance Abuse Agency in Kansas has several mechanisms in place to ensure that prevention and treatment services are effective and efficient. Results of evaluation efforts have demonstrated that alcohol and drug treatment services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery.

Kansas has a Pre-Paid Inpatient Health Plan (PIHP) and contracts with a managed care organization to ensure access to substance use disorder services for all SAPT Block Grant, State-funded and Medicaid-funded members in the State of Kansas. In the time that the program has been in place, it has been successful in meeting key access and quality requirements and in efficiently managing core elements of service system management. The PIHP program is guided by a Quality Improvement Strategy. This strategy guides the day-to-day management, oversight and monitoring of program performance, identifies key risk and control issues that need to be remedied, and provides the data to make oversight decisions and extract corrective actions. The teamwork and comprehensive efforts between KDADS and the managed care company have resulted in positive outcomes for individuals receiving treatment for substance use disorders.

KDADS also utilizes substantive and tangible oversight and monitoring practices for this program to ensure that all related federal requirements are met. KDADS and the managed care company work together to increase the access to and quality of services by receiving on-going review and advice from all perspectives of system stakeholders. KDADS convenes a quarterly State Quality Committee which reviews the results of all quality review plans and provides recommendations regarding treatment system improvement.

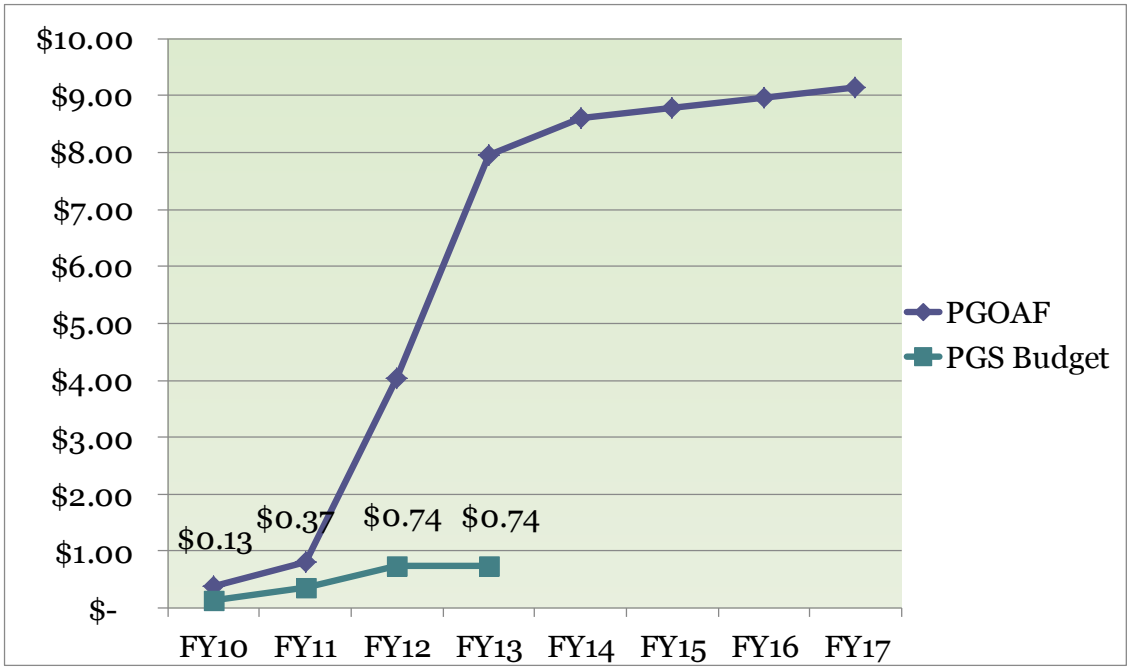
AAPS licenses over 250 agencies across the State as required by State statute. The standards of care cover clinical, business and environmental practices. In addition, staff providing treatment services must meet minimum educational requirements which include specific coursework in addiction studies.

V. LEGISLATION AND FUNDING

During the development of the 2007 Kansas Expanded Lottery Act, concerns were raised about the negative impact expanded gambling may have on the incidence of problem gambling and other addictive disorders within Kansas. Due to these concerns, a provision was included in the act that created a Problem Gambling and Other Addictions Fund by earmarking 2% of net revenues created by State-owned gaming to be directed toward services to address problem gambling and the

treatment of alcohol and other drug addictions. KDADS was provided budget authority over the PGOAF and tasked with developing grants to support problem gambling and other addiction services. As the new State-owned casinos open and become established, revenues into the PGOAF are estimated to grow from $378,000 in FY11 to $9.4 million in FY17 (see Figure 1).

Figure 1. Problem Gambling & Other Addictions Fund: Revenue Estimate & Problem Gambling Program Budget (Consensus Revenue Estimate for ELARF, April 2012)



The strategic plan for problem gambling services presented in this document is based on the projected budget provided above. The KDADS budget authority for Fiscal Year 2013 had been established at the time of this report; authorizing $740,000 to be expended on Problem Gambling Services (PGS).

VI. MISSION AND VISION

In 2008, the SRS division of Addiction and Prevention Services (AAPS), now incorporated into KDADS Behavioral Health Services, drafted the following Mission, Vision and Value Statements to guide their decisions:

AAPS Mission, Vision, & Values

Mission: Partnering to promote prevention and recovery in Kansas communities.

Vision: Kansas communities thrive and support recovery.

Value Statements: Addiction and Prevention Services is committed to creating a system of care that is customer/community centered, outcome driven and consisting of a highly competent workforce focused on best practices.

We will accomplish our mission and realize our vision through strategic partnerships, the development of a new information technology system, targeted workforce development initiatives and being responsive to the needs of our partners and those we serve.

These Mission, Vision and Value Statements have since been vetted among stakeholder groups with responses uniformly supportive of the statements. These Mission, Vision and Value Statements have become the cornerstone of the KDADS strategy to reduce the impact of problem gambling and other addictions.

VII. STRATEGIC PLAN

This strategic plan follows the system needs assessment that was completed in April 2012. The four domains for which improvement were most compelling are presented below, with a discussion of the improvement goal for each followed by a list of goal-driven objectives. The strategies to address improvement domains are guided by the AAPS mission, vision, and value statements and the following guiding principles.

- Adherence to the PGOAF legislative intent including governing rules and regulations;
- System design provides for comprehensive services across the care continuum;
- Decisions are data-driven and practices are evidenced-based;
- System efficiency and quality of care are of utmost importance;
- Customers and Communities are engaged in planning, implementation, delivery and evaluation of interventions and services; and
- Quality of care/services is measured through outcomes to ensure effective services are being provided.

Improvement Domain I: Fund Allocation to Program Areas

Issue Description:

Stakeholders expressed concern that the PGOAF had been historically allocated in a manner that was inconsistent with legislative intent. A relatively small portion of these funds have been

invested in developing a problem gambling service infrastructure. Rather, large portions of the PGOAF were used to substitute for Kansas General Fund allocations without creating a net increase in addiction services funding. Additionally, a high degree of uncertainty as to how the PGOAF should be allocated has created an environment that was not conducive to the healthy development of addiction services. For example, without a shared understanding of how the PGOAF is to be programmed, administrators of addiction services struggle to engage in strategic program development and improvement planning.

Goal:

KDADS will be provided with budget authority for the full PGOAF and allocate those funds according to the following principles:

A. No less than 1/3 of the available PGOAF will be dedicated to programs and services directed at reducing gambling related harm in Kansas.

B. Approximately 1/3 of the available PGOAF will be utilized to address urgent needs in the AAPS administered alcohol and drug treatment system.

C. The remaining PGOAF shall be directed at addiction system supports designed to improve the efficiency and effectiveness of problem gambling and other addiction services.

D. The PGOAF will be viewed as new revenue to be applied to addiction services needed to fill critical service gaps. The PGOAF shall not be considered a substitute revenue source for addiction services derived from Federal Block Grants and Kansas General Fund Matching Dollars.

Objectives:

The PGOAF will be proportioned out to three general program areas, defined below under Improvement Domains II – IV, as follows:

Allocation Estimates	**FY 14**	**FY15**	**FY16**	**FY17**
Problem Gambling	$2.9M	$2.92M	$2.99M	$3.05M
A&D Direct Services	$2.9M	$2.92M	$2.99M	$3.05M
System Supports	$2.9M	$2.92M	$2.99M	$3.05M

Note: The above allocation estimates are based on the April 2012 Consensus Revenue Estimate for ELARF and are expected to change based on updated data.

Improvement Domain II:
Problem Gambling Services

Issue Description:

The current problem gambling service infrastructure lacks substantial development resulting in low treatment seeking rates, few problem gambling prevention efforts, little research specific to gambling in Kansas, and poor problem gambling community awareness.

Goal:

Develop and support effective problem gambling prevention, treatment, and research in Kansas.

Objectives:

The Problem Gambling Service Strategy is directed by three related principles. These are (a) Problem gambling is a public health issue and must be addressed as such, (b) Customers and communities are engaged in planning, implementation, delivery and evaluation of interventions and services, and (c) Quality of care/services is measured through outcomes to ensure effective services are being provided. The following directions have been identified under each of these principles.

A. **Public Health Approach towards Problem Gambling** is utilized as a framework from which an integrated response will be delivered to reduce the negative impact of problem gambling on the health of individuals, families and communities. The public health model utilizes those strategies that seek to minimize the negative effects of gambling while fostering the positive effects.[12]

   The public health model supports those measures described under sections B, Consumers and Communities, and C, Quality of Care, in addition to highlighting the importance of public awareness, prevention, and early intervention as part of a health care continuum.

   1. Increase public awareness of problem gambling as a public health concern. Provide education that problem and pathological gambling are conditions that are preventable and conditions for which treatment is available. Strive to reduce stigma against help-seeking, provide hope for those in need of assistance, and breakdown negative stereotypes about problem gamblers.

[12] Korn, D. (2002). Examining Gambling Issues from a Public Health Perspective. The Electronic Journal of Gambling Issues, Issue 4, pp. 1-18.

a. Develop a statewide media campaign to increase problem gambling awareness among the general Kansas population.

b. Develop audience specific materials to provide accurate and useful information about gambling, problem gambling, and gambling harm-mitigation.

c. Maintain and enhance the clearinghouse distribution system for prevention resources for ease in statewide dissemination with the message that problem gambling exists and that help is available.

2. Expand and improve upon problem gambling prevention efforts by developing the infrastructure to enhance statewide collaboration on projects aimed at reducing gambling related harm.

   a. Establish a problem gambling prevention position to oversee the Problem Gambling Specialists and coordinate statewide problem gambling prevention efforts;

   b. Develop processes that increase communication and collaboration between the regional Problem Gambling Task Forces;

   c. Work with gambling regulators and operators, such as the KS Racing and Gaming Commission, KS State Gaming Agency, the three state licensed casinos and the four tribal casinos to develop strategies and programs to reduce gambling related harm;

   d. Explore collaborative projects with the Department of Corrections, Department of Justice, Department of Education, and other agencies or organizations negatively impacted or otherwise concerned about problem gambling.

3. Integrate youth problem gambling prevention into existing prevention and health planning programs.

   a. Increase and improve upon access to care for problem gamblers and their concerned others;

   b. Make available case management and wrap-around services when beneficial and cost effective;

   c. Explore electronically delivered services for problem gamblers and their families utilizing electronic media and information technologies (e-therapy);

   d. Expand and improve upon problem gambling helpline services, including but not limited to offering a "warm" transfer to Kansas Certified Gambling Counselors (KCGCs), offer caller follow-up services, improve upon web presence.

B. Customers and Communities are engaged in planning, implementation, delivery and evaluation of interventions and services, in recognition of the importance of family and all sectors of the community to successful prevention and treatment outcomes.

1. Maintain and strengthen relationships with existing stakeholder groups (e.g., KS Coalition on Problem Gambling, KS Responsible Gambling Alliance, Gamblers Anonymous, GamAnon, and Kansas Association of Addiction Professionals);

2. Continue to include a problem gambler in recovery as a member of the Kansas Citizens Committee on Alcoholism and Drug Abuse;

3. Expand the capacity of problem gambling community task forces in each gaming zone and tribal casino region to address gambling related harm.

C. Quality of care/services is measured through outcomes to ensure effective services are being provided. These outcomes will be identified for the system and provide each participating agency the ability to align their work with these outcomes.

1. Develop an infrastructure for problem gambling treatment services based on best available scientific research and evidence, which is client-centered, individualized, including both outpatient and intensive outpatient services.

    a. Establish data collection and a service monitoring system that integrates the outcome monitoring function for problem gambling treatment by collaborating with existing systems;

    b. Review and revise the gambling treatment provider standards and other contract conditions on an annual basis to address emerging and identified issues, including:

        i. Increasing initial number of authorized gambling treatment sessions;

        ii. Developing peer mentoring services for problem gamblers;

        iii. Supporting problem gambling specific crisis services;

        iv. Exploring reimbursement for a larger array of wrap-around services;

        v. Exploring use of the PGOAF as the primary payor source for gambling treatment;

        vi. Explore expanding the qualification requirements to provide problem gambling services to allow for peer mentors and other para-professionals.

    c. Develop initiatives to increase services directed at family and loved ones of problem gamblers;

i. Utilize evidenced-based programs and approaches to encourage family members to be involved in treatment;

ii. Market to family members of gamblers;

iii. Develop collaborative projects with faith organizations, schools, and other groups to reach out to family members of problem gamblers.

d. Develop and implement a workforce development plan specific to the gambling treatment and prevention workforce.

2. Create the capacity to treat severe problem gamblers by developing at least one residential gambling treatment program within Kansas.

Improvement Domain III: Substance Use Disorder Treatment

Issue Description:

In many regions of Kansas, there is insufficient availability of timely access to services at the appropriate level of care. Challenges exist in particular for adolescent treatment, for medication-assisted treatment, and for priority populations such as parenting women and criminal justice populations.

Goal:

Ensure the availability of timely access to an array of addiction treatment services, at an appropriate level of care, in all regions of Kansas.

Objectives:

1. Increase the amount of available funding for addiction treatment services to meet consumer demand and incentivize provider participation by setting reimbursement rates that cover the reasonable costs of delivering services.

   a. Consider indexing SAPT Block Grant treatment rates to that of Medicaid rates. Develop a plan in which Block Grant treatment rates minimally increase to a level at or above the national average or achieve parity with Medicaid rates by FY 2017.

   b. Explore increasing provider caps through the development of procedures that allows for the reimbursement of services that exceed provider Block Grant cap spending and/or pro-actively adjust provider Block Grant cap spending based on annual needs assessment.

c. Establish baseline measures and set outcome targets for Medicaid and AAPS funded treatment services that result in continued treatment/recovery performance improvement.

2. Increase access to treatment for youth and families with substance use issues.

    a. Form an advisory workgroup tasked to develop Treatment Access Improvement recommendations. Workgroup discussion not limited to but shall include:

        i. pre-engagement services;

        ii. assertive treatment outreach;

        iii. screening and brief intervention for high-risk populations, and;

        iv. offsite treatment and recovery support.

    b. Foster the continued development of collaborative projects with community partners to increase screening and brief intervention services provided by pediatricians and family physicians.

    c. Utilize empirically supported process improvement methods (e.g., NIATx) in the development of a Performance Improvement Project related to addiction treatment access and engagement.

    d. Develop and monitor AAPS outcome measures related to access to care.

3. Expand service eligibility requirements to provide help to more people in need.

    a. Form a Treatment Access Improvement Advisory Group and task the group with exploring and recommending initiatives to expand service eligibility, including:

        i. Expanding the medication assistance program and, if determined feasible, developing a set of recommendations to establish a program to assist individuals in purchasing medications for addiction treatment and immediate medical and mental health issues.

        ii. Providing treatment expense supplements for persons who are slightly above the threshold to qualify for public funds

    b. Develop evaluation procedures to assess impact of expanding service eligibility requirements.

Improvement Domain IV: System Supports

Issue Description:

The AAPS budget has decreased over recent years necessitating reductions in several program areas and delays in several system improvement projects. The resulting addictions treatment and prevention system is insufficiently equipped to meet service demand and lacks the infrastructure needed to integrate problem gambling services into other mental health and addiction services.

Goal:

Develop an integrated service delivery system for problem gambling, substance use disorder treatment and prevention, and mental health services with resources driven by data and measured through outcomes to ensure effective services are being provided.

The above goal will be accomplished by utilizing revenues from the PGOAF to support: (a) programs and initiatives that crosscut through all addiction services, (b) initiatives to expand problem gambling services into existing mental health services, alcohol and drug treatment, and prevention services; (c) projects to meet current and emerging infrastructure needs; and (d) research to assess community health and program effectiveness.

Objectives:

1. Promote a Recovery Oriented Systems of Care (ROSC). A ROSC is a coordinated network of community-based services and supports that is person-centered and 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 addiction problems. Recovery services exist on a continuum of improved health and wellness and are integral to effective treatment services and prevention. KDADS will support a ROSC through forming a workgroup to identify methodologies and programs that promote the following ROSC operational elements:

    a. Increase emphasis on collaborative decision-making: Provide information to individuals and families so that they can make decisions and choices regarding their care. Individuals are empowered to collaborate with professionals, peers, and other formal and informal service providers to direct their own recovery to the greatest extent possible.

    b. Increase utilization of individualized and comprehensive services and supports: A ROSC offers a broad array of supports to meet the holistic needs of the individual. Services are designed to support recovery across the lifespan, with the understanding that needs and resources shift and change with age and life stage, as well as over the course of recovery. Services and supports should be gender-specific, culturally relevant, trauma-informed, family-focused, and appropriate to the person's stage of life and stage of recovery.

c. Increase emphasis on community-based services and supports: A ROSC is responsive to and draws on the resources of the community. A ROSC offers a range of services and supports by drawing on the strengths, resilience, and resources of the community, including professional and non-professional organizations and groups, such as community-based service agencies, recovery community organizations, faith-based organizations, schools, civic groups, and others.

d. Strive to create continuity of services and supports: A ROSC coordinates services and supports to ensure ongoing and seamless connections within and among various organizations for as long as the individual needs them.

2. Replace Kansas Client Placement Criteria (KCPC) with a state-of-the-art Information Technology System that aligns Kansas with the needs of the future (e.g., Health Care Reform).

    a. Obtain technical assistance;
        i. Submit applications for Technical Assistance requests from federal granting agencies.

    b. Develop project plan;

    c. Identify resources;

    d. Obtain stakeholder input;

    e. Identify limitations and challenges;

    f. Assist providers with electronic record development;

    g. Implement system to monitor performance measures.

3. Develop administrative infrastructure needed to support initiatives described with the PGOAF Strategic Plan.

    a. Develop a research and evaluation analysis position to administer a new information technology system, oversee data collection, conduct data analyses, and interpret data findings;

    b. Increase research and evaluation efforts to better assess service effectiveness and fiscal impact (e.g., cost-benefit analysis);

    c. Add additional administrative support staff to assist program managers in developing and maintaining new projects and services described within this Plan.

4. To increase system effectiveness, advisory workgroup(s) will be formed to create recommendations for the development of innovative strategies to better integrate services, offer a wider array of services, and incorporates emerging technologies and trends. The advisory group(s) will consider:

    a. Exploration of health care services integration designed to enhance effective service delivery.
        i. Develop initiatives to better integrate mental health and addiction services;

        ii. Participate in the production of a healthcare transformation plan aimed at integrating healthcare systems.

    b. Development of pilot projects through grants that would address innovative strategies:

        i. Development of Faith-Based Initiatives that develops recovery support in the community;

        ii. Development of telemedicine and other distance treatment technology in delivery of services in rural and frontier areas;

        iii. Development of a revolving loan fund for Community Recovery Center startups;

        iv. Development of partnership projects with the KDOC for reentry efforts for offenders identified as needing SUD services.

    c. Development of programs aimed at infusing problem gambling interventions into existing intervention systems.

        i. Development of specialty programing for clients struggling with both SUD and Gambling Disorder;

        ii. Implementation of screening, referral, and brief treatment programs aimed at identifying problem gamblers among high risk populations such as consumers of mental health and addiction treatment services, criminal offenders, individuals seeking bankruptcy protections, and motivating them to address problem gambling behaviors via mandated and elected referral to problem gambling treatment providers;

        iii. Incorporating problem gambling topics into existing prevention and treatment curriculum;

        iv. Encourage problem gambling taskforces to create community partnerships that address recovery support needs;

        v. Enhance the readiness of residential addiction treatment centers to address problem gambling.

a. Offer incentives for participation;

b. Provide technical assistance.

5. Increase the use of technology to expand the reach of prevention.

    a. Participate with community members online and offline by utilizing emerging and progressive social media technologies.

        i. Identify opportunities for virtual involvement;

        ii. Develop a framework of processes and human resources to support the use of social media;

        iii. Identify technology tools and virtual spaces to best support community needs and maximize efficiency.

6. Development of a Workforce Development strategy that incorporates the philosophy, values and identified outcomes for the KDADS Addiction and Prevention Services system. Consider the following workforce development elements:

    a. Adopt a training framework that incorporates the elements of content, application, and reinforcement;

    b. Expand the use of technology to reach a broader spectrum of the workforce and provide real-time, on-time training;

    c. Amend statutes, regulations and policies to align with the addictions counselor licensure act;

    d. Support KDADS succession planning and leadership development;

    e. Support providers in their efforts to prepare for healthcare reform;

    f. Establish incentives for certification of and a career path for the prevention workforce;

    g. Providing cross-training opportunities for state staff, alcohol and drug agencies, problem gambling providers and mental health providers;

    h. Provide education for those in Faith-Based Communities that meets specific standards;

    i. Develop training to address Problem Gambling and Substance Use Disorders similar to Mental Health First Aid;

j. Fund Workforce Development through scholarships, tuition reimbursement and loan forgiveness for addiction workforce (especially in underserved areas);

k. Provide support and incentives for the adoption of evidence-based practices;

l. Expand the Kansas Prevention Network to include:

    i. AAPS Prevention Workforce;

    ii. Recipients of federal substance use prevention grants and grant coordinators;

    iii. Specialized Teams to address community-based processes and emerging trends;

    iv. Community Networks and local community coordinators;

    v. A repository of expertise from among various community sectors, making resources readily accessible and available statewide.

m. Collaborate with institutions of higher education and training organizations to insure that the field's workforce is skilled in the following topics:

    i. Evidenced-based policies, practices and programs;

    ii. Recovery Oriented Systems of Care;

    iii. Medication Assisted Treatment;

    iv. Screening, Brief Intervention, Referral and Treatment (SBIRT);

    v. Environmental approaches to prevention.