2018 Iowa Gambling Treatment Outcomes System: A. Administrative Data Report

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EXECUTIVE SUMMARY A: ADMINISTRATIVE DATA 2015-2017

Prepared in May 2018, for the Iowa Department of Public Health, Iowa Gambling Treatment Program by the Center for Social and Behavioral Research, University of Northern Iowa

DISORDERED GAMBLING SBIRT PRE-SCREEN AND SCREEN

- From 2015 to 2017, data for 1,018 screenings were reported to the state via I-SMART. Of these, 31 participants received a Brief Intervention to address their gambling behavior. An additional 90 participants received the Brief Intervention and were referred to gambling treatment services
- Among the DG-SPS screened participants, 92 were admitted to gambling treatment services the same day or later.

ASSESSMENTS

- There were 1,580 assessments (crisis, placement, admission services) performed involving 1,434 unique patients from January 2015 through December 2017. The number of admissions were 269, 248 and 249 for the years 2015, 2016 and 2017 respectively.
- The average wait time from the initial contact to admission was seven days.
- In this period, 386 patients received "one-month" assessments while in treatment and 639 patients received discharge status. Among discharged patients, programs reported that about one in three completed their treatment plans.
- Six months after discharge, 570 patients – who consented to be in a follow-up study – were asked to complete a follow-up questionnaire. About one in four patients (23%, n=130) participated in this follow-up.

DEMOGRAPHIC CHARACTERISTICS AT THE TIME OF ADMISSION

More males (58 percent) than females (42 percent) were admitted. Also, most of the patients were white (89 percent). The number of patients who reported their race as non-white (11 percent) was slightly higher than the non-white Iowa adult population. Patients were less likely to have college educations (43 percent) and more likely to be unemployed (47 percent) at admission compared to the Iowa adult population.

CRISIS CALL LOGS

There are 1,883 calls in the log for the reporting period. Thirty-nine percent of the crisis calls in the log had referral information. Of those with referral information, Helpline (1-800 BETS OFF) was the most common source of referral (62 percent) followed by self-referral calls (21 percent) and substance abuse providers (6 percent).

INTRODUCTION

The 2018 Iowa Gambling Treatment Outcomes (IGTO) Monitoring System report presents findings based on data from the Problem Gambling Domain of the Iowa Service Management and Reporting Tool (I-SMART) which is the main data source for this report. In addition, a six-month follow-up assessment after discharge has been collected by the CSBR research team since May of 2012. This report uses the data from January 1, 2015, to December 31, 2017.

The purpose of the Iowa Gambling Treatment Outcomes Monitoring System is to assess the extent to which problem gambling treatment services provided via the Office of Problem Gambling Treatment and Prevention are associated with positive outcomes for patients who received problem gambling treatment from the 10 programs contracted with the Iowa Department of Public Health (IDPH). The IGTO project has been reviewed by the Institutional Review Board (IRB) at UNI to ensure compliance with human participant research protections.

DISORDERED GAMBLING SBIRT PRE-SCREEN AND SCREEN (DG-SPS)

Disordered Gambling SBIRT Pre-Screen and Screen (DG-SPS) was initiated in 2015. The DG-SPS tool is available electronically via I-SMART or also via downloadable PDF version available at www.idph.iowa.gov/igtp/treatment. The DG-SPS has been implemented by some of the IDPH licensed state substance use disorder and problem gambling treatment programs, and included a special implementation at the Iowa National Guard.

From 2015 to 2017, there were 1,018 screenings entered in I-SMART. Of these, 40 participants received initial feedback, 31 participants received a brief intervention to address their gambling behavior, and 90 participants received the Brief Intervention and were referred to gambling treatment services (see Table A.1).

Table A.1. Number of DG-SPS screenings and outcomes by year

Year	Screenings Entered [1]	Negative: no further action	Screening and feedback	Brief Intervention (BI)	BI and referred to treatment
2015	522	484	18	8	12
2016	186	165	1	4	16
2017	310	208	21	19	62
Total	**1018**	**857**	**40**	**31**	**90**

[1] For the screenings entered, there were 980 unique participants. 36 patients had 2 DG-SPS screenings, while one patient had 3 DG-SPS screenings between 2015 to 2017.

Among the DG-SPS screening participants (n =1,018), 92 were admitted into gambling treatment services on the same day or later (see Figure A.1). Because DG-SPS screening may be administered multiple times, seven of 92 patients were screened before and/or after admission.

Figure A.1. DG-SPS screenings and admissions to Iowa gambling treatment services

Crisis, Placement and Admission

From January 2015 to December 2017, there were 1,580 assessments completed. More specifically, 393 patients had a "crisis" assessment completed, 383 patients had only a "placement" assessment completed, while 38 patients completed both a "crisis" and "placement" assessment. 524 patients completed both "placement" and "admission" assessment, while 242 patients completed all three types of assessments (see Figure A.2).

Figure A.2. Processes and number of patients in the I-SMART system in 2015 and 2017

There were 1,580 initial assessments (crisis, placement, admission services) performed involving 1,434 unique patients from January 2015 through December 2017; therefore, 146 patients completed multiple episodes of care during the reporting period. Among the 766 admitted patients, 89 had previous admissions. The number of last assessment (crisis, placement screening or admission) available in the I-SMART system by year is shown in the Table A.2.

Table A.2. Number of crisis, placement screening and admissions as last assessment by year

Year	Crisis	Placement Screening	Admission	Total by year
2015	243	75	269	**587**
2016	78	77	248	**403**
2017	72	269	249	**590**
Total	**393**	**421**	**766**	**1,580**

WAIT TIME, YEAR 2015-2017

Wait time is computed using the number of days from date of first contact to admission. Of the 766 patients who were admitted in 2015-2017, 764 patients had data available (see Figure A.3). The average wait time was 7.3 days.

Figure A.3. Number of patients by wait time until admission, Year 2015-2017

Wait Time by Treatment Program

The number of admitted patients varied noticeably by program, ranging from 26 to 231. The average wait was between two to 16 days within agencies (see Table A.3 and Figure A.4).

Table A.3. Descriptive statistics for wait days by treatment program

	Program				
	P1	**P2**	**P3**	**P4**	**P5**
Patients	n=231	n=113	n=28	n=104	n=28
Average wait days	6.9	12.5	3.7	9.0	9.6
Minimum	0	0	0	0	0
Maximum	63	87	15	58	48
	Program				
	P6	**P7**	**P8**	**P9**	**P10**
Patients	n=66	n=26	n=77	n=12	n=78
Average wait days	5.9	16.2	2.7	6.8	1.6
Minimum	0	0	0	0	0
Maximum	76	87	36	31	28

Figure A.4. Average wait time by program in 2015-2017

Admission, One-month Assessment, Discharge and Six-Month Follow-Up

From January 2015 to December 2017, there were 766 patients who were admitted and received services during this period. Of these, 386 had follow-up assessments after admission and before discharge. About two-thirds of admitted patients (*n* = 639) were discharged (see Figure A.5). Among the 639 discharged patients, 130 patients participated in the six-month follow-up survey.

Figure A.5. Process and number of patients in 2015 and 2017

The number of admissions by year were relatively stable across the years. The number of discharges in 2017 was lower than the previous years (there was a change implemented during SFY 2018 which allowed programs to keep discharges open if additional "check-in" sessions had been scheduled to monitor patient recovery). The response rate for the six-month follow-up has been around 20 percent, and fewer participants in 2017 may be due to the six-month waiting period for those who have discharge status (see Table A.4).

Table A.4. Number of patients in the treatment and follow up assessments by year

	Assessments				
Year	Admissions	30-day follow-up assessment	Service	Discharge	6-month follow-up
2015	269	131	269	264	65
2016	248	120	248	220	48
2017	249	135	247	155	17
Total	**766**	**386**	**764**	**639**	**130**

Past IGTO reports have shown that more than half of admitted patients leave treatment for which the full discharge data set is not gathered/reported (discharge reasons other than Completed

Treatment or Substantially Completed Treatment); therefore, it has not been possible to monitor and assess changes in gambling and/or psychosocial behavior. To address this lack of post admission and discharge data, IDPH added a performance incentive for SFY 2018 provider contracts to encourage providers to increase the completion rate of the 30-day follow-up assessment to 75 percent or greater.

Three-fourths of those who had a discharge reason of "Completed Treatment" or "Substantially Completed Treatment" (75 percent) completed the 30-day follow-up assessment, while about one-third of patients with a discharge reason (37 percent) that was not "Completed Treatment" or "Substantially Completed Treatment" had 30-day follow-up assessments completed (see Figure A.6). About two-thirds of patients (64 percent) who are still in treatment completed the 30-day follow-up assessment.

Figure A.6. Number of patients with 30-day follow-up assessment and discharge status in 2015 and 2017

Six-month Follow-up

During the placements screening process, patients are asked if they would agree to complete follow-up questionnaires six months post discharge. This follow-up questionnaire mirrors the placement screening and admission data set, plus additional questions on perception of the treatment experience (See Figure A.7).

Figure A.7. Process and number of patients in 2015 and 2017

Overall, 639 patients discharged between January 1, 2015, and December 31, 2017, and 570 consented to be part of the follow-up study. Of these, 130 patients completed the six-month follow-up questionnaire during this period (23 percent of those who consented).

However, by program, the proportion of patients who completed the six-month follow-up varied significantly (Figure A.8: yellow circles as a proportion of respondents from the total sample, purple circles as the total sample), ranging from 0 percent to 30 percent.

Table A.5. Admitted patients and six-month follow-up by treatment program

	Agencies				
	P1	**P2**	**P3**	**P4**	**P5**
Admission	231	113	28	105	28
Six-month Follow-up	41	26	3	17	0
	P6	**P7**	**P8**	**P9**	**P10**
Admission	66	26	77	13	78
Six-month Follow-up	2	2	23	0	16

Figure A.8. Six-month follow-up response rate (yellow circle) by program

Demographic Characteristics of Patients at Admission

More males (58 percent) than females (42 percent) were admitted. Also, the clear majority of the patients were white (89 percent). Those with a race other than white (11 percent) was slightly higher than the respective Iowa adult population. Patients were less likely to have college educations (43 percent) and more likely to be unemployed (47 percent) at admission compared to the Iowa adult population (see Table A.6.).

Table A.6. Demographics of patients in I-SMART and 6-month follow-up samples

	Admission ***n*** **= 776**	**Iowa adults**[2]
Gender		
Male	58%	49%
Female	42%	51%
Ethnicity		
No Hispanic/Latino	97%	95%
Race		
Caucasian	89%	93%
African American	8%	3%
Other	3%	4%
Relationship[3]		
Single	41%	28%
Married or cohabitating	34%	53%
Divorced, separated, or widowed	25%	19%
Education		
High school or GED or less	57%	36%
Some college or more	43%	64%
Employment status[4]		
Full/part time	53%	68%
Unemployed or unable to work	47%	32%
Age group*		
18-30 years	23%	22%
31-50 years	43%	31%
51 or more	34%	47%

[2] Iowa adult (18 years and older) estimates are based 2017 Current Population Survey March Supplement.
[3] Iowa adult estimates based on population aged 15 and older.
[4] Iowa adult estimates based on population aged 16 or older (see https://www.census.gov/quickfacts/fact/table/IA).

Crisis Call Log

There were 1,883 calls in the crisis log for the report period. This log contains information regarding the caller's type (gambler or concerned person), type of call (crisis, information or outreach), source of referral, and the facility where the call has been received (see Figure A.9.). However, the crisis log does not contain patient identifying information; therefore, it is not possible to link this information to the assessment data shown above.

NOTE: The Crisis Call Log was "turned-off" for a part of CY 2015 and 2016 when the Crisis Assessment was first implemented for SFY 2016. The Crisis Call Log was turned back on in SFY 2017.

Figure A.9. Type of callers and number of calls in the Crisis Log by year

Thirty-nine percent of the crisis log calls had referral information from January of 2015 to December of 2017. Of those with referral information, Helpline (1-800 BETS OFF) was the most common source of referral (63 percent) followed by self-referral calls (22 percent), and substance abuse providers (6 percent) (See Figure A.10).

Figure A.10. Source of crisis call referrals

The number of "crisis" calls in 2017 (see Figure A.9) shows that the most common type of calls in the log was originated from outreach programs (see Figure A.11).

Figure A.11. Type and number of calls in the Crisis Log by year

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