PROBLEM GAMBLING SOLUTIONS, INC.
&
HERBERT & LOUIS, LLC

2010 NATIONAL SURVEY OF PUBLICLY FUNDED PROBLEM GAMBLING SERVICES

ASSOCIATION OF PROBLEM GAMBLING SERVICE ADMINISTRATORS

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EXECUTIVE SUMMARY

2010 NATIONAL SURVEY OF PUBLICLY FUNDED PROBLEM GAMBLING SERVICES

This is the third national survey of publicly funded problem gambling activities sponsored by the Association of Problem Gambling Service Administrators (APGSA). Earlier studies were completed in 2006 and 2008. The intent of these studies was to provide a process for quantifying and reporting on the composition of publicly funded U.S. problem gambling service delivery systems.

Information collected for this report is limited to publicly funded problem gambling services which are defined as states with a distinct fund for problem gambling services and/or states with an agency that by statute is directed to administer education, prevention, treatment, or research focused on problem gambling. Efforts by non-governmental organizations, such as state problem gambling councils, or efforts by other governments, such as tribal governments or local governments, were only included if their effort was specifically funded by a state agency with statutory authority to administer problem gambling programs. Therefore, the survey universe parameters are restrictive and are not intended to capture the full scope of efforts to address problem gambling.

The objectives are to collect multi-purpose data that can be used to: assist Federal and State governments in assessing the nature and extent of problem gambling treatment, prevention, and research services provided in state-supported systems; analyze problem gambling services trends and conduct comparative analyses for the nation, regions, and States and; generate the APGSA National Directory of Problem Gambling Service Administrators, a listing of state officials and state appointed designees, with oversight responsibility for publicly funded problem gambling service contracts.

The highlights of this study include:

- The total number of states that reported publicly funded problem gambling services increased from 30 in 2008 to 37 in 2010 with the total amount of public funding allocated for problem gambling services in the U.S. increasing proportionally from approximately $49 million in 2008 to $58.4 million in 2010.
- 93% of states reported an increased or level demand for problem gambling services and 7% reported a decreased demand. In fiscal year 2010, 10,930 individuals were treated in state funded problem gambling treatment programs.
- Although the past-year prevalence of substance use disorders is eight times greater than the past-year prevalence of problem gambling, substance abuse treatment receives nearly 674 times more public funds than problem gambling treatment.

- On an annual basis, about 1 in 240 pathological gamblers obtain state funded treatment compared to about 1 in 14 chemically dependent persons.
- The average per-capita allocation for the states with publicly funded problem gambling services was 34 cents ranging from $0.01 in Maryland to $1.36 in Iowa.
- On average, 50% of state problem gambling service budgets were used for treatment. This was followed by expenditures on media or public awareness projects (11%), training or workforce development (10%), costs of administering the programs (9%), prevention programs (8%), helpline services (7%), and evaluation and research expenses (3%).
- Only 15 states fund one or more full-time state employees dedicated to manage funding or provide services and another 11 states fund less than one full time person. All other states do not have a state employee to provide oversight responsibility for problem gambling programs.
- For those states where problem gambling services were designated to a problem gambling specific office, unit, or project team (N=16), the average proportion of funds directed to administrative costs was no higher than if the services were not assigned to a specific office, unit, or team.
- When asked "What is your state's largest gap in problem gambling services?", nearly 60% indicated a lack of adequate funding followed by a lack of public awareness of problem gambling, and a lack of treatment options for problem gamblers.

INTRODUCTION

PUBLICLY FUNDED PROBLEM GAMBLING SERVICES

Problem and pathological gamblers experience high rates of adverse consequences that have economic costs. These costs begin with the gambler and carry over to family members, friends, employers, creditors, health systems, criminal justice systems, and the community as a whole. As legalized gambling expanded over the past three decades, concerns about the economic costs related to problem gambling helped fuel a growth in the number of states that provided support for education, prevention, treatment, or research focusing on problem gambling. Numerous states provide funding through legislative budget appropriation, and/or appropriations mandated in legislation establishing new types of legalized gambling, and/or by funds contributed by the gaming industry, including tribal gaming.

With the exception of sporadic efforts by the US Department of Veterans Affairs and the Substance Abuse and Mental Health Services Administration, there has been a lack of federal spending on problem gambling treatment or prevention efforts. In the absence of a federal agency designated to steer programs and policies addressing problem gambling, individual state efforts have emerged that are often very divergent from one another in terms of funding levels, types of services, and administrative structure. In an effort to help state governments facilitate an informed and unified voice for the development of publicly funded problem gambling services, the Association of Problem Gambling Service Administrators (APGSA) was formed in 2000. Central to the APGSA mission "to support the development of services that will reduce the impact of problem gambling", the APGSA has sponsored three studies designed to survey state agencies from all U.S. States. These surveys provide a national picture of efforts to address problem gambling and documented state-by-state programs and key contacts. The first survey was conducted in 2006, the second in 2008, and this report describes the most recent effort.

SURVEY METHODOLOGY

This report presents tabular information and highlights from the 2010 National Survey of Publicly Funded Problem Gambling Services (Survey) conducted between April and May 2010. It is the 3rd in a series of APGSA supported national surveys begun in 2006. The surveys were designed to collect data from the 50 States on the amount of public funds directed at problem gambling services, types of services funded, establishing legislation, administrative structure, contact information, and needs assessment.

The Survey provides the mechanism for quantifying the composition of publicly funded U.S. problem gambling service delivery systems. The objectives are to collect multi-purpose data that can be used to:

- Assist Federal and State governments in assessing the nature and extent of problem gambling treatment, prevention, and research services provided in state-supported systems
- Analyze problem gambling services trends and conduct comparative analyses for the nation, regions, and States
- Generate the APGSA National Directory of Problem Gambling Service Administrators, a listing of state officials and state appointed designees, with oversight responsibility for publicly funded problem gambling service contracts

Data Collection Procedures

Field period and survey universe

The survey field period was from April 21, 2010, through May 28, 2010. The survey universe included information from all 50 US States. Information collected was limited to publicly funded problem gambling services defined as states with a distinct fund for problem gambling services and/or states with an agency that by statute is directed to administer education, prevention, treatment, or research focused on problem gambling. Lottery administered responsible gaming programs, players research, and problem gambling awareness advertising were only included if the state lottery reported a distinct fund for problem gambling service expenditures or statutory language specifically requiring the administration of programs directed at "problem gambling", "pathological gambling", "gambling addiction", or "compulsive gambling". Efforts by non-governmental organizations, such as state problem gambling councils, or efforts by other governments, such as tribal governments or local governments, were only included if their problem gambling service effort was specifically funded by a state agency with statutory authority to administer problem gambling programs. Therefore, the survey universe parameters are restrictive and are not intended to capture the full scope of efforts to address problem gambling within the U.S. The APGSA Survey documents publicly funded problem gambling services, as previously defined, that took place during the 2010 fiscal year (for most states that period is July 1, 2009 through June 30, 2010).

Content

The survey questionnaire was a 14-page document with 6 sections (see Appendix A). Section topics included:

A. Contact Information
B. Legislation
C. Funding
D. Services Provided
E. Administrative Structure
F. Policy Issues

Data Collection

Three primary data collection modes were employed—web based data collection, a survey questionnaire sent by email, and structured interview. The first phase of the data collection consisted of identifying state government employees, or their designee, to participate as the survey questionnaire's primary informant. Contact information was obtained from the APGSA for its 36 member states. For the 14 non-APGSA member states and for those member states with outdated information, the Executive Director of the state affiliate to the National Council on Problem Gambling (if present) was contacted to inquire about the presence of state-funding for any problem gambling service and for assistance in identifying the most appropriate person to complete the survey. Additionally, an internet search was conducted on all non-APGSA member states to review internet accessible documents including state rules, regulations, and statutes pertaining to problem gambling services. In many cases, it was difficult to ascertain the appropriate individual to complete the survey and for some states more than one agency administered problem gambling services which necessitated collecting surveys from multiple individuals then collapsing the information into one state survey data set.

For states identified as using public funds to specifically support problem gambling prevention or treatment programs, an introductory email was sent to the identified contact person(s) by the APGSA President. This was followed by separate emails from the research group that included a survey questionnaire attachment. In most cases the identified contact(s) were state employees with management responsibilities over state-funded problem gambling services. For surveys not received back from the identified contact, follow-up emails and phone calls were made each week the survey was in the field. During the follow-up contacts, offers were extended to complete the survey over the phone. On several occasions the individual originally identified as the contact person designated a different individual to complete the survey or to complete sections of the survey. For those states where a representative was either not identified or failed to respond by the fourth week the survey was in the field, the research team completed the survey as completely as possible from government documents and official reports obtained from the internet. The described multi-method data collection procedure resulted in survey collection from 48 states. The surveys completed for Florida and West Virginia were derived exclusively from information found on the internet. The two states where the identified individual did not respond to the survey and insufficient information was found on the internet were Ohio and Georgia. For those states where a state representative did not submit a completed survey, an average of seven follow-up contacts were made with the individual(s) identified as holding responsibility over the publicly funded problem gambling service.

Quality Assurance

Experience in prior APGSA surveys suggested that there were several quality assurance issues that needed to be addressed. The foremost problem was the observation that survey responders commonly interpret questions differently from one another. Researchers also observed instances where information to a particular item, from the same state, differed across sources. Additionally, it was not uncommon for responses to be more complex than the given response set, for example, some respondents answered "sometime" or "that depends" to questions prompting a "yes/no" response.

To address the above data issues, after completed surveys where obtained by the research team, the survey respondent was scheduled for a 60 minute phone interview with one of the primary investigators. Both primary investigators had extensive experience working in the problem gambling field and working with government systems. During the interview, the completed survey was reviewed item by item to verify and clarify information obtained during the earlier stages of the data collection process. Original survey item responses were changed as needed and/or additional detail was added. Quality assurance interviews were completed with 41 survey respondents. As noted above, completed surveys were not obtained from four states and the remaining five surveys that did not receive a quality assurance interview were states that did not provide publicly funded problem gambling services.

Further Data Considerations and Limitations

As with any data collection effort, certain procedural considerations and data limitations must be taken into account when interpreting data from the 2010 APGSA Survey. Some general issues are listed below and other considerations of specific data items are discussed where the data are presented.

The APGSA Survey attempts to obtain responses from all known state agencies offering publicly funded problem gambling services, but it is a voluntary survey. There is no adjustment for the states where no state representative completed the survey.

The APGSA Survey is a point-in-time survey. It provides information on the problem gambling service system and its clients on the reference date. The survey provides a "snapshot" of the publicly funded problem gambling service field, a field that experiences significant fluctuations in funding and service provision.

The accuracy of the data reported relies on the data source. For most state specific variables, the data was collected from a single individual and not confirmed or validated using any other data sources. Even the most diligent survey respondents may not be fully informed and report data that is not complete and otherwise not accurate.

ORGANIZATION OF THE REPORT

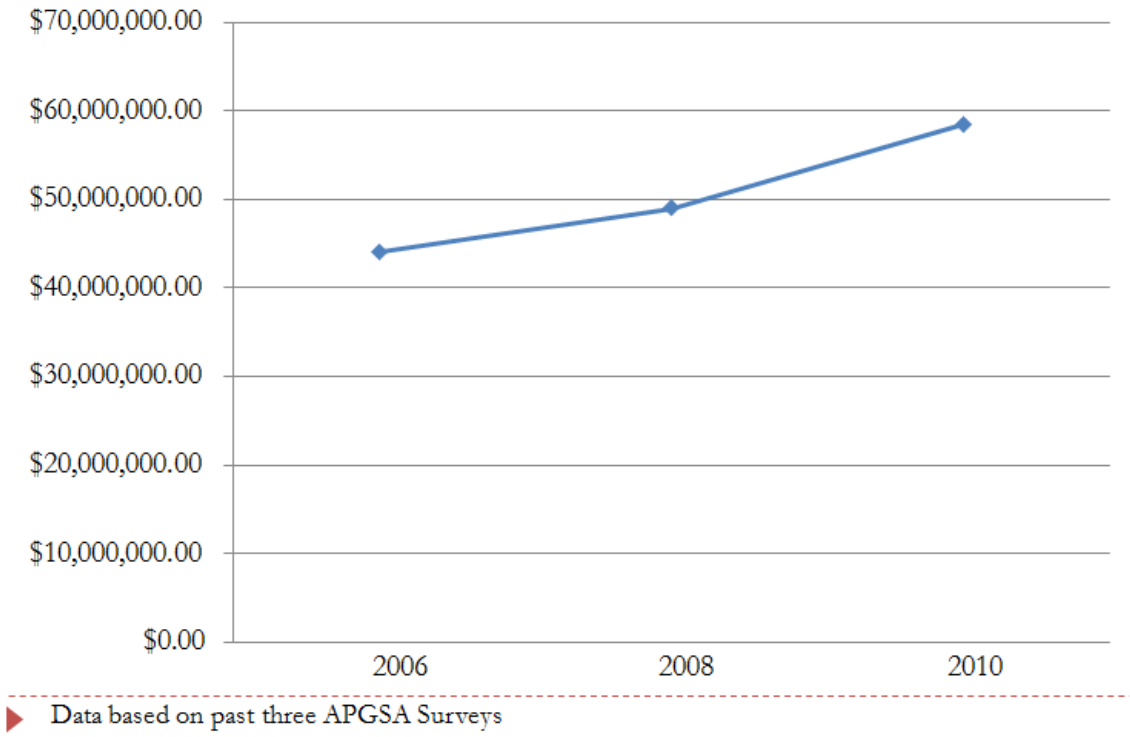
The balance of this report is organized into five sections: Funding, Types of Services, Administrative Structures, Problem Gambling Helplines, Treatment Systems, and Policy Issues. Appendix B contains State-level detail for most of the tables and charts presented in the body of the report along with additional State-level detail on prevention and public awareness efforts.

FUNDING FOR PROBLEM GAMBLING SERVICES

The total number of states that reported publicly funded problem gambling services increased to 37 in 2010. The 2006 APGSA Survey identified 35 states with publicly funded problem gambling services and the 2008 survey reported on 30 states. The 2008 survey methodology employed a less rigorous approach to identify states that met inclusion criteria and this methodological difference may account for some of the reported difference between the 2008 and 2010 findings.

The total amount of public funding allocated for problem gambling services, across all states, was reported to be approximately 16% greater in 2010 ($58.4 million) than the aggretate funding level reported in the 2008 survey ($49 million). This observed increase in funding is proportionally equivilent to the increase in the number of states identified as providing publicly funded problem gambling services when comparing the 2008 survey findings with the 2010 survey results. See Figure 1 for the observed changes in the annual aggregate amount of state expenditures dedicated for problem gambling services in the United States.

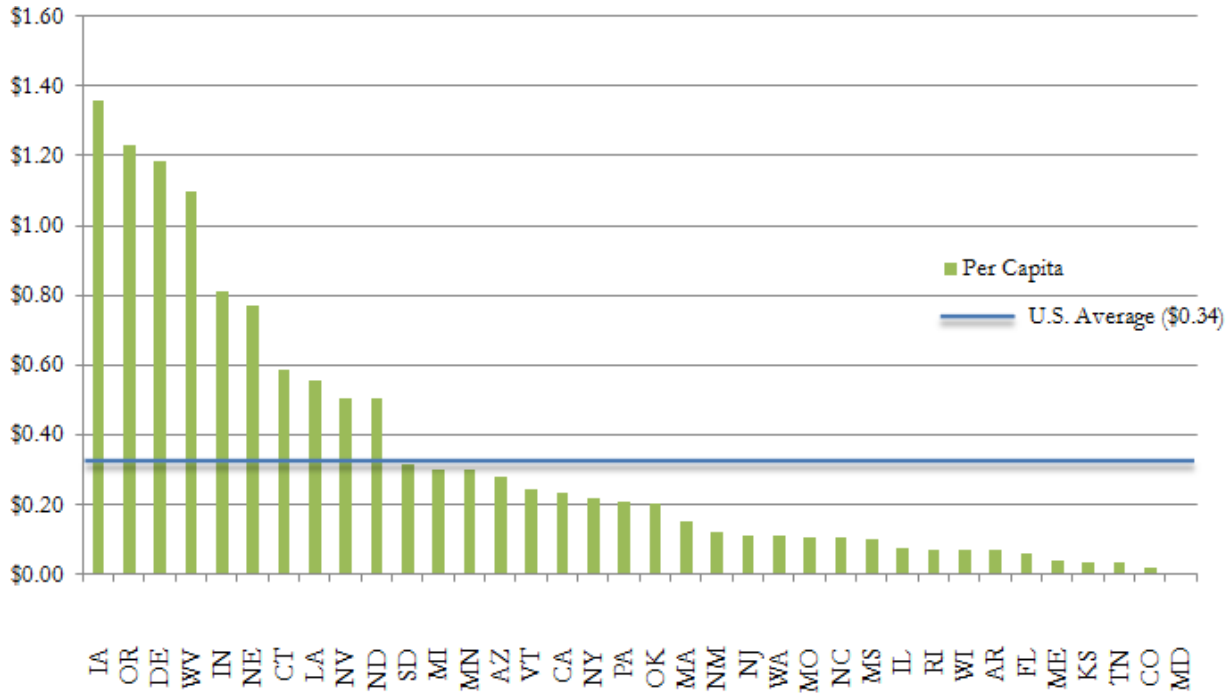
Figure 1. Annual Aggregate of Public Funds Dedicated for Problem Gambling Services in U.S .



Although the total amount of funding for problem gambling services appears to have increased, a state-by-state analysis suggested the funding level between 2008 and 2010 did not change for the majority of states (n=30, including 13 states with no funding) and an almost equal level of states reported increased funding (n=10) compared to those that reported decreased funding (n = 8). Likewise, the amount of state specific funding for

problem gambling services varied extensively. Funding amounts ranged from the 13 states that did not provide any dedicated funding for problem gambling services to California that provided $8.7 million. Although California invested almost twice as many funds in problem gambling services than any other state, it is also the state with the largest population. To help account for population differences, a better method to compare state-to-state differences in the amount of public funds invested in problem gambling services is to compare per-capita allocations. For those states that invest in problem gambling services, per-capita allocations for problem gambling services range from less than $0.01 in Maryland to $1.36 in Iowa. The average amount of problem gambling services per-capita allocation, for 36 of the 37 states with publicly funded problem gambling services, was 34 cents (South Carolina, although providing problem gambling services, reported no new funding in 2010 so was excluded in the calculation). See Figure 2 for state-by-state per-capita allocations for problem gambling services.

Figure 2. 2010 Per Capita Problem Gambling Service Allocation by U.S. States With Funding



Note: Includes only funds line itemed for problem gambling services and passing through a state agency.

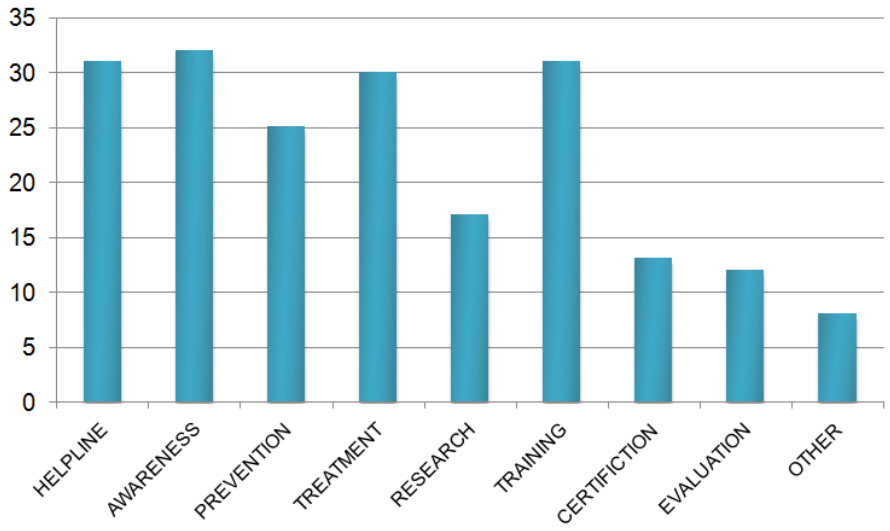
The cumulated total of state dedicated public funds spent on problem gambling services is $58.4 million with less than half of those funds directed at treatment services. To put this number in perspective, it is useful to compare it with national spending on substance abuse treatment in the United States. Total spending on substance abuse treatment in the United States was an estimated $21 billion in 2003, with the vast majority (77%) of this spending financed by public sources, including Federal, State, and local governments (Mark et al., 2007). Results from the National Epidemiologic Survey on Alcohol and Related Conditions found that 9.35% of the population had a past year substance use disorder (Grant et al.,

2004). In a 1997 meta-analysis of the problem gambling prevalence studies, Shaffer et al. (1999) found that approximately 1.14% of adults had a past year gambling disorder. If these prevalence and spending estimates are accurate and generalize to current day rates then substance use disorders are about 8 times more common than gambling disorders while public funding for substance abuse treatment is about 674 times greater than public funding for problem gambling treatment ($16.17 billion: $24.0 million).[1]

TYPES OF PROBLEM GAMBLING SERVICES FUNDED

Across all states, there is a lack of uniformity regarding what types of problem gambling services are funded. Some states fund a comprehensive array of services ranging from prevention through multiple levels of treatment, while other states provide only one service (e.g., a problem gambling helpline or a prevention program). The variability in services provided is often rooted in the legislation that originally established the problem gambling program. Some states have legislation that restricts the use of funding to specific service areas. Another driving factor for what services are funded is linked to budget pragmatics such as having insufficient funds to expand the range of services offered. Figure 3 provides information on the number of states using public funds for specific problem gambling services. This figure shows the most commonly supported services are problem gambling awareness programs (86%), problem gambling helplines (84%), problem gambling counselor training (84%), and problem gambling treatment (81%). For a state-by-state look at what types of services are funded, see Appendix B.

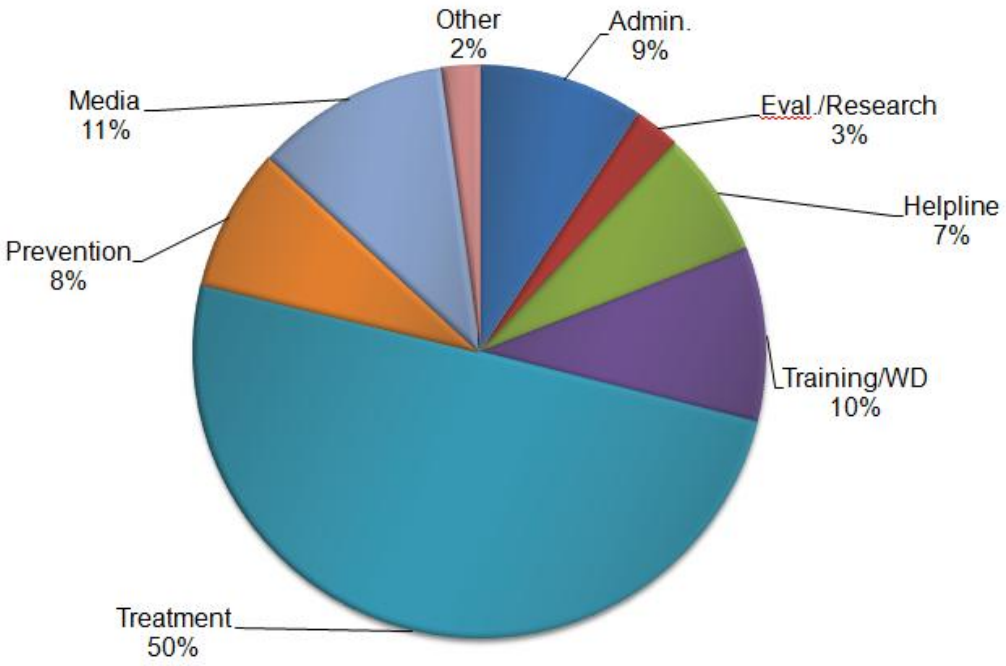
Figure 3. Number of States Using Public Funds for Specific Problem Gambling Services



[1] Mark et al. (2007) estimated total spending on substance abuse treatment in the United States was $21 billion in 2003, with $16.17 billion financed by public sources (77%). Based on respondents to the 2010 APGSA

Each survey respondent was asked to provide a breakdown of the percent of their state problem gambling service budget by service type. By taking the "percent of total budget" information from each state and averaging this data we found that, on average, 50% of state problem gambling service budgets were used for treatment. This was followed by expenditures on media or public awareness projects (11%), training or workforce development (10%), costs of administering the programs (9%), prevention programs (8%), helpline services (7%), and evaluation and research expenses (3%). See Figure 4.[2]

Figure 4. Allocations by Service Category



A glance at Appendix B, the state-by-state data, will reveal a large amount of variablity between how each state program allocates available funds. For example, on average, 10% of problem gambling service funds from all states were used for training or workforce development, however, the range on an individual state level was between 0% and 100%. Furthermore, there does not appear to be a pattern linking overall funding level with what service category recieves the largest allocation. For example, when comparing the five states with the greatest amount of funding with the five states with the least amount of funding, treatment received the largest allocation for three of the five states from each group.

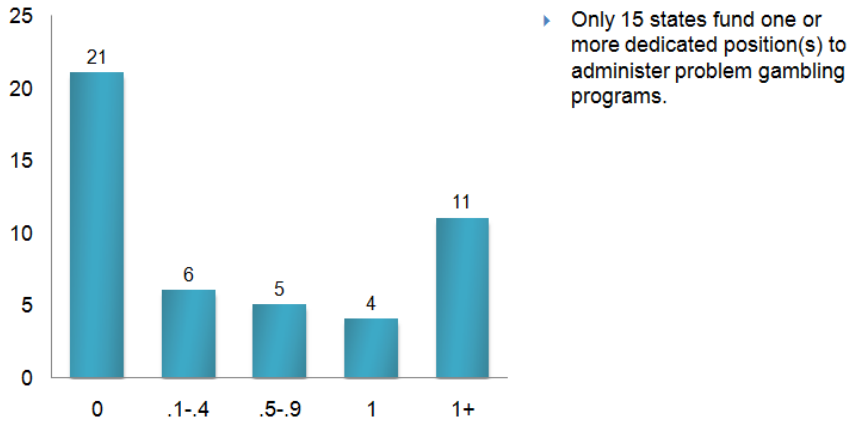
[2] Stated "allocations by service category" are based on proportional averages as opposed to actual aggregate budget allocations. Utilizing the aggregate of actual spending levels across service areas would yield different results. For example, aggregate spending on treatment was reported to be $24 million or $41% of the total authorized budget for all problem gambling services.

ADMINISTRATIVE STRUCTURES

Determining what state agency has administrative authority over publicly-funded problem gambling services is often complicated by factors such as (a) an absence of written state policies or legislation on the topic, (b) when more than one state agency offers a service or program addressing problem gambling, (c) the absence of a state employee whose primary responsibility is to administer or oversee problem gambling services, and (d) the lack of uniformity across states as to what agency, if any, is assigned responsibility over problem gambling services. The present survey found the administrative authority over most state funded problem gambling programs is an agency within the state's department of health or human services (n=30). Notable exceptions include Arizona where the Office of Problem Gambling is located within the Department of Gaming, Pennsylvania where a significant portion of the problem gambling services are administered by the Gaming Control Board, and Missouri where several state programs are directed by a multi-agency body entitled the Missouri Alliance to Curb Problem Gambling. Some state agencies out-source the administration of their state's problem gambling programs (n=11), some state agencies use state employees for the provision of clinical services and manage multiple service contracts (n=8), while the majority of states agencies provide their client services through managing multiple contracts to develop a service system (n=17).

There is considerable variability in the number of state-employees who are assigned administrative responsibility, per their job description, for overseeing state-funded problem gambling services. Out of the 47 states reporting, by far the most common scenario is that there is no state employee specifically assigned to administer problem gambling services (n=21). In 11 states with publicly funded problem gambling services, those services are administered by one person who has multiple program responsibilities, only one of which is problem gambling services. Only 15 states fund one or more full-time state employee positions dedicated to administer problem gambling programs. See Figure 5 for a further breakdown of Full-Time Equivalent (FTE) staff dedicated to problem gambling services (PGS) and see Appendix B for state by state information.

Figure 5. Number of FTE Dedicated to PGS
47 States Reporting



Just as there is variability in the number of state staff assigned to administer problem gambling programs, there is also considerable variablity in the proportion of problem gambling funds that states use to pay for the administrative costs related to managing those funds. For example, on average, 9% of problem gambling service funds were used for administrative expenses, however, the range was between 0% and 35%. Interestingly, for those states where problem gambling services were designated to a problem gambling specific office, unit, or project team (N=16), the average proportion of funds used for administrative purposes was no higher than if the problem gambling services were not assigned to a specific office, unit, or team. Where a clear difference emerged is when comparing the average FY10 state budget for problem gambling services for those states with a designated problem gambling office, unit, or team ($2.4 Million) with states that did not have a designated problem gambling office, unit, or team ($0.8 million).

PROBLEM GAMBLING HELPLINES

When states allocate funding for problem gambling services, one of the first services established is often a problem gambling helpline. Survey results found that 32 states reported offering problem gambling helpline services with 25 utilizing problem gambling funds to support the service. In those cases where a problem gambling helpline is not supported by state funds, funding typically comes directly from the gaming industry, including tribal gaming operations, and is often operated by state affiliates of the National Council on Problem Gambling. In addition to state funded problem gambling helplines, there is a National Problem Gambling Helpline Network (NPGHN) administered by the National Council on Problem Gambling, which links together 28 state and regional call centers to operate a national helpline system. Centers receive a variety of public and private funding, and may also have or answer other national, regional or state helplines for gambling and/or other issues.

The survey identified 28 different organizations in the U.S. contracted by states to operate a problem gambling helpline.Some of these organizations provide services to several states with the majority providing single state services. In spite of the NPGHN, which has national coverage, many local jurisdictions and states promote and operate independent help line services. The result being there are multiple problem gambling helpline numbers operating in the U.S. and it is not uncommon for more than one problem gambling helpline number to be marketed in the same state.

Figure 6 (below) provides information on the proportion of problem gambling helplines that are structured to provide 24 hour service, multilingual services, and operate either as a stand-alone problem gambling helpline or are imbedded within a broader helpline center. The identified problem gambling helplines all offered 24-hour service, seven days a week. The majority (70%) of the problem gambling helplines exclusively operated as a problem gambling helpline center (i.e., stand-alone) and only four (15%) were imbedded within a broader helpline center that fielded calls for persons with concerns related to other addictions or mental health issues. Eight of the problem gambling helplines offered services exclusively in English, three offered services in English and Spanish languages, while the

majority utilized language lines or translation services where communication between a non-English speaker and the helpline counselor passed through a translator.

Figure 6. Helpline Structure

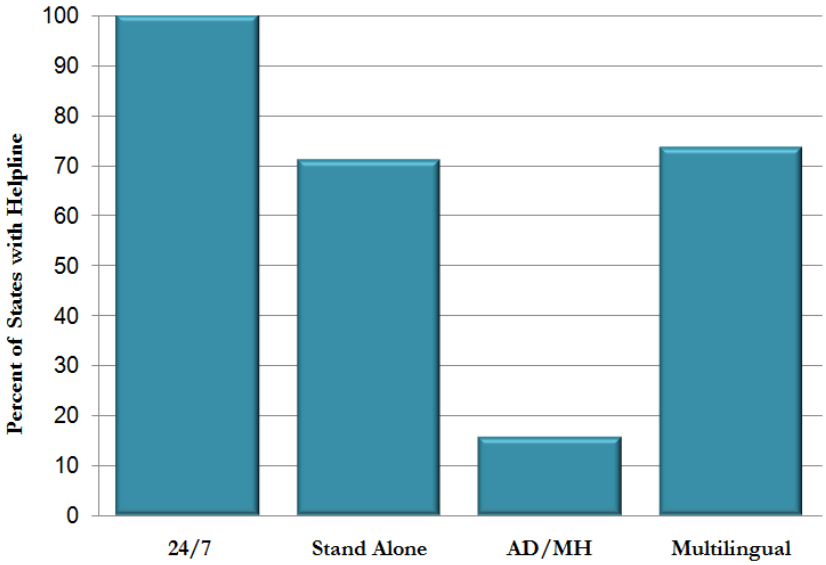


Figure 7 (below) displays the variations of the credentials and training of helpline staff that answer calls placed to the various call centers. Persons who answered helpline calls ranged from uncredentialed volunteers to masters level counseling professionals. The majority of the helpline centers utilized paid staff with specialized training but did not require staff to be licensed or certified counselors. The four categories of helpline call staff represented below are non-exclusive. That is, if a helpline used volunteers and professional counselors to answer calls they fell under the "other" category in addition to falling into the the "volunteer" and "professional counselors" categories.

Figure 7. Helpline Call Staff

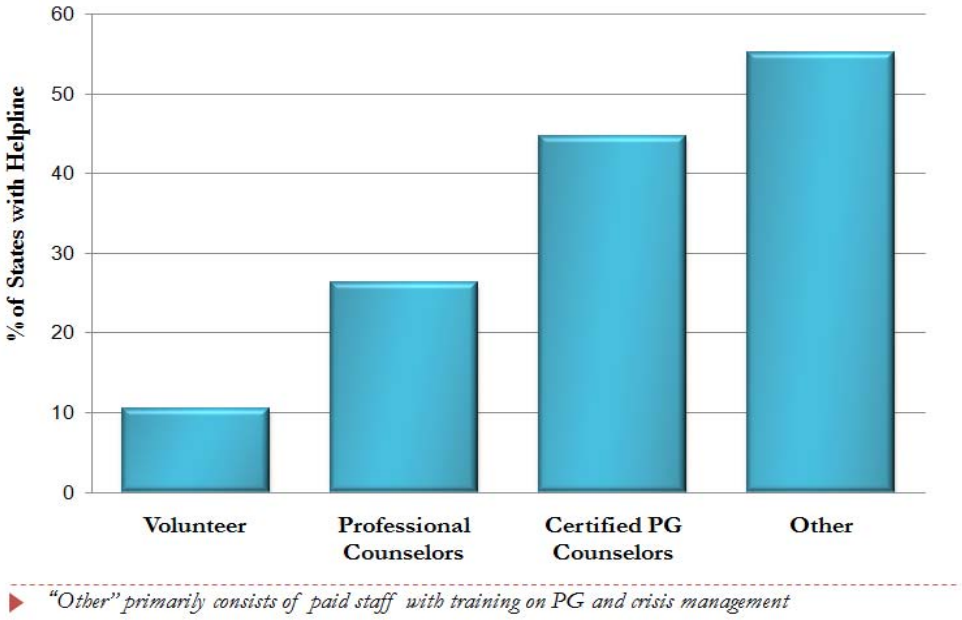


Figure 8 (below) reveals the different types of helpline services offered along with the proportion of problem gambling helplines offering the seven defined services. Providing information and referral services appears universal among the helplines. The disparity between helpline offerings are among the non-traditional services such as follow-up services, where the helpline specialist calls back the help seeker to see if they followed through with the referral or encountered any difficulty reaching the referred resource. Four of the helplines offered counseling services, defined as providing problem gambling treatment through regularly scheduled phone or other electronic communication between a helpline counselor and identified client. About one fouth of the helplines had the capability and resources to send callers self-change guides or informational packets on cognitive-behavioral approaches to self-regulate gambling behavior. A small proportion, less than 10%, of helplines have moved into utilizing web-based technologies to expand the number of access points or user options. For example, some helplines offer live-chat services and instant text messaging services.

Figure 8. Helpline Services

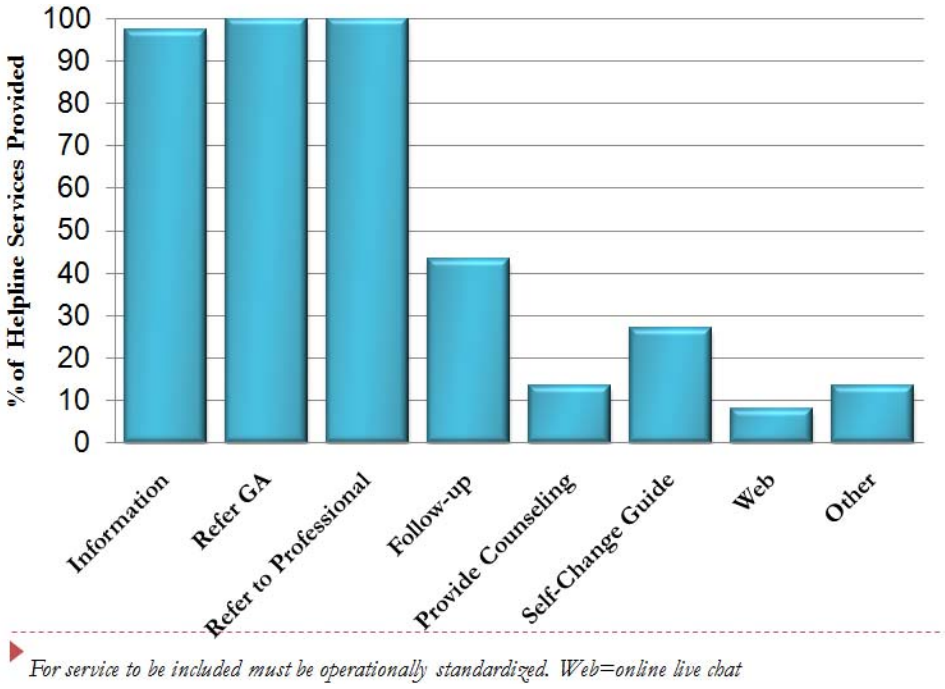


Figure 9 (below) explores the relationship and variablity between a helpline's total call volume and the proportion of "calls for help" defined as calls seeking help or information related to problem gambling. On average, 27% of the calls to a problem gambling helpline were "calls for help" with a range between 3% and 96%. When survey respondents were asked about the large volume of non-problem gambling related calls, respondents hypothesized callers often confused the problem gambling helpline with a general information line for gamblers as evidenced by the large number of calls inquiring about winning lottery numbers, casino meal and entertainment updates, etc. Some of this confusion appears related to the placement of the number on lottery tickets and casino

marketing materials along with the use of a helpline acyronom that does not clearly associate the number with problem gambling help. For example, states that use the 1-800-GAMBLER helpline number (New Jersey, California, Nevada, among others) receive a larger proportion of non-help seeking calls than states that use aycronyms that more clearly identify the purpose of the line such as 1-800 BETS-OFF (Iowa) or 1 -877 MY-LIMIT (Oregon). Massachusetts, the state with the highest proportion of calls for help compared to total calls, utilized an automated greeting system that explained to callers they have reached a problem gambling helpline and only those callers that opt to continue the call and speak with a live person are counted in the total call volume.

Figure 9. Calls For Help

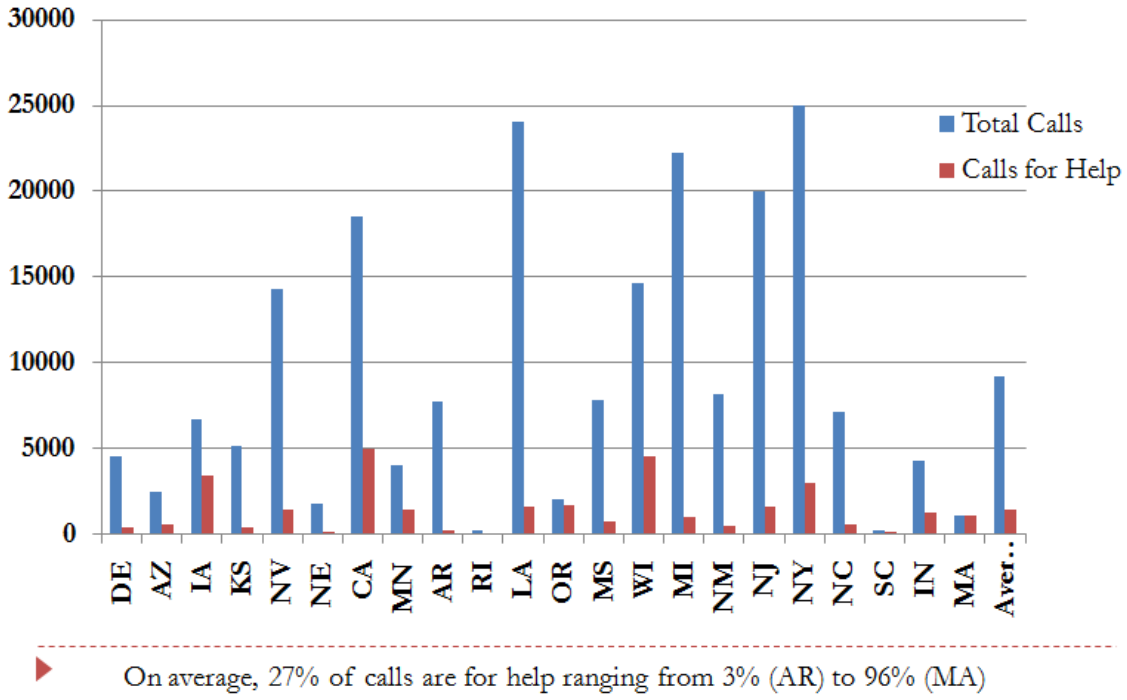
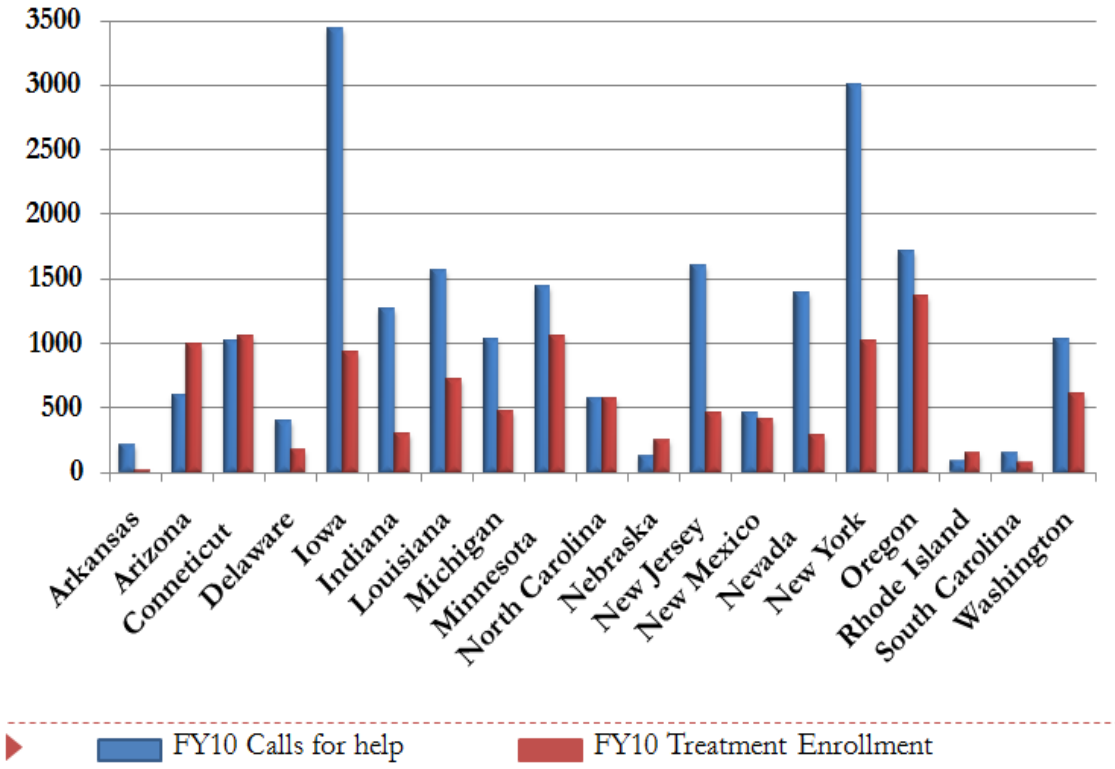


Figure 10 (below) shows the relationship between the number of persons seeking help by calling a state problem gambling helpline and the number of persons entering state-funded problem gambling treatment. Nineteen states reported both helpline data and treatment enrollment data. Of these 19 states, 14 reported more calls for help to the state's helpline than gambling treatment enrollments. Interestingly, the problem gambling treatment systems in five states do not appear to be operating in accordance with the conventional belief that persons obtaining state-funded problem gambling treatment find their way by calling a problem gambling helpline. The proportion of treatment enrollments compared to helpline calls varies widely between states, suggesting that there are multiple pathways to treatment and greater gambling treatment enrollments may not be dependent on increasing calls to a state's problem gambling helpline. A study conducted in Oregon found that approximately 30% of the gamblers enrolling in treatment indicated they had received contact information for the treatment program in which they had enrolled from the Helpline while the majority learned of the gambling treatment program through various word-of-mouth sources (Moore & Marotta, 2009).

There are several factors that contribute to the variability observed in viewing state by state data on helpline calls for help compared to treatment enrollments. These factors may include; differences in advertising, different rates of converting calls for help into treatment enrollments, differences in community awareness and/or perception about gambling treatment, differences in treatment accessibility and/or affordability, and differences in the maturation of the various problem gambling treatment systems. Whatever the reasons for the variability displayed in Figure 10, this data underscores a main finding of this survey, that there are vast differences between states in their level of support for and operation of state-funded problem gambling services.

Figure 10. Calls For Help Compared to Treatment Enrollments



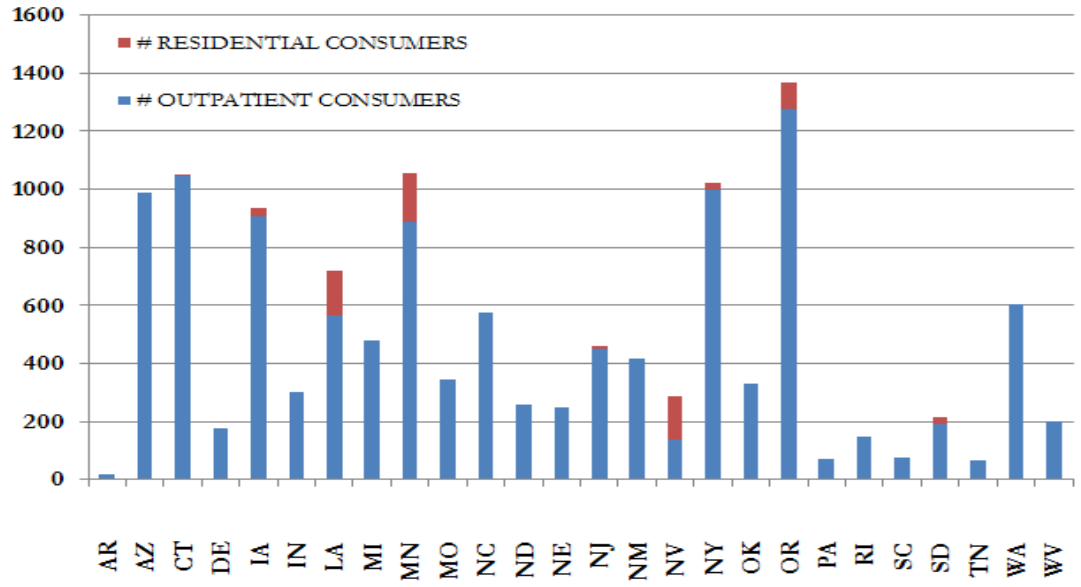
TREATMENT SYSTEMS

Numbers Treated

Approximately 2.6 million pathological gamblers are estimated to need treatment each year.[3] Of this number, 10,930 individuals were treated in U.S. state-funded problem gambling treatment programs in fiscal year 2010. These figures suggest that state-funded treatment was provided to less than one half of one percent (0.42%) of those with a pathological gambling disorder. For comparison purposes, in 2008, 23.1 million persons aged 12 or older needed treatment for an illicit drug or alcohol use problem (9.2 percent of the persons aged 12 or older). Of these, 2.3 million (9.9 percent of those who needed treatment) received treatment at a specialty facility (SAMSHA, 2009) with the vast majority (77%) of treatment financed by public sources (Mark et al., 2007). These statistics suggest that on an annual basis, about 1 in 240 pathological gamblers obtain state funded treatment compared to 1 in 14 chemically dependent persons.

Figure 11 (below) provides a state-by-state breakdown of the number of consumers obtaining state-funded problem gambling treatment. The vast majority of the services were provided on an outpatient basis. Only Nevada reported a larger residential problem gambling treatment population than outpatient treatment population. For those states offering both outpatient and residential problem gambling treatment services, on average, about 10% of the treatment seeking population obtained residential treatment. As can be observed from Figure 11, there was wide variability in numbers treated between states.

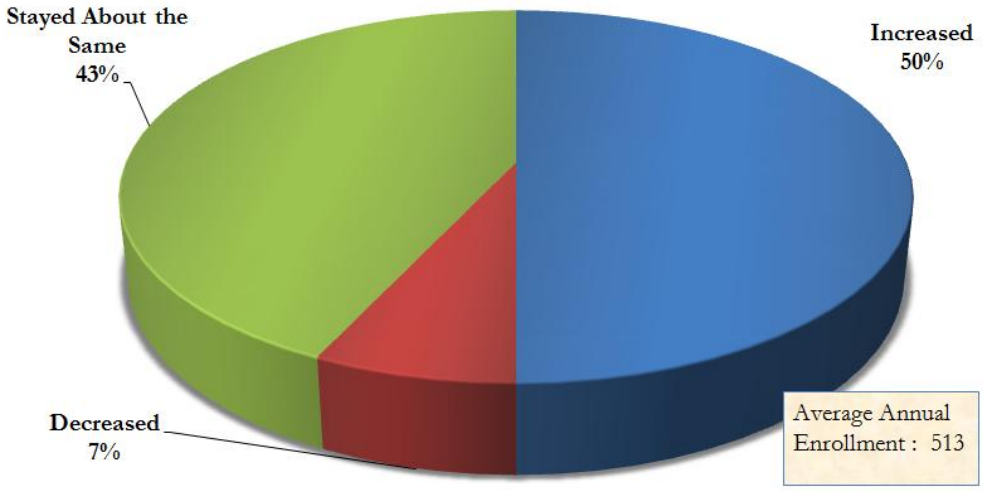
Figure 11. Numbers Treated



[3] Based on an estimated past year pathological gambling prevalence rate of 1.14 % (Shaffer et al., 1999) and the 2008 U.S. adult population estimate of 230,118,000 (U.S. Census, 2009).

Figure 12 below, demonstrates that in all but two states (Oregon and Rhode Island) treatment enrollment numbers in fiscal year 2010 were either increasing (50% of states) or staying about the same (43% of states) compared to fiscal year 2009 enrollment numbers. Within the publicly funded mental health and addictions treatment arenas, differences observed in treatment enrollment between fiscal years is often highly correlated with differences in funding levels. Interestingly, this does not appear to be the case with problem gambling treatment. Within this survey, no correlation between changes in funding and changes in enrollment were observed. Funding between fiscal year 2009 and 2010 increased in 24% of states, decreased in 22% of states, and stayed the same in 54% of the reporting states.

Figure 12. Treatment Enrollment



Levels of Care

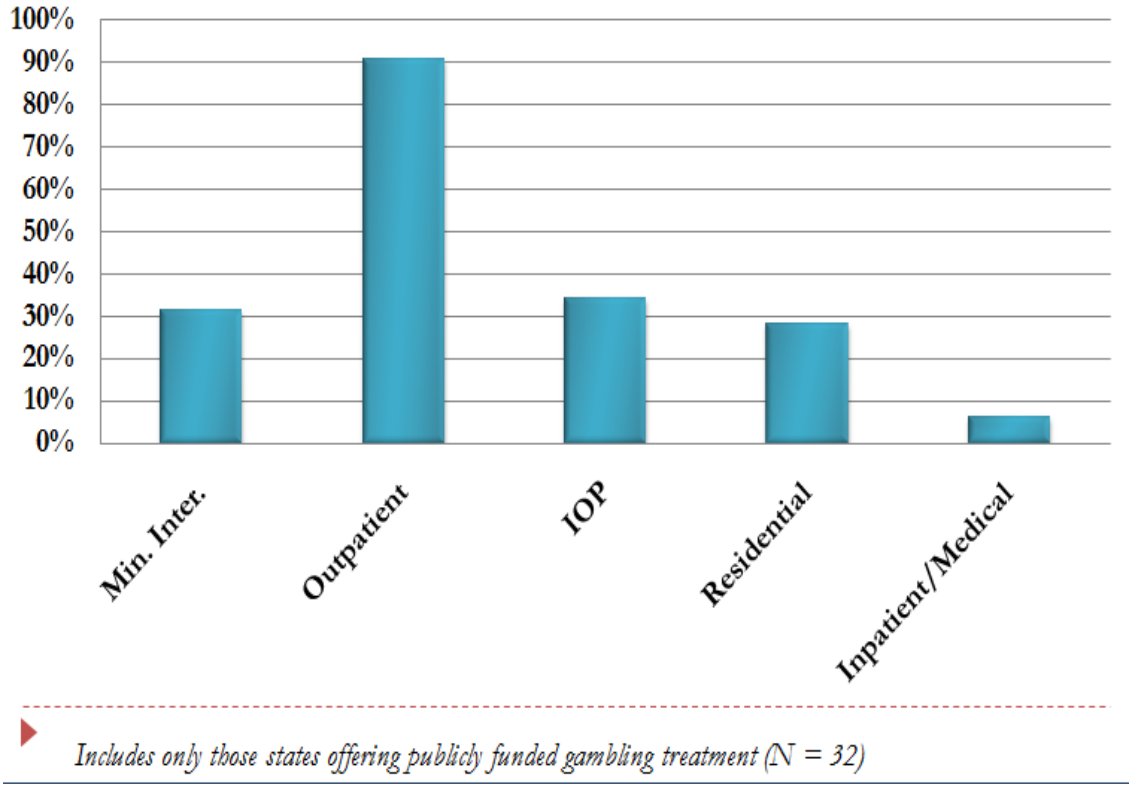
Figure 13, on the following page, further demonstrates the variety of problem gambling treatment services offered by breaking down the types of outpatient and residential treatment. Utilizing the American Society of Addictions Medicine (ASAM) classification system defining levels of care, survey respondents were asked what type of problem gambling treatment services were offered in their state during fiscal year 2010. The five broad ASAM levels of care are: Level 0.5, Early Intervention; Level I, Outpatient Treatment; Level II, Intensive Outpatient/Partial Hospitalization; Level III, Residential/Inpatient Treatment; and Level IV, Medically-Managed Intensive Inpatient Treatment.

Level 0.5, what we termed "minimal intervention", referred to a structured program that included psycho-education and assessment and typically included some telephone counseling and/or distribution of a gambling self-change guide. Level I was defined as a treatment program structured to provide less than 9 hours of counseling per week. Level II, intensive outpatient treatment (IOP), was defined as structured interventions involving at-least 9 hours per week of outpatient counseling either in a group, individual, or family/couples format. What we termed "residential" corresponded to ASAM Level III treatment and

Level IV inpatient treatment is differentiated from Level III by virtue of treatment occurring within a medically managed facility, most likely a psychiatric crisis center.

As noted in Figure 13, of the 32 states that reported to offer publicly funded gambling treatment services, 90% offered Level I outpatient services while the other levels of care were offered much less often. Eleven states offered problem gambling IOP services, 10 states offered minimal interventions, nine states offered residential problem gambling programs, and only two offered medically based inpatient care specifically for problem gamblers. For a breakdown of what treatment services were offered in each state, refer to Appendix B.

Figure 13. Levels of Care

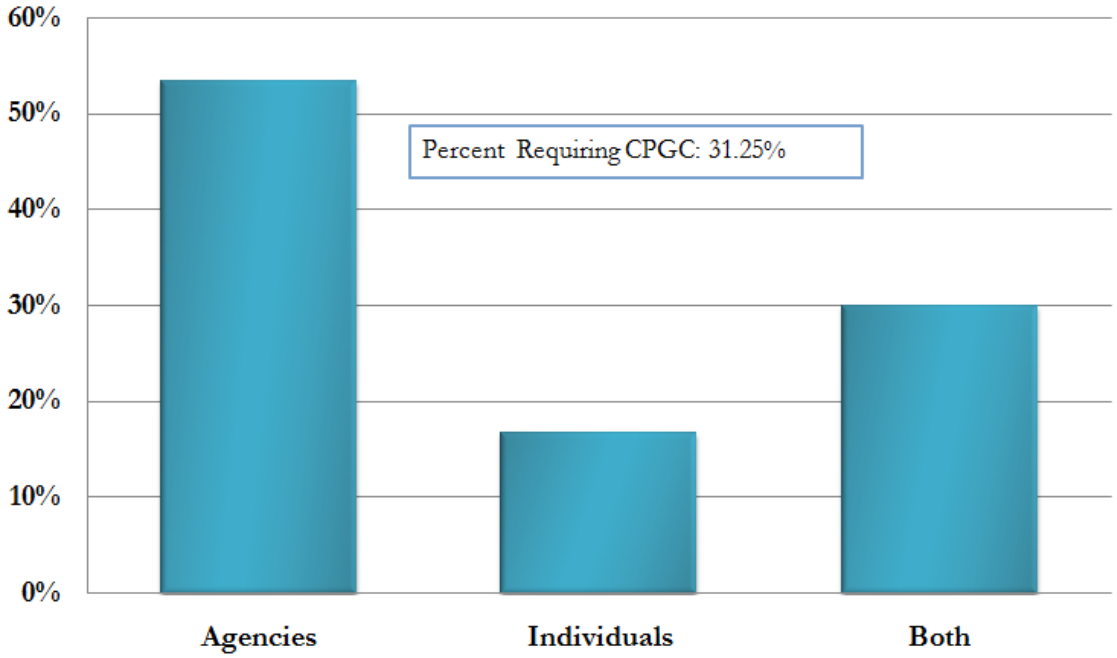


Who Provides Treatment

Figure 14, below, provides information on state contracting practices for problem gambling treatment services. States were asked if contracts for problem gambling treatment were awarded to state licensed or certified behavioral health agencies, to qualified individuals, or both. The majority of states (53%) contract only with agencies, 17% contract only with individuals (typically private practice therapists), and 30% contract with both agencies and individual providers. Survey respondents were also asked if they required their treatment providers to be Certified Problem Gambling Counselors (CPGC) and about a third indicated that holding a CPGC was a requirement. For the states that didn't require special

certification, there were other qualifying factors such as special training, education or supervision. Refer to Appendix B for a more complete description of therapist eligibility requirements by state.

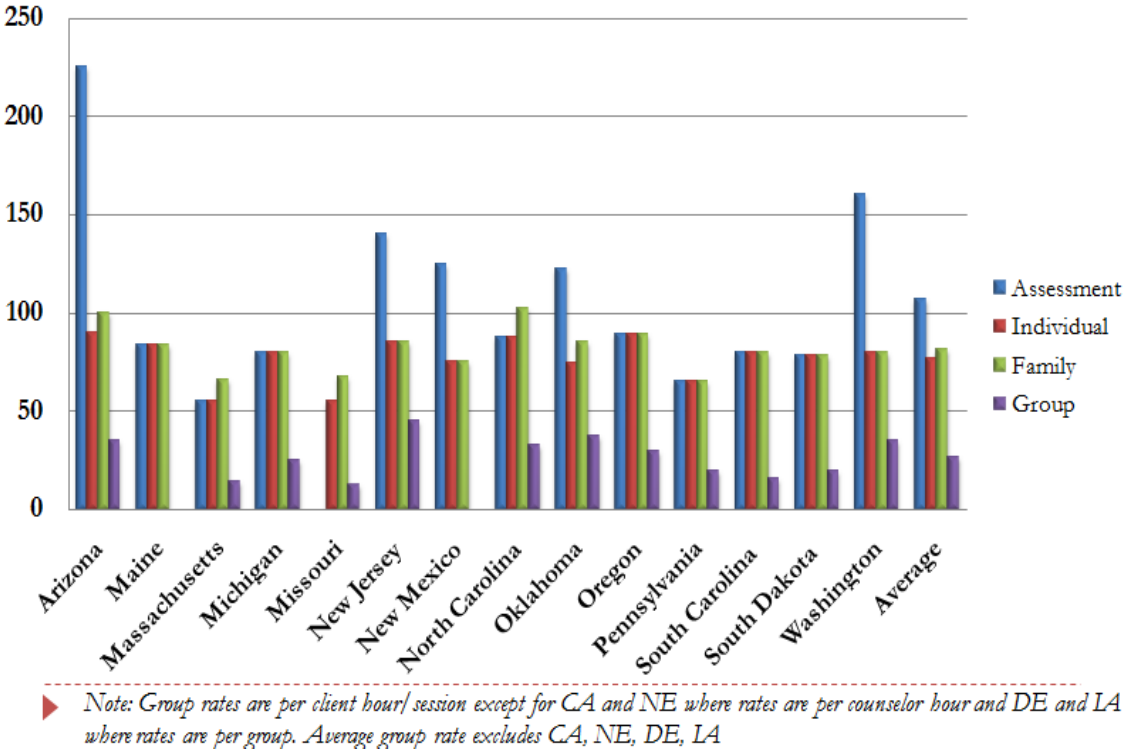
Figure 14. Who Provides Treatment



Reimbursement Rates

Just as differences were observed in whom provides treatment across the U.S., there was a wide disparity in reimbursement rates. As demonstrated in Figure 15, reimbursement rates for gambling treatment services ranged across states and across service type. Reimbursement for providing individual counseling services ranged from $55 per hour to $100 per hour and reimbursement for group counseling ranged from $16 per client per hour to $37 per client per hour. The reimbursement rates depicted in Figure 15 are somewhat misleading in that some states reported their assessment rate is a flat fee for the assessment irrespective of time spent (Arizona, Washington, California) while most reported an hourly reimbursement rate. As can be seen in Appendix C, not only did the reimbursement rates between states differ, there was also a variety of reimbursement methods. The clinical activity that had the greatest diversity in reimbursement methods was group counseling. Some states reimbursed for counselor time (California, Delaware, Iowa, and Nebraska) as opposed to utilizing a client-hour reimbursement method. Some states placed group size limitations ranging from a maximum of 8 (Oklahoma) to 18 (Nebraska). Another reimbursement variation was observed in Minnesota were reimbursement rates differed dependant on the providers' credentials.

Figure 15. Reimbursement Rates: Fiscal Year 2010



Note: Group rates are per client hour/ session except for CA and NE where rates are per counselor hour and DE and LA where rates are per group. Average group rate excludes CA, NE, DE, LA

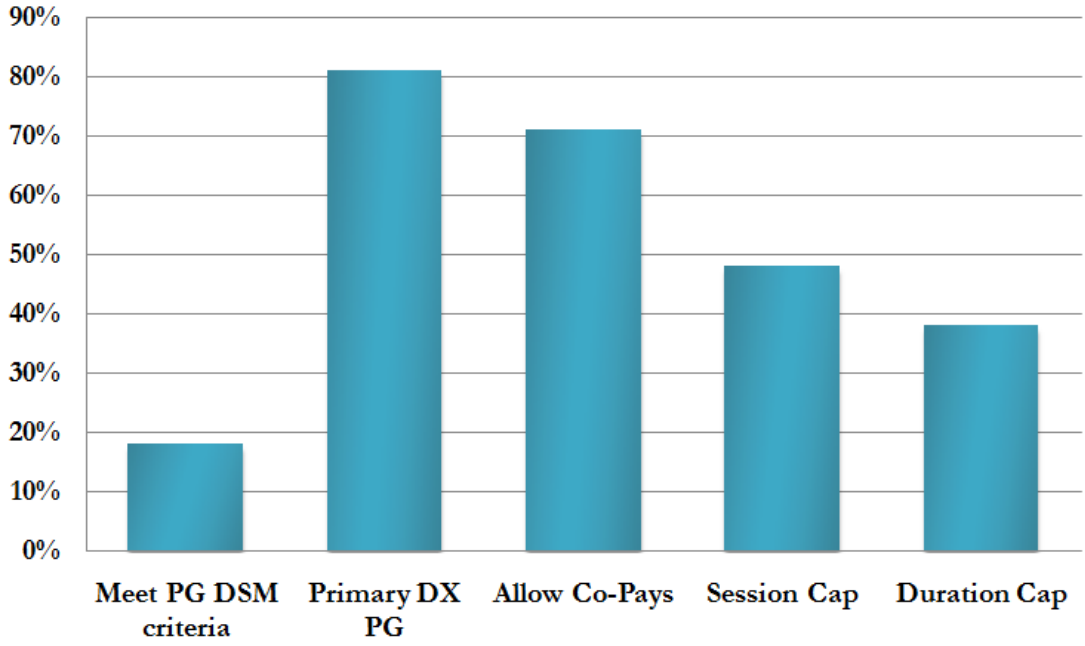
Problem Gambling Treatment Eligibility and Cost Containment

Most states invest very little in publicly funded problem gambling treatment (national average of $0.165 per capita for treatment services). For those states that provide public funding for problem gambling treatment and are insufficiently funded, a variety of methods are employed to stretch available funds in order to provide services to the greatest number of persons. This survey collected information on client eligibility, client co-pay structures, and treatment parameters. The survey was not constructed to specifically probe for background information on service structure although during interview discussion it was observed that some service structure policies are written into the enabling legislation while others are established at the discretion of the agency administering the problem gambling programs.

Figure 16, below, depicts a variety of conditions placed upon problem gambling treatment systems that may be thought of as cost containment measures. The first two categories listed on Figure 16 relate to client eligibility. Eighty percent of state problem gambling treatment systems require that persons covered under the problem gambling funds have a primary diagosis related to problem gambling. This eligibility criteria typically includes sub-clinical problem gamblers and concerned others such as family members. Only 18% of

states require that the person receiving subsidized service have a primary diagnosis of pathological gambling (which by default excludes treatment of concerned others and sub-clinical problem gamblers). Most states allow client co-pays although there is considerable variablity in policies or conditions related to the co-pays. Less than half of the states place session or duration caps on services. This finding is interesting as in today's age of managed care, there are few other publicly funded behavioral health treatment systems that do not impose session limits or treatment duration limits.

Figure 16. Cost Containment Measures



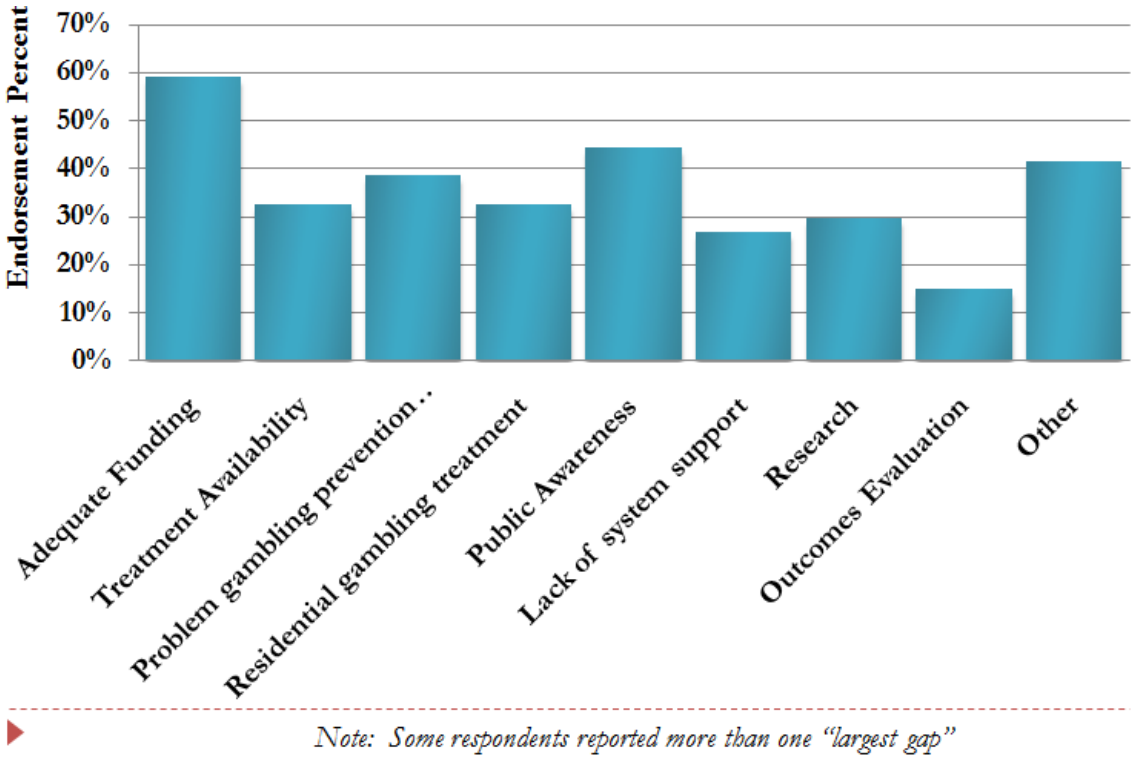
POLICY ISSUES

The majority of the survey respondents were state employees in administrative positions. They all had oversight responsibilities for managing all or a portion of their state's funds dedicated towards problem gambling services. From this vantage point, they were considered expert observers and analysts of their state's problem gambling services.

Survey respondents were provided a list of potential gaps within a state supported problem gambling system and asked to identify their state's "largest gap in problem gambling services". Some respondents reported the single largest gap they perceived while other endorsed a number of gaps. Figure 17, below, provided the results of this poll. While "adequate funding" was most frequently identified as the largest gap, it is interesting that only 59% of respondents endorsed funding as the greatest issue when only 6% of states dedicated more than $1.00 per capita towards problem gambling services.

The second most commonly endorsed service gap was a lack of public awareness. Several respondents stated that they viewed their lower than expected treatment enrollments as being due to a general lack of public awareness about problem gambling and problem gambling treatment availability.

Figure 17. Identified Gaps in Services
Responses to the question: "What is you state's largest gap in problem gambling services?"

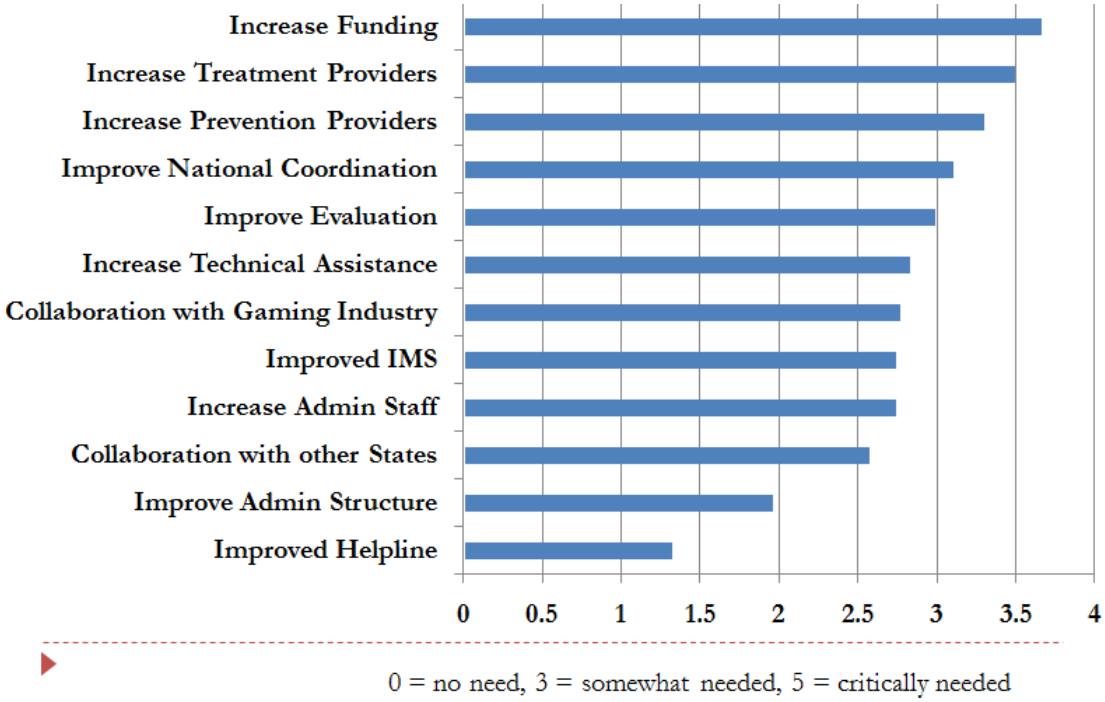


Infrastructure Needs

Survey respondents were also asked to rate elements of their state's problem gambling service infrastructure according to their level of need on a five point scale ranging from "no need' (0) to "critically needed" (5). The infrastructure needs identified can be seen in Figure 18. Those responses most highly rated, in order of ascension, were needs to increase technical assistance, improve evaluation, improve national coordination, increase the number of prevention providers, increase the number of treatment providers, and increase funding.

Again, increase funding was the most highly rated need but surprisingly the average response rating was not in the "critically needed" range given that substance use disorders are about 8 times more common than gambling disorders while public funding for substance abuse treatment is about 674 times greater than public funding for problem gambling treatment ($16.17 billion: $24 million).

Figure 18. Infrastructure Needs.



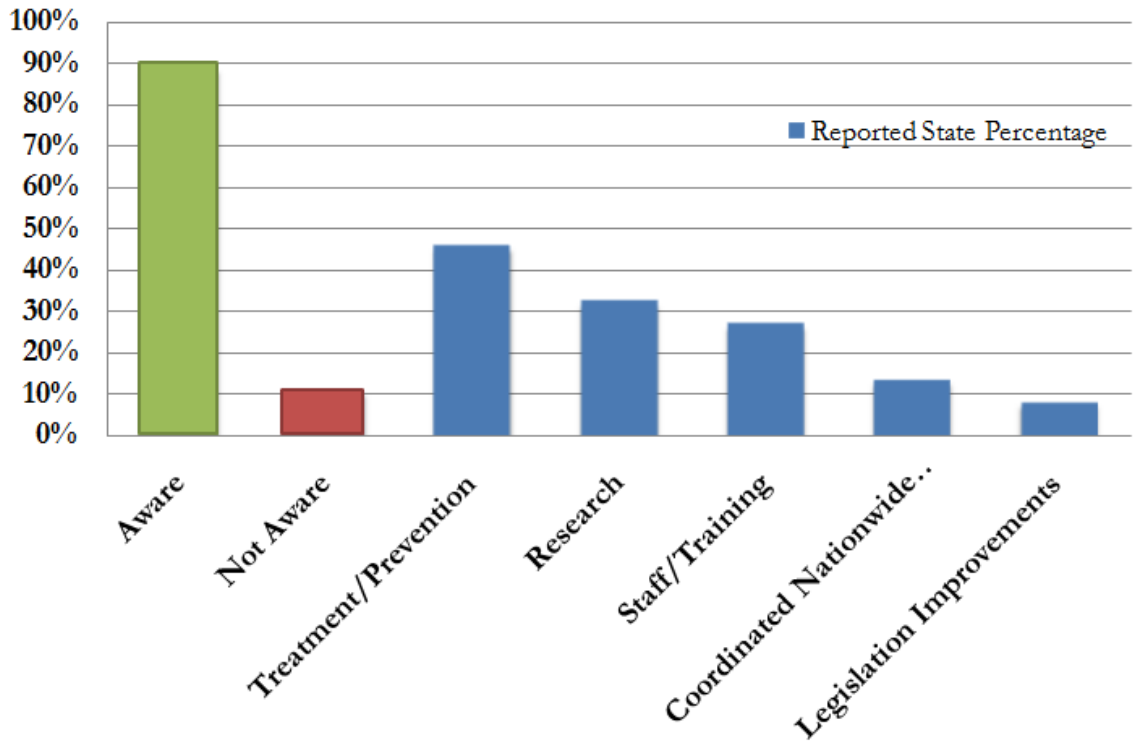
One reason why increased funding was not a more highly rated need may have to do with treatment enrollment trends. Seemingly unrelated to program budget changes, half of the states reported that their past year treatment enrollments had remained flat (43%) or decreased (7%) compared to their last year's counts. Several respondents commented how challenging they have found it to increase treatment utilization and some stated that their problem gambling treatment capacity is greater than treatment demand. Thus, some survey responders may have based their ratings on the observation that low demand for gambling treatment does not warrent a critical need to increase funding.

Survey respondents were asked about the Comprehensive Problem Gambling Act (CPGA), proposed legislation that designates authority over problem and pathological gambling issues to the Substance Abuse and Mental Health Services Administration (SAMHSA) and allocates a portion of federal gambling revenue to support problem gambling programs at the state level. Most of the responders to the survey were aware of the CPGA (90%). They were then asked the question; "What type of SAMHSA programs, services, or grants are needed in your state efforts to address problem gambling?" and their responses to this open-ended question was recorded and later grouped into the five most commonly endorsed categories. In order of the most common endorsements these were: more funds for treatment and prevention services, more federally funded research in the problem gambling field, assistance in building a larger and more qualified workforce to address problem gambling issues, better national coordination of policies and services to address problem gambling, legislative

support at the federal level and guidance in assisting states to develop their legislated policies regarding gambling and problem gambling. See Figure 19.

Figure 19. Comprehensive Problem Gambling Act.

Responses to the questions: "Are you aware of the CPGA?" "What type of SAMHSA programs, services, or grants are needed in your state efforts to address problem gambling?"



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APPENDIX A

2010 APGSA SURVEY

SECTION A – Contact Information (State employee – government contact)

State: Date:

Name of individual completing the survey:

Title: Department/Division/Bureau of Government:

Address: Street/PO Box: City: State: Postal Code:

Phone: FAX:

Email: Web Site:

Referred By:

Section B – Legislation

Has the state enacted any legislation that pertains to the prevention or treatment of problem gambling? ☐ **Yes** ☐ **No** ☐ **No Funding**

If no - skip this section.

a. Was funding established through a specific legislative bill to grant authority for problem gambling services ☐ **Yes** ☐ **No**

   i. *If yes,* what was the year the bill was passed and what was the bill number?
   _____

b. Was funding established through sources other than legislative actions?
   ☐ **Yes** ☐ **No**

If yes, please describe:

_____

_____

c. Since the original legislation has there been subsequent significant legislation/rules/regulations impacting funding (not pending, already passed)
   i. (i.e.: challenges to funding, cuts to funding, increases to funding)

d. Any pending legislation in the past year that will affect the gambling service program in FY 10/11? ☐ **Yes** ☐ **No**

e. Can gambling service funds be redirected for other purposes?
   ☐ **Yes** ☐ **No**

If yes, how much redirected in FY 09/10? _____

To where/for what purpose? _____
_____

By whom: _____
_____

f. Does your state have specific administrative rules, regulations, or codes for agencies and/or programs providing problem gambling services pertaining to agency/program licensure *(program level)*, agency/program certifications, *(assuming they exist; please note if there is problem gambling language added into alcohol/drug abuse codes, mental health codes, etc.)*? ☐ **Yes** ☐ **No**

i. What are their titles? _____

ii. What are their numbers? _____

a. Are they posted on the web? ☐ **Yes** ☐ **No**

Comments: _____
_____
_____
_____

SECTION C – Funding

1. Background.

a. What year did your state first fund problem gambling services for:

- Treatment services: _____
- Prevention services: _____
- Public awareness / outreach services: _____
- Helpline: _____
- Other: (also specify what other services)

_____
_____

b. What was the overall budget for problem gambling services over the past five years?

FY 2005-06	$	FY 2008-09	$
FY 2006-07	$	FY 2009-10	$
FY 2007-08	$	FY 2010-11 *(anticipated)*	$

2. Source(s) of funds for FY 2009-10 problem gambling services budget and annual amount:

Source	Amount	Calculation (e.g., % of Lottery revenue)
	$	
	$	
	$	

Percent of budget allocated to:

Administration (Indirect services, FTE, etc.)	%
Evaluation/Research	%
Helpline	%
Training/Workforce Development	%
Treatment	%
Prevention (excluding info dissemination)	%
Media (print, radio, outdoor, web, TV)	%
Other (please describe)	%

Comments: *(note: if other designated problem gambling or responsible gaming funds exist, describe)*: _____

SECTION D – Services Provided (*publicly funded only, funds must pass through state agency)*

Services provided *(check all that apply)*:

☐ Helpline ☐ Public Awareness ☐ Prevention ☐ Treatment
☐ Research ☐ Counselor Training ☐ Counselor Certification
☐ Evaluation ☐ Other: _____ ☐ Other:

Comments: _____

For Helpline Services:

Is the service: ☐ not available ☐ contracted out ☐ performed by government employees

If contracted, please provide the following:

Name of organization: _____

Is the organization based within your state: ☐ **Yes** ☐ **No**

Who are the phones manned by?
☐ Volunteers ☐ Professional counselors/ not gambling certified
☐ Certified Gambling Counselors ☐ Other _____

Services provided by the helpline organization:

☐ Information ☐ Public Awareness
☐ Referral to GA/self help ☐ Crisis Intervention
☐ Referral to professional counseling
☐ Follow-up services *(routine call-backs to check on referral status)*
☐ Helpline staff provide structured counseling *(beyond initial call for help and follow-up call)*
☐ Helpline staff mail/email/administer self-change guide
☐ Web-based live chat services
☐ Other: _____

Are the problem gambling helpline services:
☐ 24/7 ☐ Stand alone / dedicated PG helpline ☐ Embedded with an A&D/MH/Other crisis helpline
☐ Make accommodations for non-English speakers, please describe
_____
_____

How is the Helpline number promoted:

☐ Television ☐ Newspaper ☐ Billboard ☐ Phonebook ☐ Brochure ☐ Poster ☐ Radio ☐ Signage in gaming venue ☐ Web ☐ Printed on Lottery tickets
☐ Other: _____

Total calls *(FY 09/10)*: _____
Calls for help, including calls for problem gambling information *(FY 09/10)*: _____

Comments: _____
_____
_____
_____

For Public Awareness/ Prevention Services:

1. Please describe efforts in your state to increase public awareness of problem gambling, responsible gambling, and treatment availability _____
_____
_____
_____
_____

2. Indicate if the following Center for Substance Abuse Prevention strategies are being used to address problem gambling *(use responses to open ended question to categorize activities)*

☐ Information Dissemination: Programs that provide information regarding responsible gambling and problem gambling awareness

Activities Provided that were most effective:_____
_____

☐ Prevention Education: Programs that provide training to multiple agencies, groups and communities with the primary task of raising the capacity of others to address the prevention of problem gambling (usually school-based).

Activities Provided that were most effective:_____
_____

☐ Alternatives: Program that advocate for and provide suggestions for activities other than gambling for youth

Activities Provided that were most effective:_____
_____

☐ Community Based Processes: Programs to involve, empower and support all appropriate communities and collaborators in addressing the prevention of problem gambling

Activities Provided that were most effective:_____

☐ Social Policy and Environmental Approaches: Programs to develop and advocate for policies that support the prevention of problem gambling by enhancing protective factors and deterring risk factors in the environment

Activities Provided that were most effective:_____

☐ Problem Identification and Referral: Programs targeting groups with high risk for gambling problems and advocate for treatment services.

Activities Provided that were most effective: _____

Are public awareness services: ☐ not available ☐ contracted out
☐ performed by government employees

If contracted, please provide the following:
Name of organization: _____
Is the organization based within your state: ☐ **Yes** ☐ **No**

Which public awareness activities do you believe have been most effective:
_____
_____
_____

What are the gaps or needs around public awareness:

_____
_____
_____

How are public awareness services paid *(if contracted)*: check all that apply
☐ Fee for service ☐ Expense Reimbursement ☐ Other: _____
_____

Are prevention services: ☐ not available ☐ contracted out ☐
performed by government employees

If contracted, please provide the following:
Name of organization(s):
Is the organization based within your state: ☐ **Yes** ☐ **No**

How are prevention services paid *(if contracted)*:
☐ Fee for service ☐ Expense Reimbursement ☐ Other: _____

Comments: _____
_____
_____
_____
_____

For Counselor Training - Only those activities directly supported by state funding:

Is the service: ☐ not available ☐ contracted out ☐ performed by government employees

If contracted, please provide the following:
Name of organization:
Is the organization based within your state: ☐ **Yes** ☐ **No**

Please list/describe the training activities provided in the past year or last fiscal year?: *(only those activities directly or partially paid by state)*

Activity	Clock Hours	# of Participants

Comments: _____
_____
_____
_____

For Counselor Certification:

Does the state require specialized certification/licensure for practitioners delivering treatment services to problem gamblers? *(Note which - certification or licensure or both)*

_____

_____

Does a state agency provide certification or licensure for problem gambling counselors?

_____

_____

Does a non-governmental organization in your state provide problem gambling counselor certification?

Are the certification criteria available via the internet? ☐ **Yes** ☐ **No**

If yes, please provide the URL: _____

Number of certified problem gambling counselors in the state: _____

Comments: _____

_____

_____

_____

For Treatment Services:

Using the ASAM defined levels of treatment service, indicate which levels of care are paid for with state problem gambling treatment funds *(check all that apply)*:

- ☐ Level 0.5 Minimal/Early Intervention
- ☐ Level I Outpatient Therapy (1-8 hours wk)
- ☐ Level II Intensive Outpatient Therapy (≥9 hrs/wk)
- ☐ Level III Residential/Inpatient Treatment
- ☐ Level IV Medically-Managed Intensive Inpatient Treatment

Comments: _____

_____

_____

_____

For Outpatient Therapy:

Is the service: ☐ not publicly funded ☐ state funded, contracted out
☐ state funded, performed by government employees
☐ available at no to low cost through non-state subsidies

How are therapy services paid *(if contracted)*:
☐ Fee for service ☐ Expense Reimbursement ☐ Capitated Rate
☐ Other: _____

If fee for service, what is the reimbursement rate paid by public funds for outpatient therapy?

Service Type	$ per Hour	Caveats
Assessment	$	
Individual	$	
Family/Couples	$	
Group	$	
Other	$	
Other	$	
Other	$	

Are contracts/grants for services awarded to: ☐ Agencies ☐ Individuals ☐ Both

Therapist eligibility requirements:

Formal Education *(minimum degree):* _____

Certified Problem Gambling Counselor: Required ☐ **Yes** ☐ **No**

Alcohol and Drub Abuse Certification: Required pre-requisite if not Mental Health Professional ☐ **Yes** ☐ **No**

Mental Health Professional as defined through licensure:

Required if not Certified/Licensed Alcohol and Drug Abuse Counselor ☐ **Yes**

Required for all counselors regardless of A&D or Gambling Certification ☐ **Yes**

Not required ☐ **Yes**

Consumer eligibility requirements:

Minimum Age: _____

Financial *(Co-Pays, sliding fee scale, etc)*: _____

Clinical: Pathological Gambler ☐ **Yes** ☐ **No**

Sub-clinical Pathological Gambler ☐ **Yes** ☐ **No**

Concerned/Significant Other: ☐ **Yes** ☐ **No**

Primary diagnosis must be gambling related ☐ **Yes** ☐ **No**

Length of service restrictions:

maximum # of sessions: _____

maximum treatment duration *(e.g., one year)*: ____

Are services authorized or registered *(pre-approved, in network)*: ☐ **Yes** ☐ **No**

_____

_____

Number of consumers receiving outpatient publicly funded therapy (*1/09– 12/09)*:

Over the past year, has the number of consumers receiving outpatient publicly funded gambling treatment; ☐ Increased ☐ Decreased ☐ Stayed about the same as the prior year

Comments: _____

_____

For state funded residential treatment (structured program, more than subsidized housing):

Is the service: ☐ not publicly funded ☐ funded, provided within state ☐
funded for state residents but services contracted to out-of-state provider

How are therapy services paid *(if contracted)*:
☐ Fee for service ☐ Expense Reimbursement ☐ Capitated Rate
☐ Other: _____

If fee for service, what is the daily reimbursement rate paid by public funds for residential treatment?
$ _____ per bed-day. Caveats: _____
_____

Does your state supported residential gambling treatment centers accept out-of-state clients?

Caveats: _____
_____

Consumer eligibility requirements:
Minimum Age: _____
Financial: _____ Clinical:
Average length of stay: _____
Maximum length of stay: _____

Number of consumers receiving publicly funded residential gambling treatment *(1/09 – 12/09)*:

Over the past year, has the number of consumers receiving residential publicly funded gambling treatment; ☐ Increased ☐ Decreased ☐ Stayed about the same as the prior year

Comments: _____
_____
_____
_____

SECTION E – Administrative Structure

The State agency with funding authorization for problem gambling services:

a. ☐ outsources the administration of services
b. ☐ manages multiple contracts for service provision, does not use state employees for provision of clinical services
c. ☐ manages multiple contracts for service provision and uses state employees for provision of clinical services
d. ☐ directly provides the majority of services with state employees

Administrator/Director Name and Title: *(top level state agency position who manages the problem gambling contracts)* _____

Is the position assigned 0.5 FTE or greater to problem gambling services*?*
☐ **Yes** ☐ **No**

Responsible Department/Division/Bureau: _____

Name and Title of the person who does daily management of problem gambling services: _____

Are problem gambling services designated to a problem gambling specific office, unit, or program team: ☐ **Yes** ☐ **No**

If yes, name of program/service: _____

State Agency Staff with problem gambling service duties in job description:

Name	Title	FTE	Phone/Email/Contact

Comments: _____

3. **SECTION F** – Policy Issues

What is your state's largest gap in problem gambling services?

☐ Adequate Funding
☐ Treatment availability
☐ Problem gambling prevention efforts
☐ Residential gambling treatment
☐ Public Awareness
☐ Lack of system support – e.g., not integrated in health system, criminal justice system
☐ Research
☐ Outcomes Evaluation
☐ Other
_____

Comments: _____

Please rate the following elements of problem gambling service infrastructure according to your state's level of need with:

0 = no need, 3=somewhat needed, 5=critically needed

a. ___Increased funding
b. ___Increased number of dedicated staff to administer problem gambling programs
c. ___Increased number of qualified problem gambling treatment providers
d. ___Increased number of qualified problem gambling prevention providers
e. ___Improved information management system
f. ___Improved evaluation system
g. ___Improved problem gambling helpline and website
h. ___Improved administrative structure to more efficiently and effectively manage program funds
i. ___Improved collaboration with gaming operators within your state
j. ___Improved collaboration and coordination between state and local government agencies
k. ___Improved coordination of efforts/programs at national level
l. ___Increased technical assistance
m. ___Other _____
n. ___Other _____
o. ___Other _____

Comments: _____

_____

Are you aware of the Comprehensive Problem Gambling Act that is being discussed in the Federal Legislature ☐ **Yes** ☐ **No**

If yes:

If the Comprehensive Problem Gambling Act becomes enacted, SAMHSA will be provided with specific authority as the lead agency on problem and pathological gambling issues to
coordinate Federal action on this issue. What types of SAMHSA programs, services, or grants are needed in your state efforts to address problem gambling?

_____

_____

Thank you for completing this survey.

Please email the completed survey to: problemgamblingsolutions@comcast.net or mail to:

APGSA SURVEY 2010
PO Box 304
Wilsonville, OR 97070-0340

You will be receiving a call from our research staff to review the information provided and schedule a time when you can speak with one of the primary investigators.

We appreciate the time and energy you placed into providing this information and we look forward to speaking with you.

APPENDIX B

STATE-BY-STATE RESPONSES TO THE APGSA SURVEY

APGSA STATE BY STATE SUMMARY OF KEY COMPONENTS

	General				Services Funded By State						Treat Type Provided						Administrative Structure					
State	Funding Legislation	Year First Funded	State Administrative Rules or Regulations for Provision of Gambling Services	FY 10-11 Funding (In Millions)	Helpline	Treatment	Prevention	Evaluation/Research	Public Awareness	Other	Minimal/Early Intervention	Outpatient	Intensive Outpatient	Residential/Inpatient	Medically-Managed Intensive Inpatient	Number of Consumers Served in Outpatient Treatment	Administrative Services Outsourced	State Managed - Treatment Services Not Provided By State Employees	State Managed & Provides Treatment by State Employees	Majority of Services Provided by State Employees	Manages multiple contracts for awareness, prevention, helpline, research; doesn't have clinical services.	Number of State Paid FTE Managing/Providing Services
AK	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
AL	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
AR	✓	09	✧	0.2	✓	✓	✓	✧	✧	✓	✧	✓	✧	✧	✧	20	✧	✧	✓	✧	✧	✧
AZ	✧	✧	✧	1.7	✓	✓	✓	✓	✓	✓	✓	✓	✓	✧	✧	990	✧	✓	✧	✧	✧	3
CA	✓	03	✧	8.7	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	0	✧	✓	✧	✧	✧	4.5
CO	✓	08	✧	2.0	✧	✓	✓	✓	✓	✓	✧	✓	✧	✧	✧	*nr*	✧	✓	✧	✧	✧	0
CT	✓	92	✧	1.0	✓	✓	✓	✓	✓	✓	✧	✓	✧	✓	✧	1044	✧	✧	✓	✧	✧	3.5
DE	✓	94	✧	0.5	✓	✓	✓	✓	✓	✓	✓	✓	✧	✧	✧	175	✧	✓	✧	✧	✧	0
FL	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*
GA	✓	92	✧	0.2	✓	✧	✧	✧	✓	✓	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	✧	✓	✧	✧	✧	*nr*
HI	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
IA	✓	86	✓	3.6	✓	✓	✓	✓	✓	✓	✧	✓	✓	✓	✧	905	✧	✓	✧	✧	✧	2.15
ID	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
IL	✓	96	✧	0.9	✓	✓	✧	✧	✓	✓	✧	✓	✧	✧	✧	*nr*	✧	✓	✧	✧	✧	0.5
IN	✓	98	✓	5.5	✓	✓	✓	✧	✓	✓	✓	✓	✓	✓	✓	300	✧	✓	✧	✧	✧	1.08
KS	✓	00	✧	0.3	✓	✧	✓	✓	✓	✓	✓	✧	✧	✧	✧	0	✧	✧	✧	✧	✓	1.25
KY	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
LA	✓	95	✓	2.5	✓	✓	✓	✧	✓	✧	✧	✓	✓	✓	✧	565	✧	✧	✓	✧	✧	075
MA	✓	87	✧	1.1	✓	✓	✓	✧	✓	✓	✓	✓	✧	✧	✧	*nr*	✓	✧	✧	✧	✧	✧
MD	✓	78	✧	0.5	✧	✧	✧	✧	✧	✓	✧	✧	✧	✧	✧	0	✓	✧	✧	✧	✧	✧
ME	✓	05	✓	0	✓	✓	✧	✓	✓	✓	✧	✓	✧	✧	✧	0	✓	✧	✧	✧	✧	✧
MI	✓	97	✧	3	✓	✓	✓	✓	✓	✓	✧	✓	✧	✧	✧	478	✧	✓	✧	✧	✧	✧
MN	✓	97	✓	1.4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	888	✧	✧	✓	✧	✧	2
MO	✓	93	✓	0.2	✧	✓	✓	✓	✓	✓	✓	✓	✧	✧	✧	343	✧	✧	✧	✓	✧	2
MS	✧	90	✓	0.3	✧	✧	✧	✧	✧	✧	✓	✧	✧	✧	✧	*nr*	✓	✧	✧	✧	✧	✧
MT	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	*nr*	✧	✧	✧	✧	✧	✧
NC	✓	05	✓	1	✓	✓	✓	✓	✓	✓	✓	✓	✧	✧	✧	576	✧	✓	✧	✧	✧	1
ND	✓	97	✧	0.3	✓	✓	✧	✧	✓	✧	✧	✓	✧	✧	✧	*nr*	✧	✓	✧	✧	✧	0
NE	✓	*np*	✓	1.4	✓	✓	✓	✓	✓	✓	✧	✓	✧	✧	✧	250	✧	✧	✧	✓	✧	1
NH	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	*nr*	✧	✧	✧	✧	✧	✧
NJ	✓	83	✧	0.8	✓	✓	✓	✓	✓	✓	✧	✓	✓	✓	✧	450	✓	✧	✧	✧	✧	✧
NM	✓	78	✧	0.2	✓	✧	✧	✓	✓	✓	✧	✓	✓	✓	✧	416	✓	✧	✧	✧	✧	✧
NV	✓	05	✧	0.6	✧	✓	✓	✓	✓	✓	✧	✓	✓	✓	✧	138	✧	✓	✧	✧	✧	0.65
NY	✧	*nr*	✓	4.3	✓	✓	✓	✧	✓	✓	✧	✓	✧	✓	✧	1000	✧	✧	✓	✧	✧	1
OH	✓	*nr*	✓	0.3	✧	✓	✧	✧	✧	✓	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*
OK	✓	*nr*	✓	0.7	✓	✓	✓	✧	✓	✓	✧	✓	✧	✧	✧	331	✧	✧	✓	✧	✧	1
OR	✓	92	✓	4.7	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✧	*2000*	✧	✓	✧	✧	✧	4
PA	✓	04	✓	5.1	✓	✓	✓	✧	✓	✓	✧	✓	✓	✧	✧	72	✧	✓	✧	✧	✧	2.3
RI	✓	01	*nr*	.07	✓	✓	✧	✧	✧	✧	✧	✓	✧	✧	✧	149	✓	✧	✧	✧	✧	✧
SC	✓	03	✓	0.1	✓	✓	✓	✧	✓	✓	✧	✓	✧	✧	✧	75	✧	✧	✓	✧	✧	2
SD	✓	06	✓	0.2	✧	✓	✧	✓	✧	✧	✧	✓	✓	✓	✧	191	✧	✓	✧	✧	✧	✧
TN	✓	06	✓	0.2	✓	✓	✧	✧	✓	✧	✧	✓	✧	✧	✧	68	✧	✓	✧	✧	✧	✧
TX	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
UT	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
VA	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
VT	✧	✧	✧	0.1	✓	✧	✓	✧	✓	✓	✧	✧	✧	✧	✧	✧	✓	✧	✧	✧	✧	✧
WA	✓	05	✓	0.7	✓	✓	✓	✓	✓	✓	✧	✓	✧	✧	✧	604	✧	✓	✧	✧	✧	2
WI	✓	97	✓	0.4	✓	✧	✧	✧	✓	✓	✧	✧	✧	✧	✧	✧	✓	✧	✧	✧	✧	✧
WV	✓	00	✓	2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✧	✧	200	✓	✧	✧	✧	✧	✧
WY	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧

Key:
- ✓ Key Component Present
- ✧ Key Component Not Present
- ***nr*** Not Reported
- ***np*** State Funding Available - Did Not Participate in Study

APGSA STATE BY STATE SUMMARY OF KEY COMPONENTS

	General					Services Funded By State						Treat Type Provided						Administrative Structure					
State	Funding Legislation	Year First Funded	State Administrative Rules or Regulations for Provision of Gambling Services	FY 10-11 Funding (In Millions)		Helpline	Treatment	Prevention	Evaluation/Research	Public Awareness	Other	Minimal/Early Intervention	Outpatient	Intensive Outpatient	Residential/Inpatient	Medically-Managed Intensive Inpatient	Number of Consumers Served in Outpatient Treatment	Administrative Services Outsourced	State Managed - Treatment Services Not Provided By State Employees	State Managed & Provides Treatment by State Employees	Majority of Services Provided by State Employees	Manages multiple contracts for awareness, prevention, helpline, research, doesn't have clinical services.	Number of State Paid FTE Managing/Providing Services
AK	✧	✧	✧	✧		✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
AL	✧	✧	✧	✧		✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
AR	✓	09	✧	0.2		✓	✓	✓	✧	✧	✓	✧	✓	✧	✧	✧	20	✧	✧	✓	✧	✧	✧
AZ	✧	✧	✧	1.7		✓	✓	✓	✓	✓	✓	✓	✓	✓	✧	✧	990	✧	✓	✧	✧	✧	3
CA	✓	03	✧	8.7		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	0	✧	✓	✧	✧	✧	4.5
CO	✓	08	✧	2.0		✧	✓	✓	✓	✓	✓	✧	✓	✧	✧	✧	*nr*	✧	✓	✧	✧	✧	0
CT	✓	92	✧	1.0		✓	✓	✓	✓	✓	✓	✧	✓	✧	✓	✧	1044	✧	✧	✓	✧	✧	3.5
DE	✓	94	✧	0.5		✓	✓	✓	✓	✓	✓	✓	✓	✧	✧	✧	175	✧	✓	✧	✧	✧	0
FL	***np***	***np***	***np***	***np***		***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***
GA	✓	92	✧	0.2		✓	✧	✧	✧	✓	✓	***nr***	***nr***	***nr***	***nr***	***nr***	***nr***	✧	✓	✧	✧	✧	***nr***
HI	✧	✧	✧	✧		✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
IA	✓	86	✓	3.6		✓	✓	✓	✓	✓	✓	✧	✓	✓	✓	✧	905	✧	✓	✧	✧	✧	2.15
ID	✧	✧	✧	✧		✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
IL	✓	96	✧	0.9		✓	✓	✧	✧	✓	✓	✧	✓	✧	✧	✧	***nr***	✧	✓	✧	✧	✧	0.5
IN	✓	98	✓	5.5		✓	✓	✓	✧	✓	✓	✓	✓	✓	✓	✓	300	✧	✓	✧	✧	✧	1.08
KS	✓	00	✧	0.3		✓	✧	✓	✓	✓	✓	✓	✧	✧	✧	✧	0	✧	✧	✧	✧	✓	1.25
KY	✧	✧	✧	✧		✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
LA	✓	95	✓	2.5		✓	✓	✓	✧	✓	✧	✧	✓	✓	✓	✧	565	✧	✧	✓	✧	✧	075
MA	✓	87	✧	1.1		✓	✓	✓	✧	✓	✓	✓	✓	✧	✧	✧	*nr*	✓	✧	✧	✧	✧	✧
MD	✓	78	✧	0.5		✧	✧	✧	✧	✧	✓	✧	✧	✧	✧	✧	0	✓	✧	✧	✧	✧	✧
ME	✓	05	✓	0		✓	✓	✧	✓	✓	✓	✧	✓	✧	✧	✧	0	✓	✧	✧	✧	✧	✧
MI	✓	97	✧	3		✓	✓	✓	✓	✓	✓	✧	✓	✧	✧	✧	478	✧	✓	✧	✧	✧	✧
MN	✓	97	✓	1.4		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	888	✧	✧	✓	✧	✧	2
MO	✓	93	✓	0.2		✧	✓	✓	✓	✓	✓	✓	✓	✧	✧	✧	343	✧	✧	✧	✓	✧	2
MS	✧	90	✓	0.3		✧	✧	✧	✧	✧	✧	✓	✧	✧	✧	✧	*nr*	✓	✧	✧	✧	✧	✧
MT	✧	✧	✧	✧		✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	*nr*	✧	✧	✧	✧	✧	✧
NC	✓	05	✓	1		✓	✓	✓	✓	✓	✓	✓	✓	✧	✧	✧	576	✧	✓	✧	✧	✧	1
ND	✓	97	✧	0.3		✓	✓	✧	✧	✓	✧	✧	✓	✧	✧	✧	*nr*	✧	✓	✧	✧	✧	0
NE	✓	*np*	✓	1.4		✓	✓	✓	✓	✓	✓	✧	✓	✧	✧	✧	250	✧	✧	✧	✓	✧	1
NH	✧	✧	✧	✧		✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	*nr*	✧	✧	✧	✧	✧	✧
NJ	✓	83	✧	0.8		✓	✓	✓	✓	✓	✓	✧	✓	✓	✓	✧	450	✓	✧	✧	✧	✧	✧
NM	✓	78	✧	0.2		✓	✧	✧	✓	✓	✓	✧	✓	✓	✓	✧	416	✓	✧	✧	✧	✧	✧
NV	✓	05	✧	0.6		✧	✓	✓	✓	✓	✓	✧	✓	✓	✓	✧	138	✧	✓	✧	✧	✧	0.65
NY	✧	*nr*	✓	4.3		✓	✓	✓	✧	✓	✓	✧	✓	✧	✓	✧	1000	✧	✧	✓	✧	✧	1
OH	✓	*nr*	✓	0.3		✧	✓	✧	✧	✧	✓	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*
OK	✓	*nr*	✓	0.7		✓	✓	✓	✧	✓	✓	✧	✓	✧	✧	✧	331	✧	✧	✓	✧	✧	1
OR	✓	92	✓	4.7		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✧	*2000*	✧	✓	✧	✧	✧	4
PA	✓	04	✓	5.1		✓	✓	✓	✧	✓	✓	✧	✓	✓	✧	✧	72	✧	✓	✧	✧	✧	2.3
RI	✓	01	*nr*	.07		✓	✓	✧	✧	✧	✧	✧	✓	✧	✧	✧	149	✓	✧	✧	✧	✧	✧
SC	✓	03	✓	0.1		✓	✓	✓	✧	✓	✓	✧	✓	✧	✧	✧	75	✧	✧	✓	✧	✧	2
SD	✓	06	✓	0.2		✧	✓	✧	✓	✧	✧	✧	✓	✓	✓	✧	191	✧	✓	✧	✧	✧	✧
TN	✓	06	✓	0.2		✓	✓	✧	✧	✓	✧	✧	✓	✧	✧	✧	68	✧	✓	✧	✧	✧	✧
TX	✧	✧	✧	✧		✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
UT	✧	✧	✧	✧		✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
VA	✧	✧	✧	✧		✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
VT	✧	✧	✧	0.1		✓	✧	✓	✧	✓	✓	✧	✧	✧	✧	✧	✧	✓	✧	✧	✧	✧	✧
WA	✓	05	✓	0.7		✓	✓	✓	✓	✓	✓	✧	✓	✧	✧	✧	604	✧	✓	✧	✧	✧	2
WI	✓	97	✓	0.4		✓	✧	✧	✧	✓	✓	✧	✧	✧	✧	✧	✧	✓	✧	✧	✧	✧	✧
WV	✓	00	✓	2		✓	✓	✓	✓	✓	✓	✓	✓	✓	✧	✧	200	✓	✧	✧	✧	✧	✧
WY	✧	✧	✧	✧		✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧

Key: ✓ Key Component Present
✧ Key Component Not Present
nr Not Reported
np State Funding Available - Did Not Participate in Study

APGSA STATE BY STATE FUNDING DETAIL

	Year Services Funded					Annual Funding Amounts (In Millions of Dollars)						Revenue Sources (In Percent)					Budget allocation (In Percent)							
State	Year Treatment Services Funded	Year Prevention Services Funded	Year Public Awareness/Outreach Services Funded	Year Helpline Funded	Other Activities Funded	Budget FY 05-06	Budget FY 06-07	Budget FY 07-08	Budget FY 08-09	Budget FY 09-10	Anticipated Budget FY 10-11	Percent of Lottery Revenue	Amount (In Millions)	Percent of Tribal/Casino Revenue	Amount (In Millions)	Other	Administration	Evaluation/Research	Helpline	Training/Workforce Development	Treatment	Prevention	Media	Other
AK	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	*nr*	✧	✧	✧	✧	✧	✧	✧	✧
AL	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	*nr*	✧	✧	✧	✧	✧	✧	✧	✧
AR	09	09	✧	09	*nr*	✧	✧	✧	✧	.2	.2	*nr*	.2	✧	✧	*nr*	0	0	10	10	75	1	0	4
AZ	98	98	98	98	*nr*	1.9	2.1	2.2	2	1.8	1.7	*nr*	.3	2	1.5	*nr*	17	1	3	4	72	2	0	1
CA	08	03	03	03	*nr*	3	3	3	8.7	8.7	8.7	*nr*	.125	*nr*	8.4	.15	10	5	4	9	51	4	14	3
CO	09	09	09	✧	*nr*	✧	✧	✧	.1	.1	.1	*nr*	.1	✧	✧	*nr*	5	5	0	40	40	10	0	0
CT	82	00	82	82	*nr*	1.4	1.7	1.7	2	2	2	*nr*	1.9	✧	✧	.17	11	2	7	4	58	16	1	1
DE	94	94	85	96	85	1	1	1	1	1	1	*nr*	1	✧	✧	52	15	*nr*	*nr*	*nr*	20	*nr*	20	*nr*
FL	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	np
GA	*nr*	*nr*	*nr*	*nr*	*nr*	.2	.2	.2	.2	.2	.2	*nr*	.2	✧	✧	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*
HI	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	*nr*	✧	✧	✧	✧	✧	✧	✧	✧
IA	86	86	86	86	04	4.3	4.3	4.3	4.3	4	3.67	.1	4	✧	✧	*nr*	6	3	2	2	65	*nr*	17	5
ID	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	*nr*	✧	✧	✧	✧	✧	✧	✧	✧
IL	02	03	01	05	*nr*	.96	.96	.96	.96	.96	.96	*nr*	.96	✧	✧	*nr*	13	0	2	3	71	3	11	0
IN	97	04	97	✧	*nr*	4.2	4.2	*nr*	4.2	5.2	5.5	*nr*	4.2	✧	✧	1	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*
KS	04	02	01	01	02	.1	.1	.1	.1	.1	.3	*nr*	.08	✧	✧	.02	9.8	11.9	17	6.5	0	16.5	36.8	1.5
KY	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
LA	97	97	97	95	*nr*	2.5	2.5	2.5	2.5	2.5	2.5	*nr*	.5	*nr*	500	1	5	0	15	0	70	5	5	0
MA	98	93	87	87	*nr*	.785	1.1	1.1	1	1	1.1	*nr*	.5	✧	✧	.5	18	0	21	25	0	0	23	14
MD	79	✧	79	79	*nr*	.005	.016	.005	.002	.003	.5	*nr*	.003	✧	✧	*nr*	0	0	0	100	0	0	0	0
ME	06	10	10	✧	*nr*	.1	.1	.05	.05	.05	0	3	.05	✧	✧	*nr*	20	0	0	0	80	0	0	0
MI	99	99	99	99	*nr*	3.5	3.5	3	3	3	3	*nr*	1	*nr*	1	1	1.5	1.5	10	2	23	1	45	16
MN	97	97	95	95	98	1.79	1.79	1.79	1.8	1.57	1.47	*nr*	1.57	✧	✧	*nr*	8.7	0	3	0.1	74.5	10.6	6.1	0
MO	00	00	00	00	96	.494	.537	.649	.641	.646	.212	✧	✧	*nr*	.64	*nr*	9	0	0	0	81	10	0	0
MS	✧	96	96	96	*nr*	.3	.3	.3	.3	.3	.3	*nr*	.1	*nr*	.15	.05	19	0	9	0	0	720	0	0
MT	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
NC	06	06	06	06	06	*nr*	1	1	1	1	1	✧	✧	✧	✧	1	10	5	20	15	20	15	15	0
ND	95	✧	04	04	*nr*	.2	.2	.2	.2	.325	.325	*nr*	.2	✧	✧	.125	0	0	1	0	76	0	22	1
NE	93	06	6 & 9	99	97	1	1.18	1.29	1.3	1.38	1.4	1 + 5	7 + .2	✧	✧	.225	4	7	6	10	65	8	1	0
NH	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
NJ	84	83	83	83	nr	.935	.935	.956	.970	.97	.85	✧	✧	*nr*	.6	.37	1	11	11	11	32	11	11	*nr*
NM	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	.239	.239	.239	*nr*	.139	✧	✧	.1	5	15	35	5	0	0	23	17
NV	06	06	06	✧	06	1.2	1.2	1.7	1.7	1.33	0.6	*nr*	1.33	✧	✧	*nr*	16.5	8	0	8	51	13	3.5	0
NY	96	96	95	95	*nr*	2.5	3.5	4.8	4.4	4.3	4.3	✧	✧	✧	✧	4.3	0	0	0	0	30	70	0	0
OH	*nr*	✧	✧	*nr*	*nr*	.665	.335	.335	.335	.335	.335	*nr*	.335	✧	✧	*nr*	0	0	0	26	74	0	0	0
OK	06	✧	08	08	*nr*	*nr*	.750	.750	.750	.750	.750	*nr*	.5	*nr*	.25	*nr*	5	2	6	12	50	0	27	0
OR	93	95	95	95	00	4.6	4.6	4.7	4.7	4.7	4.7	1	4.3	✧	✧	.4	12	3.5	5.5	3	56	22	0	0
PA	07	08	08	07	*nr*	.2	1.7	1.7	1.9	2.6	5.1	.1	2.47	✧	✧	*nr*	6.9	2.1	1.4	7.4	50.6	12.1	18.8	0.7
RI	01	✧	✧	01	*nr*	.158	.15	.149	.074	.074	.074	✧	✧	✧	✧	.074	0	0	0	0	73	0	27	0
SC	04	04	04	04	*nr*	.5	*nr*	.5	*nr*	*nr*	.1	*nr*	.1	✧	✧	*nr*	15	0	10	10	35	15	15	0
SD	97	✧	97	97	*nr*	.179	.249	.244	.254	.254	.254	*nr*	.214	✧	✧	.040	5	2	0	0	93	0	0	0
TN	06	06	06	06	*nr*	*nr*	.2	.2	.2	.2	.2	*nr*	.2	✧	✧	*nr*	0	0	10	0	90	0	0	0
TX	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	*nr*	✧	✧	✧	✧	✧	✧	✧	✧
UT	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	*nr*	✧	✧	✧	✧	✧	✧	✧	✧
VA	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	*nr*	✧	✧	✧	✧	✧	✧	✧	✧
VT	✧	98	98	98	*nr*	.065	.065	.15	.15	.15	.15	*nr*	.15	✧	✧	*nr*	10	0	50	25	0	15	0	0
WA	05	05	05	05	05	.75	.75	.95	.95	.72	.27	.0013	.73	✧	✧	*nr*	13	6	7	5	66	3	0	0
WI	✧	✧	98	98	*nr*	.3	.3	.3	.4	.39	.4	*nr*	.96	✧	✧	*nr*	35	0	20	15	0	10	20	0
WV	00	00	00	00	*nr*	1.5	1.5	1.5	2	2	2	1	2	✧	✧	*nr*	22	0	16	5	15	0	42	0
WY	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	*nr*	✧	✧	✧	✧	✧	✧	✧	✧

Key: ✓ Key Component Present
✧ Key Component Not Present
nr Not Reported
np State Funding Available - Did Not Participate in Study

ASPGA STATE BY STATE HELPLINE DETAIL

	Staffed By					Services Provided										Scope				Nos.	Nos.	Promotion										
State	Helpline: 1: Not Available 2: Contracted 3: Performed by Government Employees	Volunteers	Professional Counselors/Not Gambling Certified	Certified Gambling Counselors	Other	Information	Referral to GA/Self Help	Referral to Professional Counseling	Follow-up Services	Structured Counseling	Self-Change Guides	Web-Based Live Chat	Public Awareness	Crisis Intervention	Other	24/7	Stand Alone/Dedicated Gambling Helpline	Embedded with A&D/MH Other Crisis Helpline	Accommodates Non-English Speakers	Total Calls Received	Calls for Help	Television	Newspaper	Billboard	Phonebook	Brochure	Poster	Radio	Signage in Gambling Venue	Web	Printed on Lottery Tickets	Other
AK	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
AL	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
AR	2	✧	✓	✧	✧	✓	✓	✓	✓	✧	✧	✧	✧	✓	✧	✓	✓	✧	✓	7700	210	✧	✧	✧	✧	✓	✓	✧	✓	✧	✓	✓
AZ	2	✧	✧	✓	✓	✓	✓	✓	✧	✧	✧	✧	✧	✓	✧	✓	✓	✧	✓	2437	598	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✧
CA	2	✧	✧	✓	✧	✓	✓	✓	✓	✓	✓	✧	✧	✓	✧	✓	✓	✧	✓	18544	5009	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✧
CO	1	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	*nr*	*nr*	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
CT	2	✧	✓	✓	✓	✓	✓	✓	✓	✧	✧	✧	✓	✧	✧	✓	✓	✧	✓	*nr*	*nr*	✓	✓	✧	✧	✓	✓	✓	✓	✓	✓	✧
DE	2	✧	✧	✧	✓	✓	✓	✓	✓	✧	✓	✧	✧	✓	✧	✓	✓	✧	✓	4500	400	✓	✧	✓	✓	✓	✧	✧	✧	✧	✓	✧
FL	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*
GA	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*
HI	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
IA	2	✧	✧	✧	✓	✓	✓	✓	✧	✧	✧	✧	✧	✧	✧	✓	✓	✧	✓	6686	3438	✓	✧	✓	✓	✓	✓	✓	✓	✓	✓	✧
ID	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
IL	2	✧	✧	✓	✧	✓	✓	✓	✧	✓	✧	✧	✧	✓	✧	✓	✧	✧	✓	*nr*	*nr*	✓	✧	✧	✧	✓	✓	✓	✓	✧	✓	✧
IN	2	✧	✧	✧	✓	✓	✓	✓	✧	✧	✧	✧	✧	✓	✧	✓	✧	✧	✧	4298	1271	✧	✧	✓	✓	✓	✧	✧	✓	✓	✓	✧
KS	2	✧	✧	✧	✓	✓	✓	✓	✧	✧	✓	✧	✓	✓	✧	✓	✓	✧	✓	5144	363	✓	✧	✓	✓	✓	✓	✓	✓	✓	✓	✓
KY	2	✧	✓	✓	✧	✧	✓	✓	✓	✧	✧	✧	✓	✓	✧	✓	✓	✧	✓	1538	*nr*	✧	✧	✓	✧	✓	✓	✧	✓	✓	✓	✧
LA	2	✧	✧	✧	✓	✓	✓	✓	✧	✧	✧	✓	✓	✧	✧	✓	✓	✧	✓	24043	1566	✧	✧	✓	✓	✧	✧	✧	✓	✓	✓	✧
MA	2	✧	✧	✧	✓	✓	✓	✓	✧	✓	✓	✓	✓	✧	✧	✓	✓	✧	✓	1103	1055	✧	✧	✧	✓	✧	✓	✧	✧	✓	✓	✧
MD	2	✓	✧	✓	✧	✓	✓	✓	✓	✧	✧	✓	✧	✧	✓	✓	✓	✧	✓	1560	156	✧	✧	✧	✧	✓	✓	✧	✧	✧	✧	✓
ME	2	✧	✧	✧	✓	✓	✓	✓	✧	✧	✧	✧	✓	✧	✧	✓	✧	✧	✓	*nr*	*nr*	✓	✓	✧	✓	✓	✓	✓	✓	✓	✓	✓
MI	2	✧	✧	✓	✧	✓	✓	✓	✓	✧	✧	✧	✓	✓	✧	✓	✓	✧	✓	22238	1028	✓	✓	✧	✓	✓	✧	✓	✓	✓	✓	✧
MN	2	✧	✧	✓	✧	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	4008	1440	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✧
MO	2	✧	✓	✓	✧	✓	✓	✓	✧	✧	✧	✧	✧	✓	✓	✓	✓	✧	✓	2263	*nr*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MS	2	✧	✧	✓	✧	✓	✓	✓	✓	✓	✓	✧	✓	✓	✓	✓	✓	✧	✓	7853	724	✓	✧	✓	✓	✓	✓	✓	✓	✓	✧	✧
MT	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
NC	2	✧	✧	✓	✓	✓	✓	✓	✓	✓	✓	✧	✓	✓	✧	✓	✓	✧	✓	7132	576	✓	✧	✓	✓	✓	✧	✧	✧	✓	✓	✧
ND	2	✧	✧	✧	✓	✓	✓	✓	✧	✧	✧	✧	✧	✓	✧	✓	✓	✧	✧	*nr*	*nr*	✓	✧	✧	✧	✧	✓	✓	✓	✓	✓	✧
NE	2	✧	✓	✓	✓	✓	✓	✓	✧	✧	✧	✧	✓	✓	✓	✓	✓	✧	✧	1752	125	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
NH	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
NJ	2	✧	✓	✓	✓	✓	✓	✓	✧	✧	✧	✓	✧	✓	✧	✓	✓	✧	✓	20000	1600	✓	✓	✓	✧	✓	✓	✓	✓	✓	✓	✧
NM	2	✧	✧	✧	✓	✓	✓	✓	✧	✧	✧	✧	✓	✓	✧	✓	✓	✧	✓	8170	462	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✧
NV	2	✧	✧	✧	✓	✓	✓	✓	✧	✧	✧	✧	✓	✓	✧	✓	✓	✧	✓	14526	1396	✓	✓	✓	✧	✓	✓	✓	✓	✓	✓	✧
NY	2	✧	✧	✓	✓	✓	✓	✓	✓	✧	✧	✧	✓	✓	✓	✓	✓	✧	✓	25000	3000	✓	✧	✓	✓	✓	✓	✓	✓	✓	✓	✓
OH	2	*nr*	*nr*	*nr*	*nr*	✓	✓	✓	✧	✧	✧	✧	✧	✧	✧	✓	✧	✧	✧	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*
OK	2	✧	✧	✧	✓	✓	✓	✓	✓	✧	✧	✧	✧	✓	✧	✓	✓	✧	✧	2128	958	✓	✧	✧	✧	✓	✓	✧	✓	✓	✓	✧
OR	2	✧	✧	✓	✧	✓	✓	✓	✓	✧	✧	✓	✓	✓	✧	✓	✓	✧	✓	2068	1712	✓	✓	✓	✓	✓	✓	✓	✓	✓	✧	✧
PA	2	✧	✓	✧	✧	✓	✓	✓	✧	✧	✧	✧	✧	✓	✓	✓	✓	✧	✓	607	*nr*	✧	✧	✓	✧	✓	✧	✓	✓	✓	✧	✧
RI	2	✓	✧	✧	✧	✓	✓	✓	✧	✧	✧	✧	✧	✓	✧	✓	✓	✧	✧	180	84	✧	✧	✧	✧	✧	✧	✧	✓	✧	✓	✧
SC	3	✧	✧	✓	✧	✓	✓	✓	✓	✧	✧	✧	✧	✓	✧	✓	✓	✧	✧	183	149	✓	✧	✓	✧	✓	✧	✓	✧	✓	✓	✧
SD	2	✓	✧	✧	✧	✓	✓	✓	✧	✧	✧	✧	✓	✧	✧	✓	✧	✧	✧	350	*nr*	✧	✧	✧	✓	✓	✧	✓	✧	✧	✧	✧
TN	2	✧	✧	✧	✓	✓	✓	✓	✧	✧	✧	✧	✧	✓	✧	✓	✓	✧	✧	*nr*	*nr*	✓	✓	✧	✧	✧	✓	✓	✧	✧	✧	✧
TX	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
UT	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
VA	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
VT	2	✧	✧	✓	✓	✓	✓	✓	✧	✧	✧	✓	✓	✓	✧	✓	✓	✧	✧	*nr*	300	✓	✓	✧	✓	✓	✓	✓	✓	✓	✓	✧
WA	2	✧	✧	✓	✓	✓	✓	✧	✧	✧	✧	✧	✧	✓	✧	✓	✓	✧	✓	*nr*	1035	✓	✧	✧	✓	✓	✓	✓	✓	✓	✓	✧
WI	2	✓	✧	✧	✓	✓	✓	✓	✧	✧	✧	✧	✓	✓	✧	✓	✓	✧	✓	14604	4500	✓	✓	✓	✓	✓	✓	✓	✓	✓	✧	✧
WV	2	✧	✧	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✧	✧	*nr*	1036	✓	✓	✓	✓	✓	✓	✓	✓	✓	✧	✧
WY	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧

Key:
- ✓ Key Component Present
- ✧ Key Component Not Present
- *nr* Not Reported
- *np* State Funding Available - Did Not Participate in Study

ASPGA STATE BY STATE PREVENTION DETAIL

	Strategies						Public Awareness				Prevention			
State	Information Dissemination	Prevention Education	Alternatives	Community Based Processes	Social Policy & Environmental Approaches	Problem Identification & Referral	Public Awareness 1: Not Available, 2: Contracted Out, 3: Performed by Government Employees, 4: Both 2 & 3 marked by state	Fee for Service	Expense Reimbursement	Other	Prevention Services: 1: Not Available 2: Contracted Out 3: Performed by Government Employees	Fee for Service	Expense Reimbursement	Other
AK	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
AL	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
AR	✔	✧	✧	✧	✧	✧	1	NA	NA	NA	3	NA	NA	4
AZ	✔	✔	✧	✔	✧	✔	3	NA	NA	NA	2	NA	NA	NA
CA	✔	✔	✔	✔	✧	✔	4	✔	✔	NA	2	✔	✧	✧
CO	✧	✧	✧	✧	✧	✧	1	NA	NA	NA	1	NA	NA	NA
CT	✔	✔	✔	✔	✔	✔	2	NA	NA	✔	2, 3	NA	NA	NA
DE	✔	✔	✧	✔	✔	✔	2	✔	NA	NA	2	✔	NA	NA
FL	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*	*np*
GA	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*
HI	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
IA	✔	✔	✔	✔	✔	✔	4	✔	✔	NA	2	✔	NA	NA
ID	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
IL	✔	✧	✧	✧	✧	✔	2	✔	NA	NA	1	✧	✧	✧
IN	✔	✔	✔	✔	✔	✔	4	✔	✔	NA	2	✔	NA	NA
KS	✔	✔	✧	✔	✧	✔	2	NA	✔	NA	2	NA	✔	NA
KY	✧	✧	✧	✧	✧	✧	1	NA	NA	NA	1	NA	NA	NA
LA	✔	✔	✧	✧	✧	✔	4	NA	✔	NA	2	NA	✔	NA
MA	✔	✔	✔	✔	✔	✔	2	NA	✔	✔	2	NA	✔	NA
MD	✔	✧	✧	✧	✧	✧	1	NA	NA	NA	1	NA	NA	NA
ME	✔	✧	✧	✧	✧	✧	1	NA	NA	NA	1	NA	NA	NA
MI	✔	✔	✧	✔	✧	✔	2	NA	✔	✔	2	NA	✔	NA
MN	✧	✧	✧	✧	✧	✧	2	NA	✔	NA	2	NA	✔	NA
MO	✔	✔	✔	✔	✧	✔	3	NA	NA	NA	3	NA	NA	NA
MS	✧	✧	✧	✧	✧	✧	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*
MT	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
NC	✔	✔	✧	✔	✧	✔	2	NA	✔	NA	2	NA	✔	NA
ND	✔	✧	✧	✧	✧	✧	2	✔	✔	NA	1	NA	NA	NA
NE	✔	✔	✧	✧	✔	✔	2	NA	✔	NA	2	NA	✔	NA
NH	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
NJ	✔	✔	✧	✔	✔	✔	2	NA	✔	NA	2	NA	✔	NA
NM	✔	✧	✧	✧	✧	✧	3	NA	NA	NA	1	NA	NA	NA
NV	✔	✔	✧	✔	✧	✔	2	NA	✔	NA	2	NA	✔	NA
NY	✔	✔	✧	✔	✔	✔	2	✔	NA	✔	2	NA	NA	✔
OH	✔	✧	✧	✧	✧	✧	1	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*
OK	✔	✧	✧	✧	✧	✔	4	NA	✔	NA	1	NA	NA	NA
OR	✔	✔	✔	✔	✔	✔	3	NA	NA	NA	2	NA	NA	✔
PA	✔	✔	✧	✧	✧	✧	4	NA	✔	NA	2	NA	✔	NA
RI	✧	✧	✧	✧	✧	✧	1	NA	NA	NA	1	NA	NA	NA
SC	✔	✧	✧	✧	✧	✔	4	NA	✔	NA	1	NA	NA	NA
SD	✔	✧	✧	✧	✧	✔	3	NA	NA	NA	1	NA	NA	NA
TN	✔	✧	✧	✧	✧	✔	2	NA	NA	✔	1	NA	NA	NA
TX	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
UT	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
VA	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
VT	✔	✧	✧	✧	✧	✧	2	NA	NA	✔	1	NA	NA	NA
WA	✔	✔	✔	✧	✧	✔	3	NA	NA	NA	2, 3	NA	NA	✔
WI	✔	✔	✧	✧	✧	✔	2	NA	✔	NA	2	NA	✔	NA
WV	✔	✔	✔	✔	✧	✔	2	NA	✔	NA	2	NA	✔	NA
WY	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧

Key: ✔ Key Component Present
✧ Key Component Not Present
nr Not Reported
np State Funding Available - Did Not Participate in Study

ASPGA STATE BY STATE COUNSELOR TRAINING & CERTIFICATION

Training & Certification							
State	na: Not Available, 1: Contracted Out, 2: Performed by Government Employees, 3: Both 1 & 2 Marked by State, 4: Other	Training Resources Based Within State	State Required Specialized Certification for Practitioners: C: Certification, L: Licensure, B: Both	State Provide: Yes or No	Non-Governmental Organization Provides Certification	Certification Criteria Available on the Internet	Number of Certified Counselors in State
AK	✧	✧	✧	✧	✧	✧	✧
AL	✧	✧	✧	✧	✧	✧	✧
AR	1	N	B	Y	N	N	32
AZ	1	N	L	N	N	*nr*	*nr*
CA	3	Y	B	N	Y	Y	30
CO	1	Y	*nr*	N	N	*nr*	3
CT	2	Y	C	N	Y	Y	12
DE	*nr*	*nr*	*nr*	*nr*	Y	Y	12
FL	***np***	***np***	***np***	***np***	***np***	***np***	***np***
GA	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*
HI	✧	✧	✧	✧	✧	✧	✧
IA	3	Y	B	Y	Y	Y	25
ID	✧	✧	✧	✧	✧	✧	✧
IL	3	Y	N	N	Y	Y	66
IN	1	Y	N	N	N	*nr*	*nr*
KS	4	Y	C	N	Y	Y	60
KY	✧	✧	✧	✧	✧	✧	✧
LA	*na*	N	B	Y	Y	Y	132
MA	1	Y	Y	N	Y	Y	35
MD	1	Y	N	N	*nr*	*nr*	5
ME	3	Y	C	Y	N	Y	50
MI	1	Y	B	N	Y	*nr*	53
MN	1	Y	N	N	Y	Y	52
MO	1	B	B	Y	N	Y	76
MS	*nr*	*nr*	N	N	Y	Y	22
MT	✧	✧	✧	✧	✧	✧	✧
NC	1	Y	B	N	N	*nr*	40
ND	*na*	*na*	C	N	N	*nr*	6
NE	1	Y	B	Y	N	Y	23
NH	✧	✧	✧	✧	✧	✧	✧
NJ	1	Y	B	N	Y	Y	30
NM	1	N	N	N	Y	*nr*	50
NV	1	C	Y	Y	N	Y	20
NY	3	Y	B	Y	N	*nr*	600
OH	1	nr	N	N	N	N	nr
OK	1	Y	B	N	N	*nr*	44
OR	3	Y	C	N	N	Y	75
PA	1	Y	B	N	N	N	70
RI	*na*	Unk.	Unk.	Unk.	Unk.	Unk.	Unk.
SC	3	Y	C	Y	N	N	142
SD	*na*	*na*	N	N	N	*nr*	*nr*
TN	*na*	*na*	N	N	N	Unk.	0
TX	✧	✧	✧	✧	✧	✧	✧
UT	✧	✧	✧	✧	✧	✧	✧
VA	✧	✧	✧	✧	✧	✧	✧
VT	1	Y	N	N	N	*nr*	*nr*
WA	3	Y	B	N	N	Y	20
WI	1	Y	N	N	N	*nr*	*nr*
WV	1	Y	N	N	N	N	28
WY	✧	✧	✧	✧	✧	✧	✧

Key:
- ✔ Key Component Present
- ✧ Key Component Not Present
- ***nr*** Not Reported
- ***np*** State Funding Available - Did Not Participate in Study

							Contracts			Certifications				Consumer Qualifications										
State	Minimal/Early Intervention Available	Outpatient Therapy	Intensive Outpatient Therapy	Residential/Inpatient Treatment	Medically-Managed Intensive Outpatient Treatment	Outpatient Funding (See Key Below)	If Contracted Out, How Paid (See Key Below)	Treatment Contracts: 1) Agencies; 2 Individuals; 3 Both	Degree Required	Certification Required 1: Yes, 2: No, 3: Both	A&D Certification Required 1: Yes, 2: No, 3: Both	Mental Health Licensure Required	Minimum Age Requirement	Co-Pays, Sliding Fee Scale, etc.	Clinical Pathological Gambler	Sub-clinical Pathological Gambler	Concerned/Significant Other	Primary Diagnosis Must Be Gambling Related	Maximum Limit Number of Sessions	Maximum Limit Duration of Service	Pre-Approval for Services Required	Number of Consumers Treated 01/01/09-12/31/09	Number Treated 1: Increasing; 2: Decreasing; 3: Staying the Same
AK	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
AL	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
AR	✧	✔	✧	✧	✧	2	2	1	*nr*	Y	Y	Y	*nr*	*nr*	Y	Y	Y	*nr*	None	None	N	20	1
AZ	✔	✔	✔	✧	✧	2	1	3	Y	N	Y	Y	NA	Y	Y	Y	Y	Y	None	None	N	990	1
CA	✔	✔	✔	✔	✔	2	1	2	Y	N	N	Y	18	Y	N	N	Y	Y	8	NA	Y	0	NA
CO	✧	✔	✧	✧	✧	2	1	*nr*	Y	N	N	Y	None	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*
CT	✧	✔	✧	✧	✧	2	4	1	*nr*	Y	*nr*	*nr*	18	nr	N	N	Y	Y	None	None	N	1044	1
DE	✧	✔	✧	✧	✧	2	1	2	Y	Y	N	Y	None	Y	Y	Y	Y	Y	20	NA	Y	175	1
FL	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***
GA	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*
HI	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
IA	✧	✔	✔	✔	✧	2	1	1	Y	N	Y	Y	None	Y	Y	Y	Y	N	None	None	n	905	3
ID	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
IL	✧	✔	✧	✧	✧	2	1	1	N	N	Y	Y	18	Y	Y	Y	Y	N	nr	nr	N	nr	3
IN	✔	✔	✔	✔	✔	2	3	1	N	N	Y	Y	*nr*	*nr*	nr	Y	*nr*	*nr*	*nr*	*nr*	*nr*	300	2
KS	✔	✧	✧	✧	✧	2	1	2	Y	Y	Y	Y	18	None	Y	Y	Y	Y	2	2 wks.	N	0	nr
KY	✧	✧	✧	✧	✧	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
LA	✧	✔	✔	✔	✧	2	2	1	Y	Y	Y	N	None	None	Y	Y	Y	N	None	None	N	565	1
MA	✔	✔	✧	✧	✧	2	1	1	N	Y	N	Y	None	Y	Y	Y	Y	Y	NA	NA	N	NA	3
MD	✧	✧	✧	✧	✧	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
ME	✧	✔	✧	✧	✧	2	1	2	Y	Y	Y	Y	None	Y	Y	Y	Y	Y	16	Year	Y	0	3
MI	✧	✔	✧	✧	✧	2	1	3	Y	N	N	Y	None	Y	Y	N	Y	Y	16	Year	Y	478	1
MN	✔	✔	✔	✔	✔	2	1	3	Y	Y	Y	Y	18	Y	Y	N	Y	Y	*nr*	6 mos.	Y	888	3
MO	✔	✔	✧	✧	✧	2	1	1	*nr*	Y	Y	Y	18	N	Y	N	Y	Y	NA	NA	Y	343	3
MS	✔	✧	✧	✧	✧	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MT	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
NC	✔	✔	✧	✧	✧	2	1	2	Y	N	N	Y	None	Y	Y	Y	Y	Y	12	Year	Y	576	1
ND	✧	✔	✧	✧	✧	2	2	1	Y	Y	N	Y	18	Y	Y	Y	Y	Y	None	None	N	260	1
NE	✧	✔	✧	✧	✧	2	1	3	N	3	3	N	*nr*	Y	Y	Y	Y	Y	hrs/wee	*nr*	N	250	3
NH	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
NJ	✧	✔	✔	✔	✧	2	1	3	*nr*	Y	*nr*	Y	*nr*	Y	Y	Y	Y	Y	21	*nr*	Y	450	1
NM	✧	✔	✔	✔	✧	4	4	3	Y	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	Y	416	1
NV	✧	✔	✔	✔	✧	2	2	3	*nr*	Y	Y	Y	*nr*	Y	Y	Y	Y	N	NA	NA	N	138	3
NY	✧	✔	✧	✔	✧	2	4	1	Y	Y	N	Y	*nr*	Y	Y	Y	Y	Y	None	None	N	1000	3
OH	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*
OK	✧	✔	✧	✧	✧	2	1	1	Y	N	Y	Y	14	Y	Y	Y	Y	Y	None	None	N	331	1
OR	✔	✔	✔	✔	✧	2	1	1	*nr*	*nr*	*nr*	Y	18	None	Y	Y	Y	Y	None	None	*nr*	2000	2
PA	✧	✔	✔	✧	✧	2	3	*nr*	Y	N	Y	*nr*	None	Y	*nr*	*nr*	*nr*	*nr*	20	6 mos.	Y	72	1
RI	✧	✔	✧	✧	✧	2	4	1	*nr*	*nr*	*nr*	*nr*	None	Y	Y	Y	Y	Y	None	None	N	149	2
SC	✧	✔	✧	✧	✧	3	1	1	Y	Y	Y	Y	13	None	Y	Y	Y	Y	8	8 Wks.	Y	75	3
SD	✧	✔	✔	✔	✧	2	1	1	Y	N	Y	Y	18	Y	Y	Y	N	Y	Varies	Varies	Y	191	3
TN	✧	✔	✧	✧	✧	2	2	1	Y	N	Y	Y	18	*nr*	Y	Y	Y	Y	None	None	N	68	3
TX	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
UT	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
VA	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
VT	✧	✧	✧	✧	✧	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WA	✧	✔	✧	✧	✧	2	1	3	Y	N	Y	Y	None	Y	Y	Y	Y	Y	None	None	N	604	1
WI	✧	✧	✧	✧	✧	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WV	✔	✔	✔	✧	✧	2	1	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	20	*nr*	Y	200	3
WY	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧

Contracted Service Payment:
1) Fee for Service;
2) Expense Reimbursement;
3) Capitated Rate;
4 Other.

Treatment Type Payment Source:
1) Not Publicly Funded;
2) State funded, contracted out;
3) Performed by state employees;
4) Available at no/low cost thru non-state subsidies.

Key: ✔ Key Component Present
✧ Key Component Not Present
nr Not Reported
np State Funding Available - Did Not Participate in S

ASPGA STATE BY STATE RESIDENTIAL TREATMENT DETAIL

	Contracts				Requirements							
State	Residential Funding (See Key Below)	If Contracted Out, How Paid (See Key Below)	Daily Reimbursement Rate Paid By State (In Whole Dollars)	Out of State Clients Accepted	Minimum Age Requirement	Co-Pays, Sliding Fee Scale, etc.	Clinical Pathological Gambler	Sub-clinical Pathological Gambler	Average Length of Stay	Maximum Length of Stay	# of Consumers Treated 01/01/09-12/31/09	# Treated 1: Increasing; 2: Decreasing; 3: Staying the Same
AK	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
AL	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
AR	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
AZ	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
CA	2	1	116	N	18	NA	Y	Y	NA	30	0	NA
CO	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
CT	2	4	*nr*	N	16	None	Y	N	5 days	prn	8	3
DE	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
FL	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***
GA	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*
HI	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
IA	2	1	80	N	None	None	Y	N	30	30	30	3
ID	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
IL	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
IN	2	1	*nr*	N	None	Y	Y	Y	3 days	10	0	3
KS	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
KY	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
LA	2	1	90	Y	18	NA	Y	N	30	6	154	2
MA	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MD	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
ME	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MI	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MN	3	4	*nr*	Y	*nr*	*nr*	*nr*	*nr*	*nr*	30	166	3
MO	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MS	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MT	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
NC	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
ND	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NE	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NH	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
NJ	2	1	135	Y	NA	N	NA	NA	14 days	28	10	3
NM	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NV	2	2	*nr*	Y	*nr*	*nr*	*nr*	*nr*	77 days	411	151	2
NY	2	4	*nr*	N	18	*nr*	*nr*	*nr*	28 days	*nr*	22	1
OH	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*
OK	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OR	2	1	160	Y	18	None	Y	Y	36 days	prn	92	1
PA	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
RI	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
SC	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
SD	2	1	207	Y	18	Y	*nr*	*nr*	28 days	45	23	3
TN	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
TX	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
UT	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
VA	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧
VT	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WA	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WI	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WV	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*
WY	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧	✧

Treatment Type Payment Source:
1) Not Publicly Funded;
2) State funded, contracted out;
3) Performed by state employees;
4) Available at no/low cost thru non-state subsidies.

Contracted Service Payment:
1) Fee for Service;
2) Expense Reimbursement;
3) Capitated Rate;
4 Other.

Key: ✓ Key Component Present
✧ Key Component Not Present
nr Not Reported
np State Funding Available - Did Not Participate in Study

ASPGA STATE BY STATE POLICY ISSUES

Policy Issues									
State	Adequate Funding	Treatment Availability	Problem Gambling Prevention Efforts	Residential Gambling Treatment	Public Awareness	Lack of System Support	Research	Outcomes Evaluation	Other
AK	✧	✧	✧	✧	✧	✧	✧	✧	✧
AL	✧	✧	✧	✧	✧	✧	✧	✧	✧
AR	NA	NA	NA	NA	NA	NA	NA	✧	✧
AZ	✧	✧	✧	NA	✧	✧	✧	NA	NA
CA	✧	✧	NA	NA	NA	✧	NA	NA	*nr*
CO	NA	NA	NA	NA	NA	NA	NA	NA	*nr*
CT	✧	NA	NA	NA	NA	✧	NA	NA	*nr*
DE	✧	NA	✧	NA	✧	✧	✧	✧	✧
FL	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***	***np***
GA	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*	*nr*
HI	✧	✧	✧	✧	✧	✧	✧	✧	✧
IA	NA	NA	NA	✧	NA	NA	NA	NA	*nr*
ID	✧	✧	✧	✧	✧	✧	✧	✧	✧
IL	NA	NA	NA	✧	✧	NA	✧	✧	*nr*
IN	NA	NA	NA	NA	✧	NA	NA	✧	*nr*
KS	✧	✧	✧	✧	NA	✧	✧	✧	✧
KY	✧	✧	✧	✧	✧	✧	✧	✧	✧
LA	NA	NA	NA	NA	NA	NA	✧	✧	*nr*
MA	✧	✧	NA	NA	✧	NA	NA	NA	*nr*
MD	✧	NA	NA	NA	NA	NA	NA	NA	*nr*
ME	✧	✧	✧	NA	✧	✧	NA	NA	*nr*
MI	NA	NA	NA	NA	NA	NA	NA	NA	✧
MN	NA	NA	NA	NA	NA	✧	NA	NA	*nr*
MO	✧	✧	NA	✧	✧	✧	NA	NA	*nr*
MS	✧	✧	NA	NA	NA	NA	NA	NA	*nr*
MT	✧	✧	✧	✧	✧	✧	✧	✧	✧
NC	NA	NA	NA	✧	NA	NA	NA	NA	*nr*
ND	✧	✧	✧	✧	NA	NA	✧	NA	*nr*
NE	NA	NA	✧	NA	✧	✧	NA	✧	*nr*
NH	✧	✧	✧	✧	✧	✧	✧	✧	✧
NJ	✧	NA	NA	NA	NA	NA	NA	NA	*nr*
NM	✧	✧	✧	✧	✧	NA	NA	NA	*nr*
NV	✧	NA	NA	NA	NA	NA	NA	NA	*nr*
NY	NA	NA	NA	NA	✧	NA	NA	NA	*nr*
OH	✧	✧	✧	✧	✧	✧	✧	✧	*nr*
OK	✧	✧	✧	✧	NA	✧	✧	✧	*nr*
OR	NA	NA	NA	NA	✧	NA	NA	NA	✧
PA	NA	NA	NA	NA	✧	✧	NA	NA	*nr*
RI	✧	✧	✧	✧	✧	✧	✧	✧	✧
SC	NA	NA	✧	✧	NA	NA	✧	NA	*nr*
SD	NA	NA	✧	NA	✧	✧	NA	NA	✧
TN	✧	NA	NA	NA	NA	NA	NA	NA	*nr*
TX	✧	✧	✧	✧	✧	✧	✧	✧	✧
UT	✧	✧	✧	✧	✧	✧	✧	✧	✧
VA	✧	✧	✧	✧	✧	✧	✧	✧	✧
VT	✧	✧	NA	✧	NA	✧	NA	✧	*nr*
WA	✧	NA	NA	NA	NA	NA	NA	NA	*nr*
WI	✧	✧	✧	✧	✧	✧	✧	✧	✧
WV	✧	NA	NA	NA	NA	NA	NA	✧	*nr*
WY	✧	✧	✧	✧	✧	✧	✧	✧	✧

For the purposes of this chart:

✧ indicates the gaps identified by each state

NA indicates the box left unmarked by each state

APPENDIX C

LIST OF CONTACTS BY STATE

@@ No funding

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