

Gambler's Help Redeveloped Service System

Information resource – June 2008

Integration of Gambler's Help Services with Primary Care Partnerships



Background

In 2006, the Victorian Government announced *Taking Action on Problem Gambling* a five-year strategy to address problem gambling in Victoria. As part of the strategy, the Gambler's Help service system has been redeveloped to enhance problem gambling treatment services to deliver a more responsive and flexible service system which implements the policy directions outlined in *Taking action on problem gambling (2006)*. The two key action areas within the policy that underpin the redevelopment are: **Action Area 1: More systematic approaches to service coordination** of the policy is concerned with strengthening service delivery partnerships and service integration between Gambler's Help services and other relevant service providers in a broader system of care. **Action Area 3: Promoting Healthy Communities** is concerned with developing activities to enable communities to identify the risks of problem gambling and equipping them to take action to mitigate problem gambling behaviour in its early stages.

Throughout the redevelopment process, the Office of Gaming and Racing (OGR), within the Department of Justice (DOJ) has been working closely with the Primary Health Branch, Department of Human Services (DHS), in relation to the expansion of the Primary Care Partnerships (PCP) agenda to include problem gambling services. It was agreed that the PCP platform was a well established, flexible and robust infrastructure that would support the objectives of the redeveloped Gambler's Help service system.

The redevelopment of the Gambler's Help service system requires that all service providers become members of the local PCP and adopt the key elements of Service Coordination and Integrated Health Promotion (IHP) as part of the Primary Care Partnership Strategy (2001). The redeveloped service system will take effect from 1 July 2008.

The case for better integration of Gambler's Help Services

Integrated health promotion

In the past, the problem gambling health promotion activities have provided an opportunity to provide information that targets the community at all points on the problem gambling continuum, from prevention and early intervention, through to reactive and responsive intervention activities. These activities align closely to the guiding principles for integrated health promotion and have strong linkages to the statewide health promotion priorities implemented in the PCP community health plans.

It is expected that Gambler's Help services will leverage off the broader set of integrated health promotion activities across community services through the PCP. This will present new opportunities for better planning processes, capacity building approaches, and enhanced coordination of health promotion effort that has the potential to increase protective factors and reduce risk factors for problem gambling. The integrated approach will facilitate the introduction of more proactive problem gambling health promotion activities which are considered to be more 'upstream' than traditionally undertaken at the local level.

Service co-ordination

The redeveloped Gambler's Help service system recognises the multiplicity of presenting issues by problem gamblers and the importance of integration and coordination with other agencies given that many clients are shared across systems. The problem gambling services minimum data set from 1995-96 to 2000-01 allowed problem gambling counsellors to nominate up to nine presenting issues

for a client. Across this period, the number of clients recorded as having six or more co-presenting issues at assessment ranged from 18.5% in 1999-2000 to 58.6% in 2000-01 and averaged around 33% for any given year. The wide range of presenting issues for problem gamblers across the areas of primary health, family services, drug and alcohol and mental health domains clearly indicated the need for a cohesive service system that is integrated across various components.

Given the range of presenting issues, the problem gambling service system needs to facilitate easy and accessible entry points into the specialist problem gambling service system from a range of relevant services consistent with a 'no wrong door' philosophy. Similarly, problem gambling services require a set of relationships with relevant services in the primary, community and mental health sectors in responding to the holistic needs of problem gamblers and their families.

Other mechanisms for better integrating Gambler's Help with the broader system of care

In addition to the strengthened effort toward problem gambling primary prevention and early intervention within the PCP platform, there are two new components of the redeveloped problem gambling service system which will strengthen linkages with other service systems following their introduction from 1 July 2008 as follows:

Portfolio Services

Portfolio services recognises that a cohort of clients with more complex needs may not make their way to specialist problem gambling services to address their gambling behaviours. Portfolio services will allow Gambler's Help services to provide a specialist service to this client group through outreach services, secondary consultations and specialist clinical interventions. Three dedicated portfolio workers will be located within each State Government Region to develop relationships with specific community service providers to better respond to the needs of clients presenting to those services with co-morbid problem gambling issues. Mental health, drug and alcohol and family support /family violence services have been identified as three priority areas, with the aim of developing strong linkages across services to enable greater coordination of care and integration of specialist service responses for problem gambling clients.

Provider Education

Provider education refers to education, training and relationship building activities that involve other health and welfare professionals likely to encounter individuals and families experiencing problem gambling related impacts. These activities include professional development and training about recognition and early intervention within non-specialist problem gambling settings.

Both provider education and the relationship building aspects of the new Portfolio Services program will be significant drivers in effectively implementing service coordination and integrated health promotion activities into local PCP catchments. In particular, these programs will facilitate the introduction of screening practices that will enable health and other professionals to identify in their service systems and coordinate responses to these clients across service boundaries.

Gambler's Help service integration into the Primary Care Partnerships

This new model allows for direct DOJ funding of problem gambling capacity into the PCP infrastructure by means of direct Funding and Service Agreements between the relevant PCP fund holder and DOJ. The funding provided to PCPs in the new model is being sourced from the Community Education Policy unit and the area of focus is problem gambling service and health promotion activities through the PCP integrated health promotion program.

A centrally located PCP Coordinator and a PCP Program and Service Advisor in the OGR, will be responsible for coordinating the OGR funding, based on mapping of local circumstances and the existing PCP capacity. It is important to note that capacity to be funded is not necessarily EFT in the form of project officers, but may be the funding of agreed capacity building activity based on existing structures, activities and networks at the local PCP level. The OGR funding will enable PCPs to

build the capacity of local regional PCPs to better build protective factors and reduce risk factors for problem gambling in their communities and raise the awareness of problem gambling in the community as a public health issue.

The PCP Coordinator and PCP PASA will play an important role in facilitating collaborative relationships between DHS, PCPs, Gambler’s Help services and OGR. The coordination and communication mechanisms between the OGR and DHS will be clearly established and the PCP Coordinator will be responsible for establishing clear accountabilities and communication structures in consultation with PCPs.

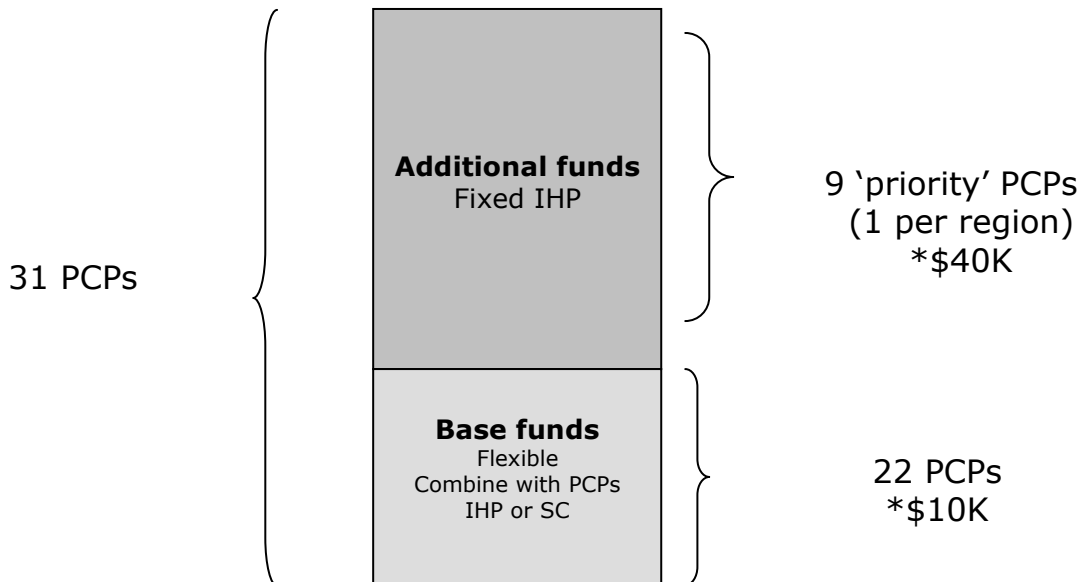
The PCP Coordinator and PCP PASA will work closely with the PCPs and Gambler’s Help services to incrementally raise the profile of problem gambling and its complex and multiple co-morbid issues in the work of PCP member agencies and organisations. The PCP will include Gambler’s Help services in the catchment planning for the integration of problem gambling needs into the Community health plans (2009 – 2012). The PCP will also play a major role the PCP workforce development by capacity building and facilitating change management.

Funding model

The funding to PCPs will be provided over the next three years (2008 – 2011). The key features of the funding model are:

- base funding will be provided to all PCPs to integrate problem gambling through integrated health promotion and/or service coordination
- base funding can be combined with other PCPs within the State-wide DHS region
- additional funding will be allocated to 9 ‘priority’ PCP catchment areas in each region (separating North and West regions)
- additional funding must be allocated to integrating problem gambling through the integrated health promotion component
- *‘priority’ PCPs will act as the lead agency for the 3 years and if required re-distribute the funding within the region to the area of most need in the region (this would need to be confirmed with DOJ)

Funding per annum



* to be finalised when consultations are completed

Identifying the 'priority' PCP

The 'priority' PCP refers to the potential problem gambling 'hotspot' in a region. The criteria for determining the 'priority' PCP includes the following:

- Electronic gaming machine expenditure in Local Government Areas
- Socio-economic index for area
- Culturally and linguistically diverse, Indigenous and new arrivals forecast
- Accessibility and rurality index for area
- Gambler's Help Services auspice agency location and outlets
- Primary Care Partnership readiness and capacity

Primary Care Partnerships deliverables

Depending on the funding provided (i.e. base or additional) there will be different levels of expectation and deliverables and these will be incremental over the three years. Generally, the aim will be to raise the profile of problem gambling with PCP member agencies and organisations to build protective factors and reduce the risk factors from problem gambling in their communities. At this stage these deliverables are indicative and will be discussed further with PCPs, DHS and Gambler's Help services.

Year 1 – Building relationships and planning

- all PCPs will reflect problem gambling activities in the Community Health Plans (CHP) 2009 – 2012 in integrated health promotion and/or service coordination activities
- 'priority' PCPs will include problem gambling activities in the CHP Integrated health promotion component 2009 - 2012

Year 2 – Implementation and developing best practice

- all PCPs will implement problem gambling activities as articulated in the CHP and report outcomes in the Community Health Plan Implementation Agreement. For example, member agencies will be using the SCTT (including the Health Behaviours profile with the problem gambling screening question) to refer into Gambler's Help Services
- 'priority' PCPs will create new IHP activities with specific relevance to the prevention of problem gambling and reduction of risk factors
- 'priority' PCPs will develop and disseminate best practice and health information resources for practitioners and the local community
- 'priority' PCPs will expand on the types of settings for active/passive dissemination of problem gambling health information

Year 3 – Sustainable problem gambling model

- all PCPs will have evidence of problem gambling and complex/multiple co-morbid issues in the work of PCP member agencies and organisations
- all PCPs will have developed the capacity to continue integration of problem gambling through integrated health promotion and/or service coordination activities
- 'priority' PCPs will have developed a sustainable workforce with the capacity for PCPs and Gambler's Help services to deliver problem gambling through integrated health promotion activities
- 'priority' PCPs will contribute toward an impact evaluation with OGR

Reporting and accountability

The PCP Coordinator will develop a monitoring, reporting and accountability framework in relation to the funding provided to PCPs. Rather than duplicating measures, it is anticipated that problem gambling PCP capacity will be monitored using existing tools that have been developed by DHS (or new tools) and revised to incorporate the needs of the problem gambling program area.

For more information

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