

2016 Survey of Problem Gambling Services in the United States



Prepared by Problem Gambling Solutions, Inc. for



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EXECUTIVE SUMMARY

INTRODUCTION

This report presents the only national compilation of comprehensive information gathered about problem gambling services in the United States. Unlike other mental health and addiction services, there is no federal agency designated to fund and guide programs and policies addressing problem gambling in the U.S. This void has created the need for non-governmental entities to gather national data to better inform individual state efforts and track national trends.

In 2006, the Association of Problem Gambling Service Administrators (APGSA) began sponsoring national problem gambling service surveys. This report is the fifth in the series and the second to be co-sponsored by the National Council on Problem Gambling (NCPG). NCPG spearheads efforts to address problem gambling at the national level, while state level efforts are primarily delegated to NCPG state-based affiliate chapters (referred to in this report as “Affiliates”).

The 2016 Survey of Problem Gambling Services in the United States included two surveys: one designed to collect information on publicly funded problem gambling services from the 50 states and the District of Columbia and, the other to capture information on problem gambling services delivered by NCPG Affiliates.

This effort represents the most comprehensive collection of information on problem gambling services in the United States. Information was gathered about the services funded by state agencies with legislated or line-item budgets identified for use in addressing problem gambling, and about efforts of NCPG Affiliates. Problem gambling services provided directly by entities such as tribal governments or state lotteries, privately funded entities such as health insurers or casino companies, and community organizations such as Gamblers Anonymous, were not collected in this survey.

WHO ARE APGSA AND NCPG?

The Association of Problem Gambling Service Administrators (APGSA)

is the national non-profit membership organization of state administrators of public funds for problem gambling services. APGSA was formed in 2000 to “support the development of services that will reduce the impact of problem gambling.”

The National Council on Problem Gambling (NCPG)

is a private non-profit organization founded in 1972 whose mission is to “lead state and national stakeholders in the development of comprehensive policy and programs for all those affected by problem gambling.”

Both APGSA and NCPG offer state memberships and do not have a position for or against legalized gambling.

SURVEY OBJECTIVES

The objectives were 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 by state-supported systems and systems funded by NCPG Affiliates.

→ Analyze problem gambling service trends and conduct comparative analyses; generate a national directory of state agencies and NCPG Affiliates with problem gambling service oversight responsibilities.

→ Explore for associations between state level variables of interest, including size and scope of gaming industry, estimated numbers of problem gamblers, numbers of persons enrolled into state support and NCPG Affiliate supported gambling treatment, problem gambling helpline call volume, and total funding investment into problem gambling services.

HIGHLIGHTS

The total number of states that reported publicly funded problem gambling services increased from 35 in 2006, to 37 in 2010, to 39 in 2013, to 40 in 2016.

FUNDING

The total amount of public funding allocated for problem gambling services in the U.S. increased 20%, from \$60.6 million in 2013 to \$73.0 million in 2016; on a state-by-state basis, the amounts ranged from \$0 (ten states plus the District of Columbia did not provide any dedicated funding for problem gambling services) to \$8.47 million in California.

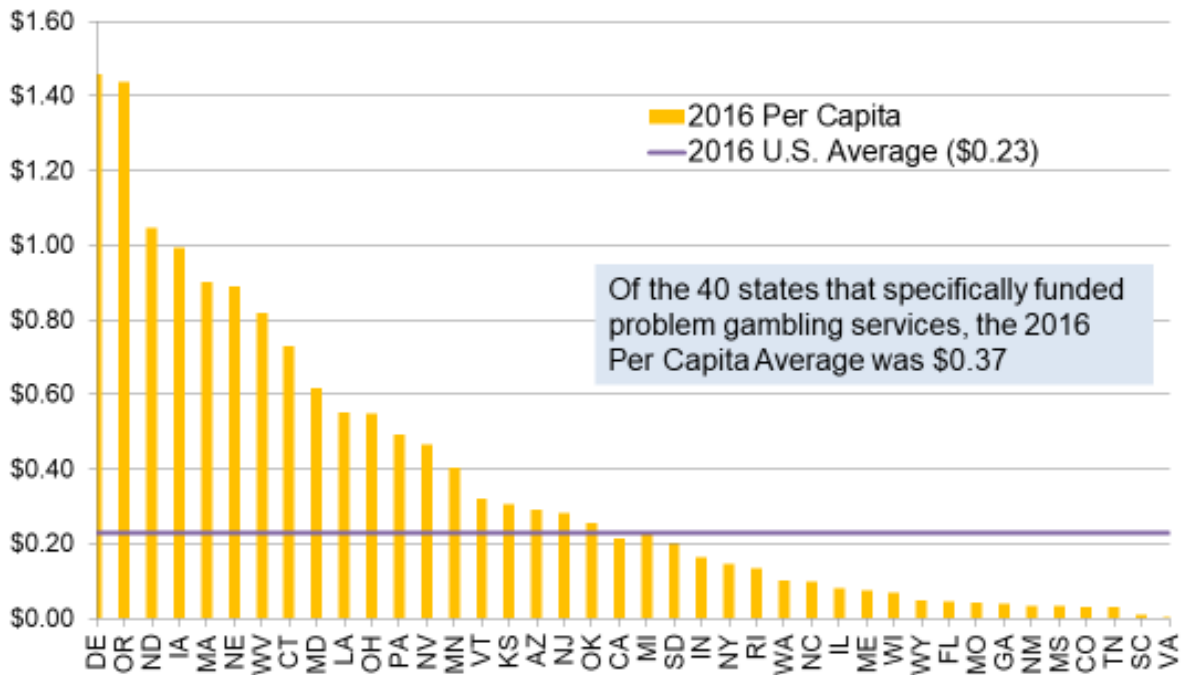


For those 40 states that invest in problem gambling services, per capita allocations for problem gambling services ranged from \$0.01 in South Carolina to \$1.46 in Delaware. The average per capita allocation for problem gambling services in the 40 states with publicly funded services was 37 cents. When the 10 states without dedicated funding are included, the national average drops to 23 cents per capita.

The average per capita funding level across all states with public funding increased between 2013 and 2016 from 32 cents to 37 cents. Since the 2013 survey, 25 states increased funding levels, seven had no change in funding, and nine reported cuts in their problem gambling service funding, including one state, Arkansas, that eliminated all funding.

At the time this survey was conducted, there were 33 states with active NCPG Affiliate Chapters. Other states had problem gambling councils without official NCPG affiliation and from this group two were included in the Affiliate survey (New Hampshire and Texas). NCPG Affiliate budgets were dramatically smaller than the state agency budgets in most states—including three states where Affiliates had less than \$100 in revenue in state fiscal year 2016. The mean NCPG State Affiliate per capita budget was 13 cents and the median was three cents.

2016 Per Capita Allocation Problem Gambling Services Allocation by U.S. State Agencies



Note: Includes only funds line itemed for problem gambling services and passing through a state agency. Missing states (AK, AL, AR, HI, ID, KY, MT, NH, TX, UT) do not fund problem gambling services through legislative actions or utilize state agency budgets line itemed for problem gambling services.

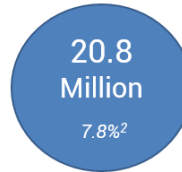
Increased state problem gambling service funding levels were significantly associated with:

- total spending on gambling within a state;
- state revenue from gambling;
- number of types of legalized gambling;
- the estimated number of adult problem gamblers within a state; and
- the number of problem gamblers treated.

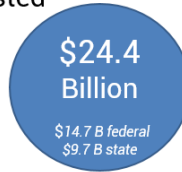
In the U.S., substance use disorders are about 3.8 times more common than gambling disorders, while public funding for substance abuse treatment is about 334 times greater than public funding for all problem gambling services (\$24.4 billion versus \$73.0 million, respectively).

Substance Use Disorders

U.S. Pop. With Past Year Problem¹



2016 Public Funds Invested into SUD Treatment⁵

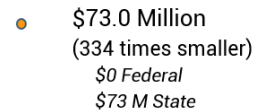


Gambling Disorders

U.S. Pop. With Past Year Problem³



2016 Public Funds Invested into Problem Gambling Services⁶



¹ 2015 National Survey on Drug Use and Health. ² Estimate based on ages 12+. ³ Williams, R.J., Volberg, R.A. & Stevens, R.M.G. (2012). ⁴ Estimate based on ages 18+. ⁵ SAMSHA Spending Estimates – Projections for 2010-2020. ⁶ 2016 Survey of Problem Gambling Services in the United States.

SERVICES

Across all states, there is a lack of uniformity regarding what types of problem gambling services are funded. Among those states that fund problem gambling services, the most commonly supported services provided by state agencies and NCPG Affiliates were, respectively, problem gambling awareness programs, counselor training, helplines, and problem gambling treatment.

AWARENESS:

Thirty-six public agencies and 33 NCPG Affiliates reported providing public awareness services. The most common methods of public awareness among state agencies were via website (38 states), printed material (33 states) and informational sessions (32 states). The most common public awareness efforts from Affiliates were informational sessions (27 states) and via social media (26 states).

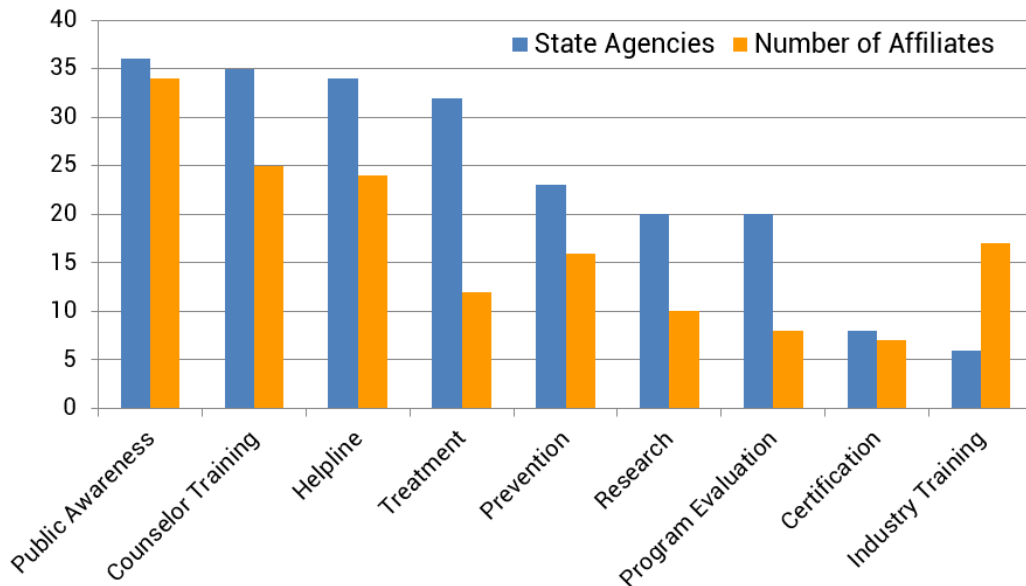
TREATMENT:

In 2016, about one quarter of one percent of people (14,375) who needed gambling disorder treatment received publicly funded care from a gambling treatment specialist. These figures are revealing when compared to substance use treatment statistics that find 10.8 percent of people aged 12 or older (2.3 million people) who needed substance use treatment received treatment at a specialty facility in 2015.

The average cost of problem gambling treatment, per client treatment episode, was \$1,333 in 2016; by comparison, in 2006 the average cost of substance abuse treatment per client treatment episode was \$1,583 (Etner et al., 2006), a figure that has likely risen.

The only variable that was significantly associated with increases in gambling treatment utilization was higher spending on problem gambling services.

Number of States Using Public Funds for Specific Problem Gambling Services



Note: Data limited to reports from state agencies that had a budget line specifically assigned for problem gambling services.

HELPLINE:

The survey identified 30 organizations that operate problem gambling helpline numbers and/or call centers. It is common for more than one gambling helpline number to be marketed in the same state.

“Calls for help,” defined as the number of problem gambling helpline callers requesting information about problem gambling including help resources, were significantly associated with higher levels of:

- total spending on gambling within a state;
- state revenue from gambling;
- number of types of legalized gambling;
- the estimated number of adult problem gamblers within a state; and
- the number of problem gamblers treated.

PREVENTION:

This is the first year in which prevention activities have been specifically surveyed. Twenty three state agencies and 16 Affiliates reported providing prevention services.

The most commonly reported prevention activities, shared by both state agencies and NCPG Affiliates, were problem identification and referral (21 state agencies and 15 Affiliates), coalition building (17 state agencies and 14 Affiliates), and policy change efforts (14 state agencies and 13 Affiliates).

RESEARCH & EVALUATION:

Results of each of the past four National Problem Gambling Services Surveys indicate that spending on research and evaluation systems has been very low. In 2016, APGSA Survey respondents reported an average of 1.8% of their budgets was spent on “research” (defined as prevalence studies, risk behavior surveys, issue research), and an average of 1.7% was spent on program evaluation.



Only 17 states funded one or more full-time state employee positions dedicated to administering problem gambling programs.

STRENGTHS & NEEDS

When asked to rate a list of 10 possible strengths of their state’s problem gambling system, the collaborative relationship between the state agency administering problem gambling programs with the state Affiliate had the highest average rating, followed by having protected funds for problem gambling services.

When asked to rate a list of needs, the highest average rating was for improved integration of problem gambling into behavioral health services, followed by national guidance on best practices to address daily fantasy sports and other forms of internet-based gambling. Fifty-seven percent (57%) of state agency key informants rated the need for increased funding as “very needed” or “critically needed,” compared to 83% of Affiliate key informants.

The gaps in prevention services most listed by states, both by state agencies and NCPG affiliates, were 1) funding, 2) community readiness (low awareness of problem), and 3) staffing and coordination.

DISCUSSION

Gambling is one of the few activities that the United States federal government has largely left alone from a regulatory standpoint, as gambling regulation has for the most part been left up to state and local governments. Correspondingly, the U.S. federal government does not provide states with funds to address problem gambling and disallows states from funding problem gambling treatment with the federal funds invested in substance use disorder treatment (\$14.7 billion in 2016). The result is poor funding for problem gambling services and a patchwork of gambling-related policies and programs across the United States.

In many states, efforts to garner support for gambling expansion have resulted in language to address problem gambling within legislative measures, which typically offer to dedicate a portion of gambling revenues, taxes, or fees to fund problem gambling service efforts. Less commonly, political controversy over legalized gambling and public concerns have motivated state agencies and/or state legislatures to use non-gambling related funds to support problem gambling services. Some states, such as Alaska, Hawaii and Utah, offer few, if any, legalized gambling opportunities and therefore seem less motivated to develop speciality services and programs to address problem gambling.

Results from this survey found a positive correlation between the number of dollars gambled within a state, the amount of state revenue derived from gambling, and the level of funding for problem gambling services. However, on a state by state basis the relationships between these variables was not always present. This survey found the amount of dedicated funding for problem gambling programs in 2016 varied greatly, including 10 states that did not provide any dedicated funding. The consequence of disparate funding levels for problem gambling services across states is that there are extremely uneven levels of services for individuals with gambling problems across the country.

In states that do not fund specialized gambling treatment services, key informants stated that individuals with a gambling disorder who did not have coverage through private insurance were either referred to community supports like Gamblers Anonymous, or served within their publicly funded mental health and addictions treatment systems. Because few problem gamblers present for treatment, most mental health and addiction profession generalists have little to no experience working with problem gamblers. Conversely, most states with line-itemed problem gambling budgets have invested in training a workforce and developing an infrastructure to treat problem gamblers and implement problem gambling prevention and awareness programs. Thus, problem gamblers living in states without dedicated funds to address problem gambling are less likely to obtain the help they need to produce good outcomes.

Findings from this survey support the need to develop federal funding and guidelines that can fill gaps in America's safety net for problem gamblers and begin to address health service disparities for preventing and treating problem gambling.

2016 NATIONAL SURVEY OF PROBLEM GAMBLING SERVICES

INTRODUCTION

Although gambling has been a part of the fabric of life in America since the country's inception, widespread efforts to mitigate gambling related harm have been slow to develop. Facing a void in services to help problem gamblers, in 1957 a grassroots effort resulted in the first Gamblers Anonymous meeting. Following the launch of the first modern government-run U.S. lotteries in the 1960s, the National Council on Problem Gambling (NCPG) was founded in 1972 with a goal to educate the public and policy makers about problem gambling (Dunne, 1985). Due in part to the efforts of the NCPG, Maryland became the first state to recognize that "(1) compulsive gambling is a serious social problem; (2) availability of gambling increases the risk of becoming a compulsive gambler; and (3) Maryland with its extensive legalized gambling as an obligation to provide a program of treatment for those who become addicted to gambling . . ." (Compulsive Gambling Act of 1978). In 1981, Connecticut and New York were the next two states to pass legislation providing public funding for problem gambling services. As legalized gambling expanded throughout the U.S., so did the number of states that provided support for education, prevention, treatment, or research focusing on problem gambling. Today numerous states provide funding through legislative budget appropriation, and/or appropriations mandated in laws that were created when new types of legalized gambling were established, and/or by funds contributed by the gaming industry, including tribal gaming.

With the exception of sporadic efforts by the U.S. Department of Veterans Affairs and the U.S. 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 fund and guide 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 studies designed to survey state agencies from all U.S. states. These surveys provided a national picture of state-funded efforts to address problem gambling and documented state-by-state programs and key contacts. The first survey was conducted in 2006, followed by surveys conducted in 2008, 2010, 2013 and 2016. With this report, APGSA aims to expand that understanding by updating information from the four prior surveys with information gathered in 2016 and partnering with the NCPG to capture information on problem gambling services delivered by non-governmental organizations affiliated with the NCPG.

The National Council on Problem Gambling (NCPG) is a private non-profit organization whose mission is “to increase public awareness of pathological gambling, ensure the widespread availability of treatment for problem gamblers and their families, and to encourage research and programs for prevention and education.” Like the APGSA, the NCPG does not take a position for or against legalized gambling. The NCPG spearheads efforts to address problem gambling at the national level while state level efforts are primarily delegated to NCPG affiliate members. Each state is limited to having one affiliate membership to the NCPG. During this survey’s period, two statewide non-profit problem gambling counsels that were not official NCPG affiliates were included within the survey (Texas and New Hampshire). The determination to include these two organizations was due to the functional fit they had with other NCPG affiliates and both are expected to become official NCPG affiliate members within the near future. These two problem gambling councils along with the official NCPG affiliate members are referred to in this report as “Affiliates.” Each Affiliate is a non-profit organization whose mission reflects that of the NCPG, including a stance of neutrality.

Survey Methodology

This report presents tabular information and highlights from the 2016 National Survey of Problem Gambling Services conducted between November 2016 and April 2017. It is the fifth in a series of APGSA supported national surveys begun in 2006, and the second to be co-sponsored by the National Council on Problem Gambling. The survey universe consists of information from state employees working within human service agencies from every U.S. state and the District of Columbia who could provide relevant information regarding problem gambling services within their state and from key informants representing every state Affiliate to the NCPG.

The surveys provided the mechanism for quantifying the composition of publicly and privately funded U.S. problem gambling service delivery systems. The objectives were 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 an 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;
- Describe problem gambling service efforts conducted by NCPG Affiliates and use this information to form a more complete picture of state by state problem gambling services;
- Explore for associations between state level variables of interest including estimated problem gambling prevalence, numbers of persons enrolled into state support treatment, problem gambling helpline call volume, estimated gaming revenues, and total funding investment into problem gambling services.

Data Collection Procedures

Field Period and Survey Universe

Two separate surveys were fielded between November 2016 and April 2017. One survey was the “2016 National Survey of Publicly Funded Problem Gambling Services,” hereafter referred to as “APGSA Survey” and the other the “2016 Survey of State Affiliates to the National Council on Problem Gambling”, hereafter referred to as “NCPG Affiliate Survey.” As data collection procedures differed slightly between these surveys, the procedures will be described separately.

APGSA Survey

The APGSA Survey universe included information from all 50 U.S. states and the District of Columbia. 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, player 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 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. Efforts funded by private insurance programs or private pay was not captured in the APGSA Survey. 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 2016 fiscal year (for most states that period is July 1, 2015 through June 30, 2016). The survey was fielded several months after the close of the 2016 fiscal year in order to collect actual expenditures and utilization counts for a full 12-month period.

NCPG Affiliate Survey

The NCPG Affiliate Survey universe included information from every active state Affiliate to the NCPG (N=33) and two state problem gambling counsels that had not yet acquired official NCPG Affiliate status. The NCPG Affiliate Survey utilized the same point in time references as those used in the APGSA Survey.

Content

The APGSA Survey was constructed to closely follow the content areas of prior APGSA surveys to allow for comparisons across survey time periods. The exception was the addition of a new survey section designed to collect information about each state’s gaming environment including types of

legalized gambling, number of casinos, and gross gaming revenue. The NCPG Affiliate Survey was constructed similarly to the APGSA Survey, using several of the same content areas.

APGSA Survey

The survey questionnaire was a 18-page document with 7 sections (see Appendix C). Section headings were:

- A. Contact Information
- B. State Gaming Background
- C. Legislation & Funding
- D. Services Provided
- E. Administrative Structure
- F. Policy Issues

NCPG Affiliate Survey

The survey questionnaire was a 13-page document with 7 sections (see Appendix D). Section headings were:

- A. Contact Information
- B. State Gaming Background
- C. Funding
- D. Services Provided
- E. Administrative Structure
- F. Policy Issues
- G. Advocacy

Data Collection

Except where noted, the same data collection methods were utilized for the APGSA Survey and the NCPG Affiliate Survey.

APGSA Survey

Three primary data collection modes were employed: internet searches of public documents, survey questionnaires (using the QuestionPro online survey tool and/or Microsoft Word printable versions sent by email), and structured interviews. The first phase of the data collection consisted of identifying key informants, those with the best knowledge of their state's problem gambling services. For the APGSA Survey, the key informants were primarily state government officials, often an agency director or program manager. For those states that outsourced the management of problem gambling services, interviews were conducted with both a state employee involved in publicly funded problem gambling services and a representative of the problem gambling service contractor. Contact information was obtained from the APGSA for its member states. For the non-APGSA member states and for those member states with outdated information, the Executive Director of the state affiliate to the NCPG (if present) was contacted to inquire about the presence of funding for any problem gambling service in

that state, and for assistance in identifying the most appropriate person to complete the APGSA Survey. If a state was neither an APGSA member nor an NCPG affiliate, the state agency that oversaw addiction services was contacted and asked about publicly funded problem gambling services. Additionally, an Internet search was conducted on all states to review Internet-accessible documents including state rules, regulations, and statutes pertaining to problem gambling services.

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 with a link to the online survey. 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. During the follow-up contacts, offers were extended to assist the key informant in completing the survey, including to: (a) complete the survey over the phone, (b) provide a semi-completed survey in Microsoft Word, and (c) send their state's completed 2013 APGSA Survey (if available). 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 submit a completed survey by the 12th 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 and reached out to secondary key informants. The described multi-method data collection procedure resulted in survey information collected from all 50 states and the District of Columbia. The only state agency that administered set-aside problem gambling funds that refused to participate in the survey was the South Dakota Department of Social Services, Division of Behavioral Health Services. Information to complete a survey for South Dakota was obtained from emails and interviews with employees of the South Dakota Lottery and from an extensive search and review of documents found on South Dakota state government agency and legislative websites.

This was the first APGSA Survey that utilized an online survey tool. Use of the online survey tool proved to be problematic. The primary issue reported was that the online survey format did not lend itself to sharing responsibility for survey completion. In prior surveys, a fillable Microsoft Word version of the survey was emailed to key informants and they would assign sections to vendors or others by emailing them the section(s), then cutting in the completed section(s). Another issue with the online survey format was that other problem gambling online surveys were concurrently in the field and this led to confusion among some informants believing they completed the APGSA survey when they had not. Others complained that they entered survey data but the tool failed to save their responses. Eventually all these issues were worked through, often by reverting to the former survey practice of providing key informants with a fillable Microsoft Word version of the survey.

NCPG Affiliate Survey

The NCPG Affiliate Survey was fielded one week after the APGSA Survey. Contact information for each NCPG Affiliate was provided to the research team from the NCPG. An introductory email was sent to the executive director of each NCPG Affiliate by the Executive Director of the NCPG. For surveys not received back from the identified contact, follow-up emails and phone calls were made.

After the survey was in the field for the twelfth week, there were still eight Affiliates who had not submitted a completed survey and in response the NCPG Affiliate Board assigned a region lead to personally contact the executive director from each Affiliate who had yet to submit their complete survey. This action, combined with the project's team continued efforts, resulted in completed surveys from every Affiliate.

Secondary Data Collection

Based on experience during the 2013 APGSA Survey process, it was discovered that information about state gambling statistics would be more reliably obtained from secondary data sources. Therefore, information on types of legalized gambling and dollars spent on gambling were calculated based on combining information from the following reports: (a) the *2016 State of the States: The AGA Survey of the Casino Industry*¹; (b) the *Casino City's Indian Gaming Industry Report - 2015 Edition*²; and (c) the *North American State and Provincial Lotteries' 'Fiscal 2016 Lottery Sales and Revenues - United States'*³. Information on state revenues derived from taxes and fees on the state's gambling industry were obtained from the Rockefeller Institute's *Blinken Report on State Revenues from Gambling*.⁴

Secondary data was also exclusively used when reporting on a state's estimated number of problem gamblers by using the 2016 U.S. Census Bureau estimate of persons over age 18 and findings from the state's most recent adult problem gambling prevalence study converted into a standardized past year problem gambling rate by Williams, Volberg, & Stevens, (2012). The exception was for Ohio and Oregon, as they conducted statewide problem gambling prevalence studies after the Williams, Volberg, & Stevens (2012) was reported. For those states that had not conducted a problem gambling prevalence study, the average standardized adult past year prevalence rate across all U.S. states was used (2.2%) as calculated by Williams, Volberg, & Stevens (2012).

Quality Assurance

Experience from 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 about 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, beginning with the 2010 APGSA Survey and carrying forward to the present survey, after completed surveys were obtained by the research team, the survey respondent was

¹ American Gaming Association (2017). 2016 state of the states: The AGA survey of the casino industry. Retrieved from: <https://www.americangaming.org/research/reports/2016-state-states>

² Meister, A. (2017). *Indian gaming industry report, 2017 Edition*. Newton: Casino City Press.

³ McQueen, P. (2016, November/December). A POWER-ful Year! *Insights*, 16(6). Retrieved from <http://www.nasplmatrix.org/insights?i=cd83f62b>

⁴ Dadayan, L. (2016). *State revenues from gambling*. Retrieved from http://www.rockinst.org/pdf/government_finance/2016-04-12-Blinken_Report_Three.pdf

scheduled for a 60-minute phone interview with a research team member. The 2016 effort further controlled for question misinterpretation by assigning nearly all the interviews to be conducted by a single member of the research team, the project's Primary Investigator. During the interview, the completed survey was reviewed with the key informant to verify and clarify information obtained during the earlier stages of the data collection process.

With the addition of the NCPG Affiliate Survey in 2013, an additional quality assurance measure was implemented and carried forward to the 2016 effort. The NCPG Affiliate Survey incorporated several items from the APGSA Survey. By asking key informants of the two different surveys similar questions, the researchers corroborated item-by-item reports. To carry out this procedure, interviews took place after completed surveys were collected from the NCPG Affiliate and the APGSA state agency representative of a given state. Responses from each survey were compared to one another and on those items where informant reports differed, clarification was sought. Original survey item responses were changed as needed and/or additional detail was added.

Survey review interviews were completed with all NCPG Affiliate Survey respondents and all 40 states that met the inclusion criteria as a state that funds problem gambling services. As so few APGSA survey questions were applicable to state agencies that did not fund problem gambling services, those states did not receive a survey review interview.

Statistical Methodology

To understand the strength and the direction of associations between variables, pairwise correlations were computed and scatter plots were drawn to visually inspect these associations. The p-values for the coefficients are reported with $\alpha = .05$. The research team considered using partial correlations and multiple regression models; however, incomplete data and small sample sizes rendered these techniques inappropriate. When relevant, statistical outliers are identified using standard outlier detection methods, such as Cook's Distance. All computations were conducted using the software program SAS (Version 9.2).

Limitations

A number of limitations must be taken into account when interpreting data from the 2016 National Problem Gambling Services Survey. Some general issues are listed below and other considerations of specific topics are discussed where the findings are presented.

Although this survey represents the most comprehensive collection of information on problem gambling services in the United States, information gathered is from the limited universe of services funded 1) by state agencies with legislated or line-itemed budgets identified for use in reducing gambling related harm and 2) from efforts by state Affiliates to the NCPG. Problem gambling services provided by tribal governments, privately funded entities such as health insurers, and community organizations such as Gamblers Anonymous, are not collected in this survey.

Most of the analyses depict 2016 problem gambling activity based on the survey data. They are snapshots that mask the high degree of fluctuations that occur in funding and service provision across time.

The accuracy of the data reported rely on the data sources. In some instances, key informant data were corroborated through other informants or information found within the public domain. This validation process could not be performed on all state specific variables, leading to several instances in which a single individual provided the sole source of information. Even the most diligent survey respondents may not be fully informed and report data that is not complete and otherwise not accurate.

Legalized Gambling in the United States

Beginning with the 2013 National Problem Gambling Services Survey Report, information was collected on each state's legalized gambling environment. During the 2013 data review and verification process, it became apparent that many respondents provided information that conflicted with other data sources. To improve the reliability of the information within this report, APGSA Survey and NCPG Affiliate Survey data was not used as the source for the data on state level gaming. Rather, information on types of legalized gambling and dollars spent on gambling were calculated based on combining information from the following reports: (a) the *2016 State of the States: The AGA Survey of the Casino Industry*; (b) the *Casino City's Indian Gaming Industry Report - 2015 Edition*; and (c) *the North American State and Provincial Lotteries' Fiscal 2016 Lottery Sales and Revenues - United States*. Information on state revenues derived from taxes and fees on the state's gambling industry were obtain from the Rockefeller Institute's *Blinken Report on State Revenues from Gambling* (Dadayan, 2016).

When comparing figures between these three forms of gambling, it is important to note that lottery figures represent sales whereas Indian and commercial casino figures are reported as gross gaming revenue (GGR) as calculated by sales minus prize pay outs. Lotteries do not report GGR, rather they report "transfer to beneficiaries" defined as sales minus prize pay outs minus operations and administrative expenses. It is also important to note that the analysis of consumer spending on gambling, as provided in this report, represents the three largest segments of the U.S. gaming industry (lotteries, Indian gaming, commercial casino gaming) but does not include sales or revenue information from other forms of gambling that may be legal within a state such as pari-mutuel wagering, card rooms, charitable gaming, and social gaming. Another limitation of the data used in our analysis of state gaming revenue is the reporting period used by the source reports. At the time the data in this report was analyzed (May 2017), the source reports used to calculate spending on gambling represented the most recent 12-month period of data available on lottery sales (July 1, 2015 to June 30, 2016), commercial casino revenue (January 1, 2016 to December 31, 2016), and Indian gaming revenue (January 1, 2015 to December 31, 2015). As state gaming markets can experience significant changes on a year-to-year basis, the revenue data presented below in Figure 2 should be viewed as an approximation of the relative size of the gaming industry within a state rather than as a proxy for a state's total GGR.

time in Massachusetts. In June, the first of four casinos authorized under a 2011 Massachusetts expanded gaming law commenced operations, adding \$88.2 million to the national revenue total.

Indian Gaming

At the time this report was written, the 2017 Edition of the Casino City's Indian Gaming Industry Report contained the most comprehensive data on Indian gaming (Meister, 2013). This edition of the report presented data and analyses for calendar year 2015. Exceeding the growth rate of commercial casino gaming and approaching the growth of lottery sales, Indian gaming experienced a 5.5% growth of gaming revenue in 2015. This growth surpassed prerecession growth rate for the first time, leading to a new all-time high of \$30.5 billion in Indian gaming revenue in 2015.

There was a wide disparity in the performance of Indian gaming across gaming facilities, tribes, and states, varying from approximately +16% in Texas to -14% in Wyoming. Overall, Indian gaming grew in most states in which it existed (24 of 28). The top 10 fastest growing Indian gaming states were (high to low): Texas, Alabama, North Carolina, South Dakota, Florida, California, Idaho, Oklahoma, Montana, and Mississippi. In 2015, Indian gaming revenue continued to be highly concentrated among the largest Indian gaming states. The top two states, California and Oklahoma, generated a combined 40% of gaming revenue. Adding Florida, Washington, and Arizona puts the top five states at approximately 63% of total gaming revenue.

Figure 3. Map showing U.S. Indian gaming jurisdictions (in gold)

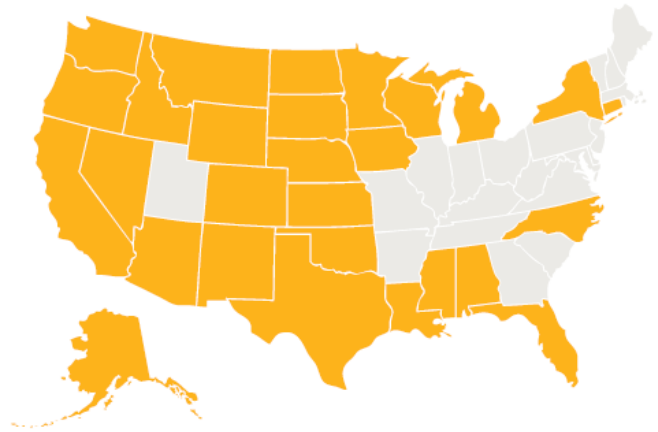
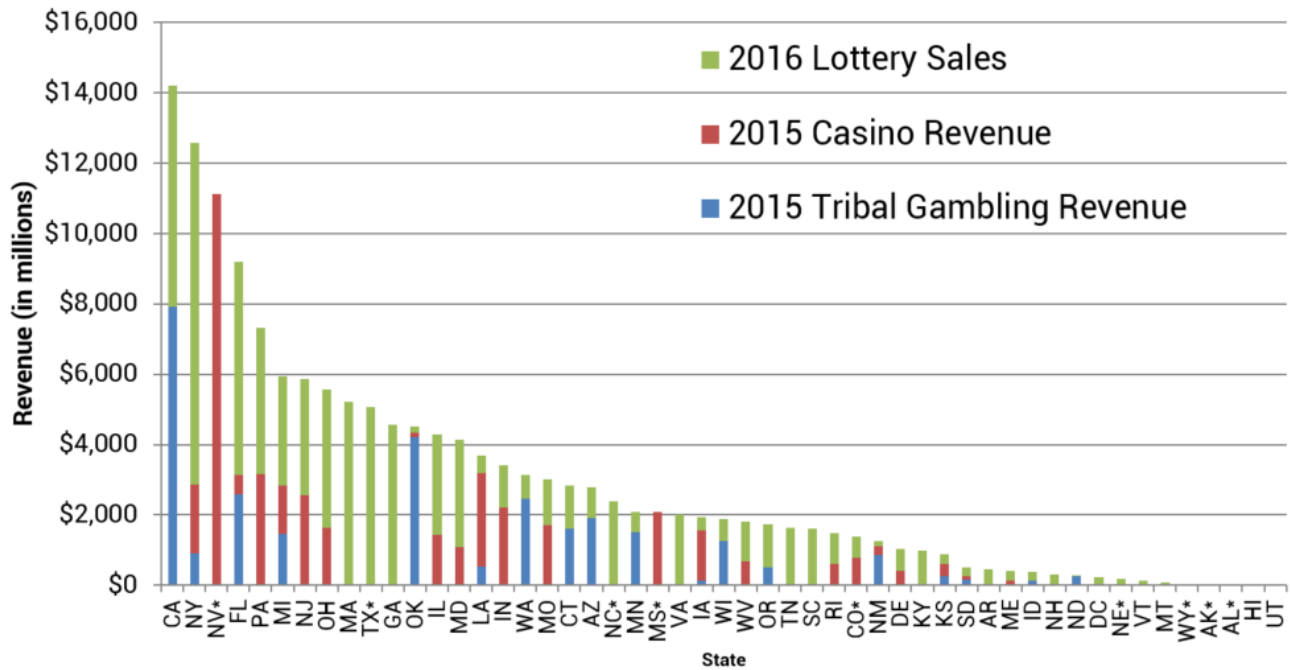


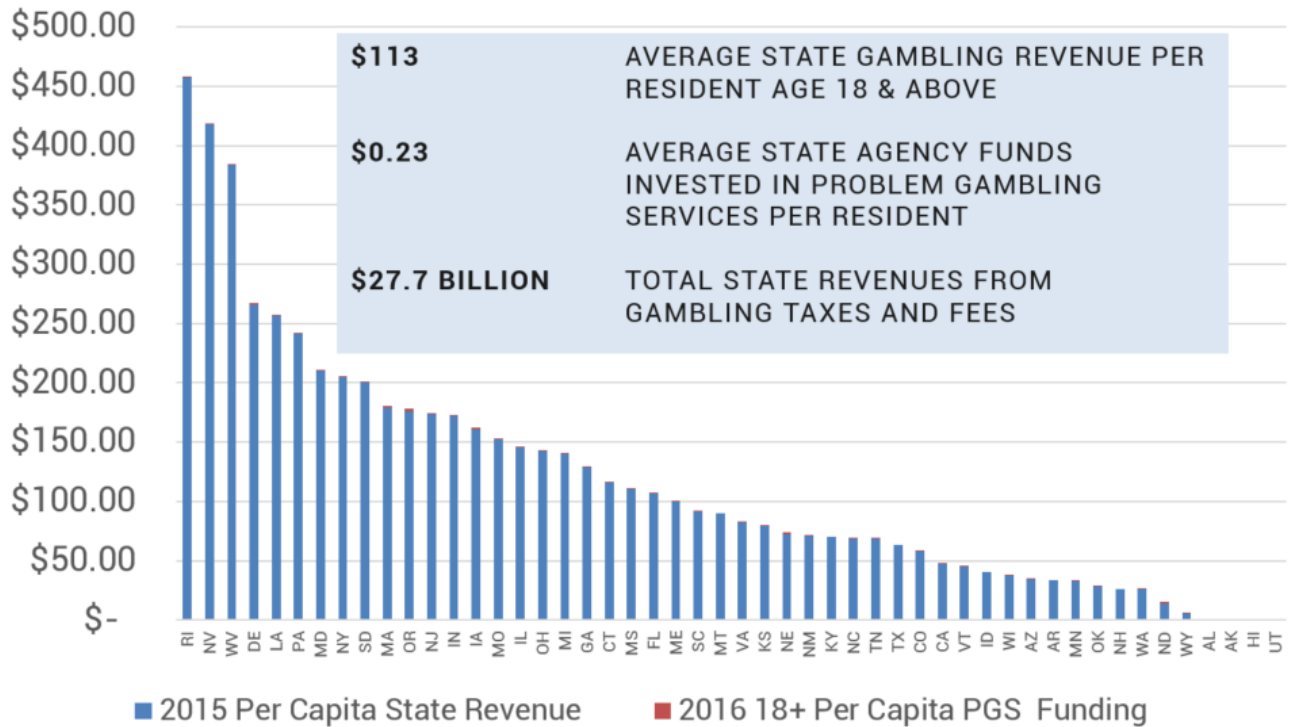
Figure 4. Consumer Spending by State: Lottery Sales, Casino Revenue, Tribal Gaming Revenue



State Revenue from Gambling Taxes and Fees

Dr. Lucy Dadayan authored a 2016 Blinken Report aimed at assessing the policy of generating state revenues through legalized gambling. This report shows that revenue from legally sanctioned gambling often plays an important role in states’ budgets and that states are most likely to expand gambling when a weak economy depresses tax revenues or to pay for new spending programs. The report concludes that “gambling legalization and expansion leads to some revenue gains. However, such gains are short-lived and create longer-term fiscal challenges for the states as revenue growth slows or declines. In addition, gambling is associated with social and economic costs that often are hard to quantify and measure” (p.24).⁴ In this report, Dr. Dadayan collected state by state data on revenues from gambling taxes and fees including a breakdown of the average state gambling revenue per resident age 18 and above (see Figure 5). This information is provided within the present report to offer readers the opportunity to compare a state’s investment in problem gambling services against the amount of state revenue generated from state sanctioned gambling. Combining information from the 2016 Blinken Report with information gathered from this survey, it can be calculated that for every dollar in state revenues generated from legalized gambling, about one-quarter of one cent is dedicated to problem gambling services.

Figure 5. 2015 Per Capita State Revenue from Gaming Across 50 U.S. States



Source data: Dadayan, L. (2016).

The following section of this report provides a state by state breakdown of per-capita investment each state places into problem gambling services. These figures are presented in Figure 5; however, they are so small in proportion to the per-capita revenue that states generate from gambling taxes and fees that they are not perceptible on the above stacked bar graph. For a fuller discussion of state revenues from gambling, readers are referred to Dr. Dadayan’s 2016 report entitled, *State Revenues from Gambling: Short-Term Relief, Long-Term Disappointment*.

Summary

For purposes of this analysis, the United States gaming industry included the following three segments: commercial casinos, tribal gaming, and state lotteries. Although there was considerable variation between states, tribes, and operators, overall the gaming industry’s growth in 2016 exceeded the rate of inflation and established a new all-time high for consumer spending on gambling, at \$154 billion. The primary reason for collecting information about state gambling environments in this national survey of problem gambling services was to use that data to explore relationships between a state’s gambling environment, funding for problem gambling services, and utilization of problem gambling services. In the section of this report entitled “Statistical Explorations of Survey Data,” the relationships between (a) consumer spending by state, (b) state gambling revenues, and (c) number of legalized forms of gambling, with problem gambling service performance indications are presented.

Funding for Problem Gambling Services

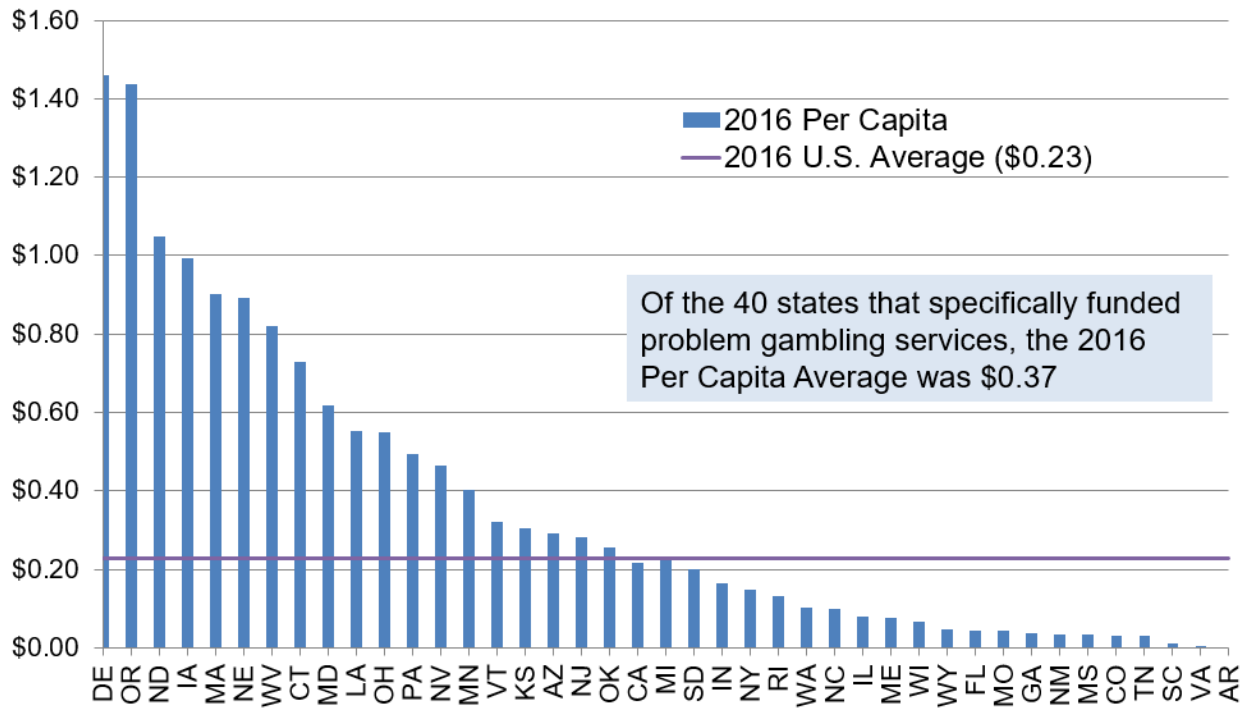
Public Funding

The APGSA Survey assessed all 50 U.S. states and the District of Columbia to determine which states and districts funded problem gambling services. The total number of states and districts that reported publicly funded problem gambling services in 2016 was 40, or 80% of U.S. states. In order to be counted as a state with publicly funded problem gambling services, a state or district had to meet one of two conditions: 1) program monies were legislatively authorized—outlined in a statute or regulations as directed toward mitigating gambling-related harm, or 2) the state agency had a dedicated budget line to address problem gambling. Although all APGSA Surveys used the same inclusion criteria for designation as a state with publicly funded problem gambling services, the 2008 survey employed a less rigorous approach in identifying which states met this inclusion criteria, which is important to keep in mind when comparing public funding information between the four surveys. The 2006 APGSA Survey identified 35 states with publicly funded problem gambling services, the 2008 survey reported on 30 states, the 2010 and 2013 survey identified 37 and 38 states respectively, and the current survey found that 40 states invested in publicly funded problem gambling services in 2016.

State-specific funding for problem gambling services ranged from Washington, D.C. and the 10 states that did not provide any dedicated funding for problem gambling services to \$8.47 million in California (see Table 1 for a State by State Funding on Problem Gambling Services). Due to the wide variation in state populations, it is useful to view funding for services on a per capita basis to provide context for state-to-state budget differences. For those states that invested in problem gambling services, per capita allocations for problem gambling services ranged from less than \$0.01 in Virginia to \$1.46 in Delaware. The average amount of per capita allocation for problem gambling

services in the 40 states with publicly funded services was 37 cents. When 2016 annual aggregate of U.S. state spending dedicated for problem gambling services was divided by the full U.S. population, the national average dropped to 23 cents per capita. California's per capita allocation (22 cents) was well below the 37-cent average among states with public funding for problem gambling services, despite its spending more money overall than any other state. In contrast, Delaware ranked 17th in overall funding level and first in per capita funding. See Figure 6 for a state-by-state comparison of per capita allocations for problem gambling services.

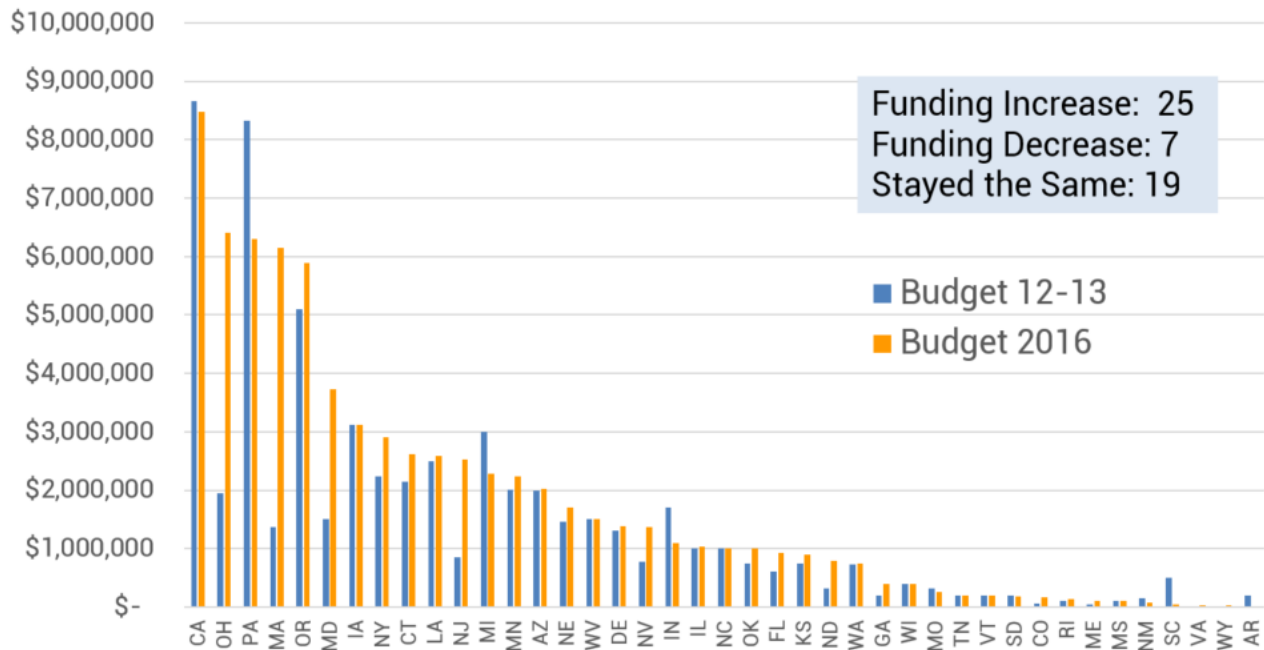
Figure 6. 2013 Per Capita Allocation for Problem Gambling Services by U.S. States



Note: Includes only funds line itemed for problem gambling services and passing through a state agency. Missing states do not fund problem gambling services through legislative actions or utilize state agency budgets line itemed for problem gambling services. U.S. average is based on national population divided by total state agency spending from budgets line itemed for problem gambling services.

Figure 7, below, provides a state-by-state comparison of per capita investment in problem gambling services in 2013 and 2016. The average per capita funding level across all states with public funding increased between 2013 and 2016 from 32 cents to 37 cents per capita. When state agency key informants were asked if their funding increased, decreased, or stayed about the same as the previous fiscal year, 25 reported funding increases, 7 reported decreased funding levels, and 19 reported their funding levels essentially stayed the same. Among the states that provided public funding in both 2013 and 2016, Ohio, Massachusetts, and New Jersey showed the greatest changes in per capita allocation for problem gambling services between the two survey periods, more than tripling investments over the course of the three-year period. The increased funding for these states were due to expanded gambling legislation that included provisions to fund problem gambling services.

Figure 7. Comparison between 2013 and 2016: Total State Allocation on Problem Gambling Services



Note: Includes only funds line itemed for problem gambling services and passing through a state agency. Missing states do not fund problem gambling services through legislative actions or utilize state agency budgets line itemed for problem gambling services.

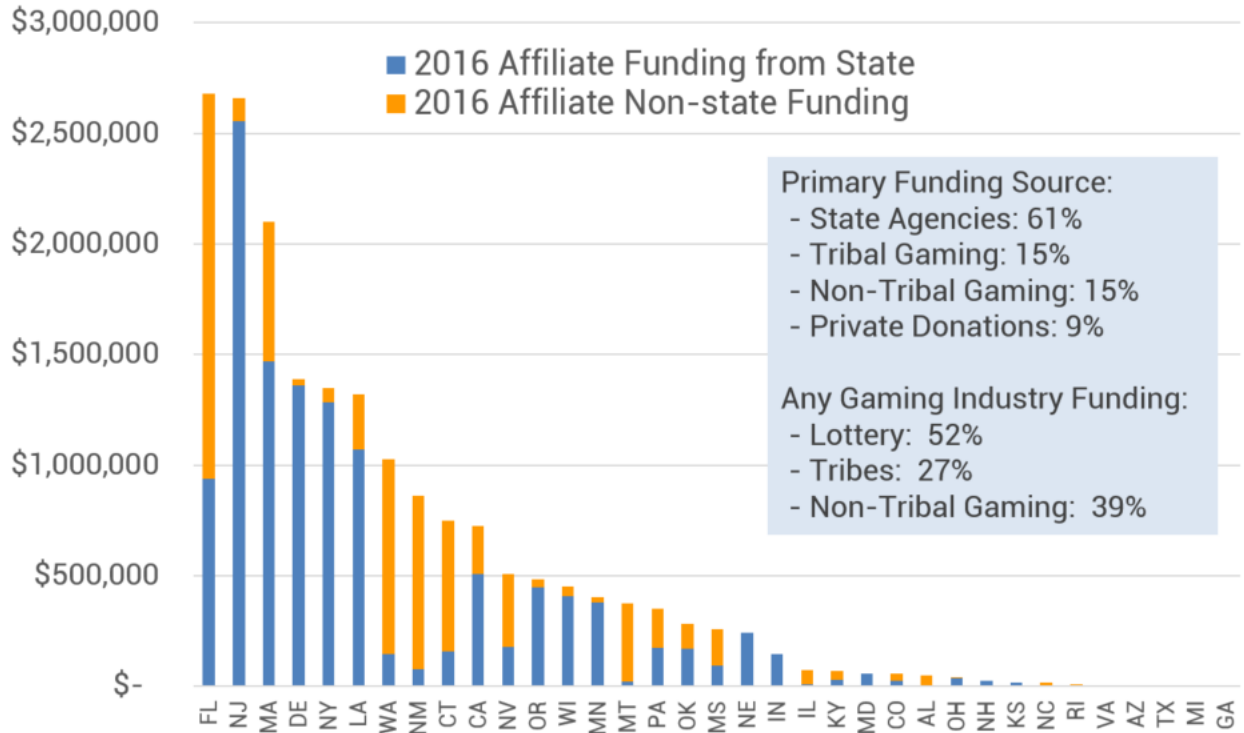
NCPG Affiliates

For the second time in the APGSA’s survey series on state funded problem gambling services, data from state affiliates to the National Council on Problem Gambling (NCPG) were gathered. At the time this survey was conducted, there were 33 states with active NCPG Affiliate Chapters. Other states had problem gambling councils without official NCPG affiliation, and from this group two were included in the Affiliate survey (New Hampshire and Texas). As with public funding, a state-by-state analysis revealed wide variation between per capita allocation of public and private funds routed through NCPG Affiliates for problem gambling services. NCPG Affiliate budgets were dramatically smaller than the state agency budgets in each state—including three states where Affiliates had no revenue in state fiscal year 2016 (Texas, Michigan, and Georgia). The average per capita budget for NCPG Affiliates was 13 cents, compared to the 37-cent average among state agency budgets. However, the NCPG average is misleading in that Delaware skewed the average with a reported per capita Affiliate budget of \$1.46, over three times as much as New Mexico, the state Affiliate with the second highest per capita funding level. The median NCPG State Affiliate per capita budget was a mere three cents, and without Delaware the average dropped to nine cents.

Key informants from NCPG Affiliates were asked about the sources of their funding. Sixty-one percent reported state agencies were their primary source of funding, followed by: tribal gaming (15%);

non-tribal gaming including commercial casinos, gaming manufacturers, and gaming industry associations (15%); and private donations (9%). When asked specifically about funding from state lotteries, 52% of the Affiliates reported some funding was obtained from their state lottery. See Figure 8 for a state-by-state comparison of investments among NCPG State Affiliates in 2016.

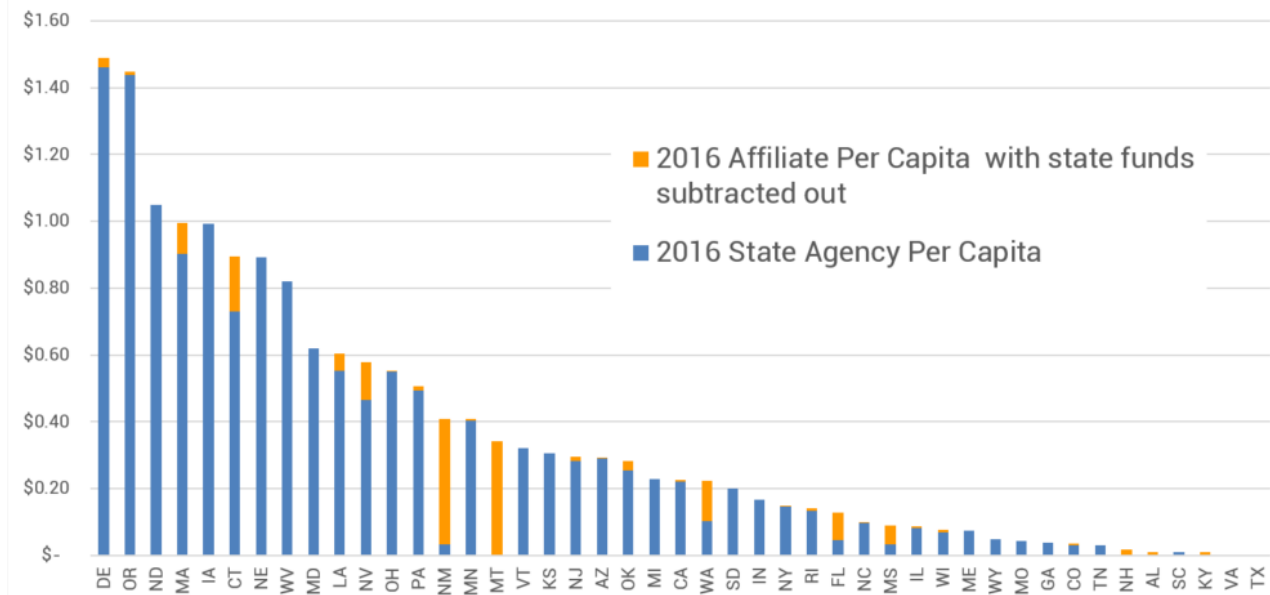
Figure 8. 2016 NCPG Affiliate Funding by State



Note: Eleven Affiliates operated with revenues of \$50,000 or less (AL, OH, NH, KS, NC, RI, VA, AZ, TX, MI, GA).

Finally, combining the data from the APGSA and NCPG Surveys provided a more comprehensive picture of funding for problem gambling services across states. To avoid overlap and create a more accurate account, the combined analysis subtracted from state affiliate budgets all monies that came from state agencies so they were only counted once in the state agency budgets. A state-by-state comparison of these combined totals showed a range from practically zero in Virginia and Texas to \$1.49 per capita in Delaware. The Survey data clearly indicated that, for most states, the clear majority of funds for problem gambling services moved through state agencies rather than NCPG Affiliates. See Figure 9 for a state-by-state comparison of combined public and private per capita budget allocations for problem gambling services.

Figure 9. Combined 2016 Per Capita Problem Gambling Services Allocation by U.S. States and NCPG State Affiliates

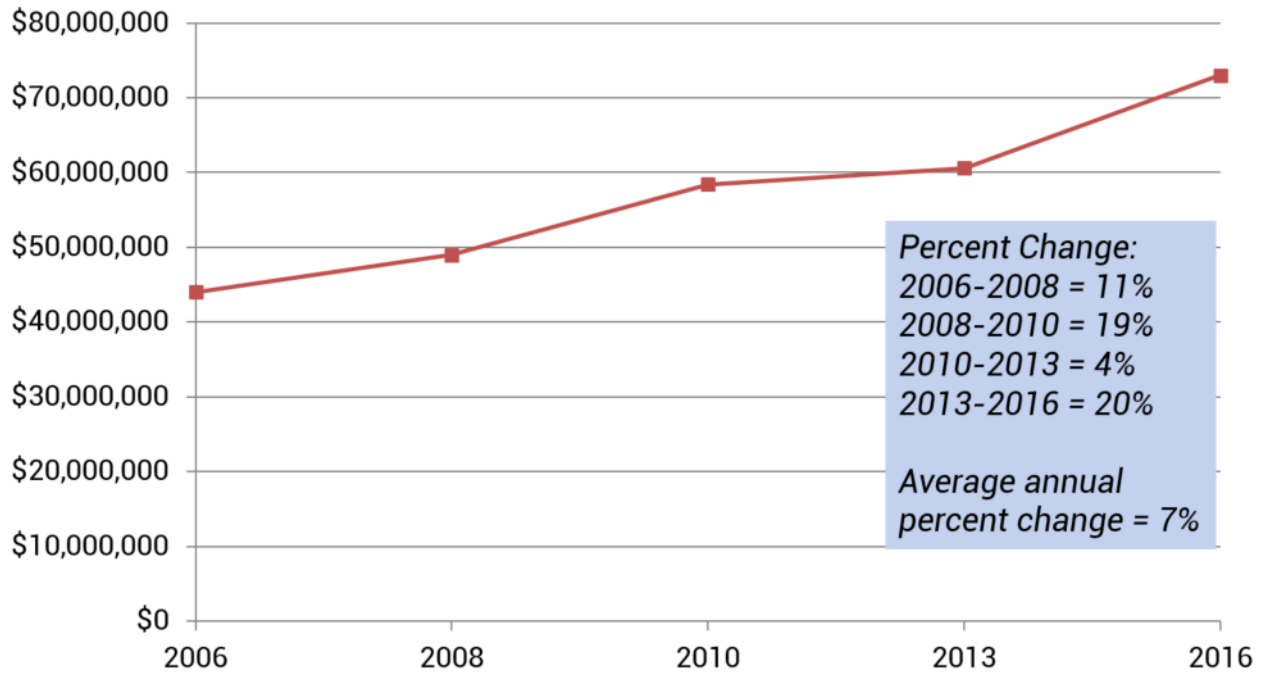


Note: NCPG Affiliate spending (in orange) represents all funds except those derived through contracts with state agencies.

While combining the data in this way created a more complete picture of state funding, it is important to note that there were other monies going toward problem gambling services that were left out of the current study. The APGSA and NCPG Surveys did not capture money for problem gambling services that did not route through either a state agency or an NCPG Affiliate. For example, they did not account for funding for services through private insurance, commercial gambling companies, or American Indian tribes. However, this approach captured the majority of funding that routed through state agencies, usually from gaming revenue, and through Affiliates, primarily through charitable donors from the broader gaming industry (e.g., Indian gaming, gaming device manufacturers).

To understand overall trends in spending on services across the United States, it was useful to compare annual aggregate budgets for problem gambling services. The data showed a clear upward investment trend from 2006 through 2016, with the rate of growth greatest between the span of the two most recent surveys (20% growth between 2013 and 2016). Total investment increased from \$54 million in 2006 to \$73 million in 2016, representing an average annual 7% increase over the 10 years this series of surveys have spanned. See Figure 10 for observed changes in the annual aggregate amount of state expenditures dedicated for problem gambling services in the United States.

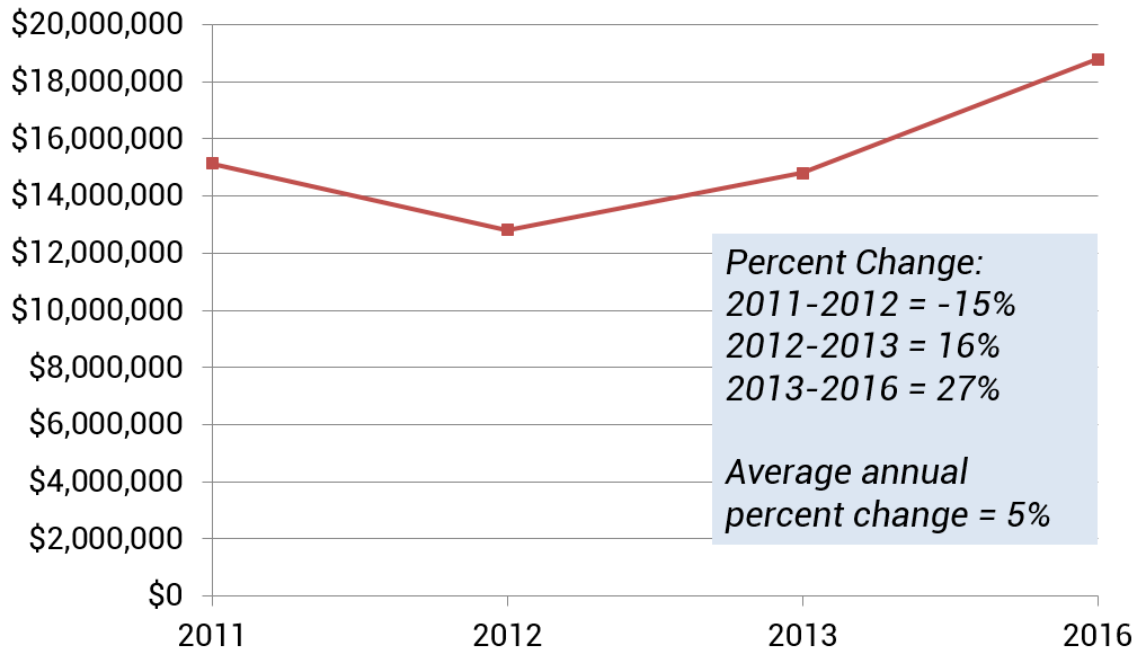
Figure 10. Annual Aggregate of U.S. State Spending Dedicated for Problem Gambling Services U.S. State Agency Spending Across 10 Years



Note: Based on past five APGSA Surveys.

In order to gauge funding trends for NCPG Affiliates in 2013, the NCPG Affiliate survey asked informants to provide a retrospective account of their annual funding from the past three years. The 2016 Affiliate survey differed from the 2013 version in that only the most recently completed past year’s budget was asked about (fiscal year 2016). Combing data from both the 2013 and 2016 Affiliate survey’s, a six-year trend emerged revealing an average annual percent growth in aggregate budget of 5%. As can be seen in Figure 11, budget changes between years appears less stable among Affiliate budgets compared to state agency problem gambling service budgets. While the annual aggregate budgets provide an idea of overall funding trends among Affiliates, a more detailed state-by-state account is provided in the state-by-state comparison of investments among NCPG State Affiliates in 2016 (depicted in Figure 8).

Figure 11. Annual Aggregate Budget of State Affiliates to the NCPG



Note: Years 2011 - 2013 based on 2013 NCPG Affiliate Survey responses with year 2016 based on 2016 survey

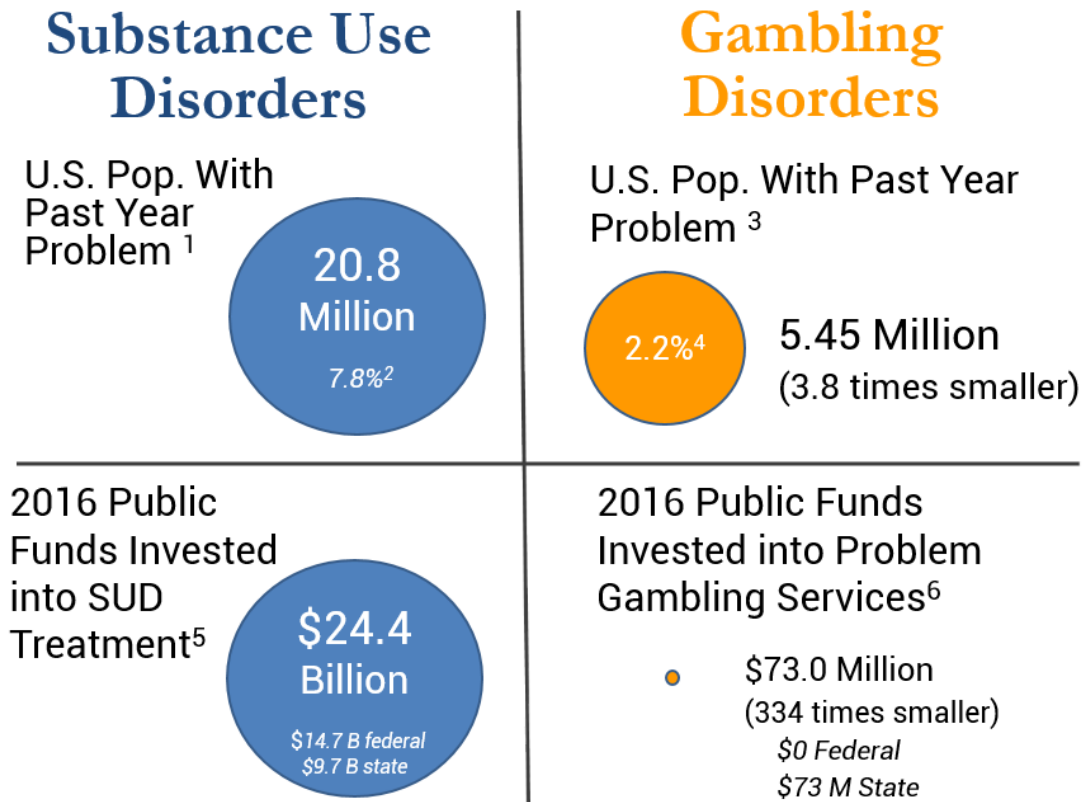
Of the \$73 million in total state investments in problem gambling services, less than half (37%) was directed toward treatment services. To put this number in perspective, it is useful to compare it to national spending on substance abuse treatment in the U.S. Total public funds invested in substance abuse treatment in the United States was an estimated \$24.4 billion in 2016⁵, which was directed at an estimated 20.8 million people in the U.S. with a past year substance use disorder.⁶ A recent meta-analysis of problem gambling prevalence studies found that approximately 2.2% of the adult population had a past year gambling disorder.⁷ Applying 2016 U.S. Census estimates for persons age 18+ to this problem gambling prevalence estimate suggests that approximately 5.45 million adults in the U.S. have or had a gambling problem during a 12-month period. If these prevalence and spending estimates are accurate and generalize to present-day rates, then substance use disorders are about 3.8 times more common than gambling disorders, while public funding for substance abuse treatment is about 334 times greater than public funding for all problem gambling services, including research, workforce development, prevention, and treatment (\$24.4 billion to \$73 million). See Figure 12 for a comparison of prevalence and public spending between substance use disorders treatment and all problem gambling services in the United States.

⁵ Substance Abuse and Mental Health Services Administration. *Projections of national expenditures for treatment of mental and substance use disorders, 2010–2020*. HHS Publication No. SMA-14-4883. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

⁶ Center for Behavioral Health Statistics and Quality. (2016). *Key substance use and mental health indicators in the United States: Results from the 2015 national survey on drug use and health* (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from <http://www.samhsa.gov/data/>

⁷ Williams, R. J., Volberg, R. A., & Stevens, R. M. (2012). *The population prevalence of problem gambling: Methodological influences, standardized rates, jurisdictional differences, and worldwide trends*. Ontario Problem Gambling Research Centre.

Figure 12. Comparison of Prevalence and Public Funding for Substance Use Disorders and Gambling Disorders in the U.S.



¹ 2015 National Survey on Drug Use and Health. ² Estimate based on ages 12 +. ³ Williams, R.J., Volberg, R.A. & Stevens, R.M.G. (2012). ⁴ Estimate based on ages 18+. ⁵ SAMSHA Spending Estimates – Projections for 2010-2020. ⁶ 2016 Survey of Problem Gambling Services in the United States.

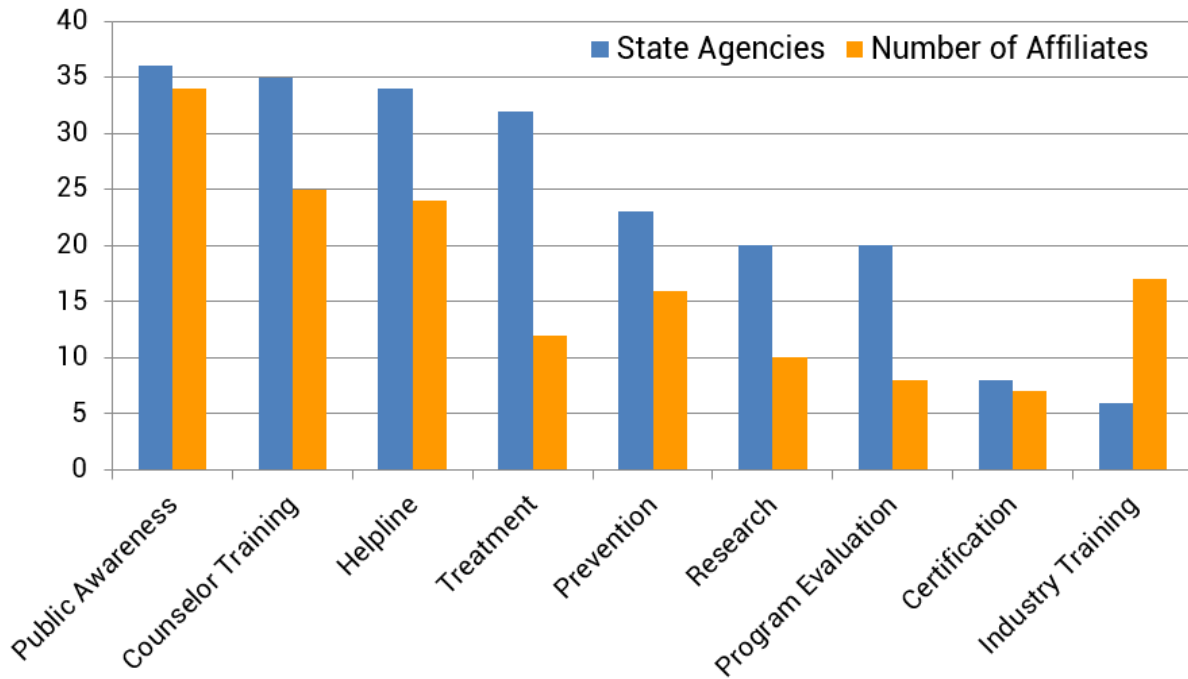
Types of Problem Gambling Services Funded

Across all states, there was a lack of uniformity regarding what types of problem gambling services were funded. Some states funded a comprehensive array of services ranging from prevention through multiple levels of treatment, while other states provided only one service (e.g., a problem gambling helpline or a prevention program). Among state agencies this variability in services provided was often rooted in the legislation that originally established the problem gambling program. Some states had legislation that restricted the use of funding to specific service areas. Another driving factor for what services were funded was linked to budget pragmatics such as having insufficient funds to expand the range of services offered.

The range of services offered by the Affiliates was likewise affected by budget constraints; those Affiliates with larger budgets were generally able to offer a greater array of services. However, budget constraints were not the only factor determining which services Affiliates offered. Whereas statutes and regulations determined how public funds were allocated, NCPG Affiliates relied on governing boards to allocate their budgets based on the priorities outlined in the Affiliate's mission statement. In general, Affiliates had less reliable funding sources than state agencies, requiring greater flexibility. As most NCPG Affiliate mission statements broadly speak to addressing problem gambling, prioritization of what types of services to offer were commonly based on filling service gaps. For example, a commonly provided service was raising awareness of problem gambling through free media and providing relevant information to policy makers. Often, an NCPG Affiliate was the only organization within a state to specifically advocate for problem gambling services or be in a position to speak on behalf of problem gamblers and their families. In contrast, only about a third of the Affiliates provided treatment services, either because these services were offered elsewhere in the state or because there were insufficient resources available to the Affiliate. Another driving force determining which types of services Affiliates offered was opportunity, for example, in the form of a grant awarded for specific services or in the form of volunteers—including board members—and the skill sets, relationships, time, and energy they could bring.

Figure 13 below provides information on the number of state agencies and NCPG State Affiliates that allocated resources toward specific problem gambling services in 2016. Among the 50 U.S. states, the most commonly supported services were problem gambling awareness programs (72%), problem gambling counselor training (70%), problem gambling helplines (68%), and problem gambling treatment (64%). The most commonly supported services among the 33 NCPG Affiliates and 2 non-affiliate state problem gambling councils were problem gambling awareness programs (97%), problem gambling counselor training (71%), problem gambling helplines (69%), and problem gambling awareness industry training (49%). For some Affiliates, providing responsible gambling training to casino employees was an important revenue source (California Council on Problem Gambling, Massachusetts Council on Compulsive Gambling, New Mexico Council on Problem Gambling, and others).

Figure 13. Number of State Agencies and NCPG Affiliates Allocating Funding for Specific Problem Gambling Services



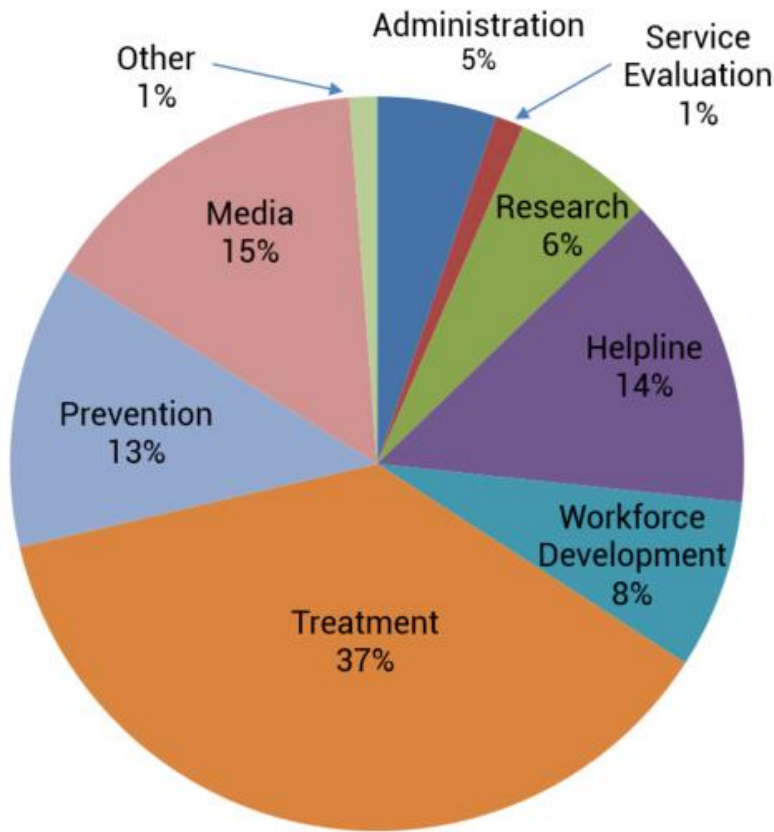
Note: Data for state agencies include only funds line itemed for problem gambling services and passing through a state agency.

Survey respondents were asked to provide a breakdown of their states’ problem gambling service budgets by service type. Figure 14 below displays these results.⁸ By taking the budget allocations each state and averaging this data we found that, on average, 37% of state problem gambling service budgets was used for treatment. This was followed by expenditures on media or public awareness projects (15%), helpline services (14%), prevention programs (13%), training or workforce development (8%), research expenses (6%), and costs of administering the programs (5%). The next section of this report, “Administrative Structures,” sheds light on why administrative costs make up a relatively small portion of funds dedicated for problem gambling services.

The distribution of problem gambling service funds between service categories remained relatively stable between the 2013 and 2016 survey. The one notable exception was in research and surveillance studies; the average allocation increased from 1.46% in 2013 to 6% in 2016. In terms of actual dollars, state agency research investment increased from \$884,760 in 2013 to \$6,886,365 in 2016. The largest contributors to this increase in research spending were Massachusetts (\$2.46 million) and Maryland (\$1.9 million). See the Research and Evaluation section of this report for details on the types of research projects funded by state agencies in 2016.

⁸ 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 yield different results. For example, aggregate spending on treatment was reported to be \$23,615,379, or 32.4% of the total authorized budget for all problem gambling services.

Figure 14. State Budget Allocations by Service Category in FY2016
39 State Agencies Reporting



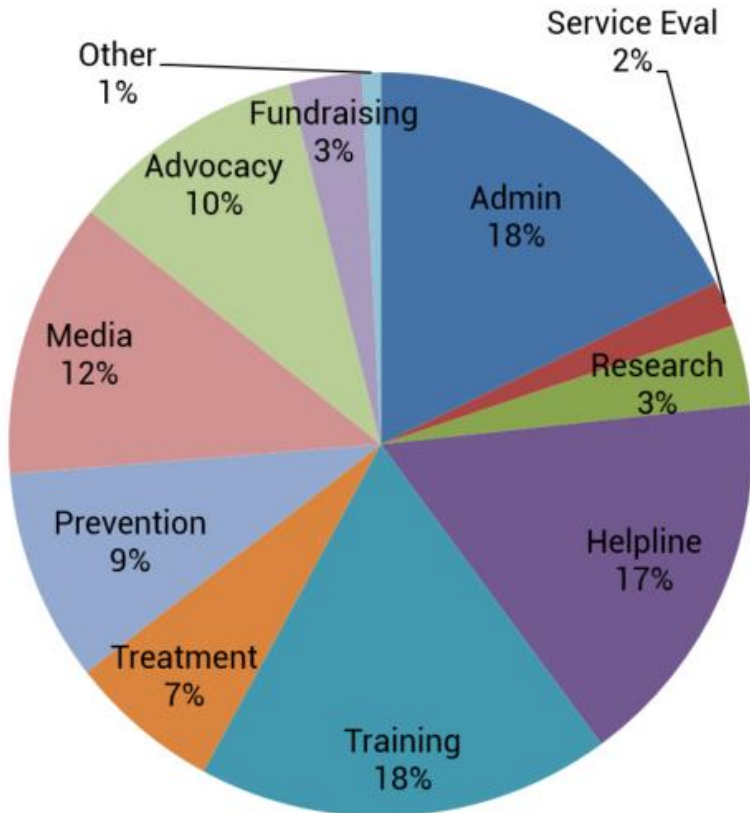
Note: Includes only funds line itemed for problem gambling services and passing through a state agency.

In the 2006, 2008, and 2010 national problem gambling services surveys, average state allocation for treatment services was about 50% of the total budget for problem gambling services. In both the 2013 and 2016 surveys, that figure dropped to 37%. In terms of actual dollars spent, spending on treatment services held stable from 2010 (\$23.65 million) to 2016 (\$23.62 million) even though, over that same period, treatment enrollments increased by 24%.

When viewing Figure 14, it is important to keep in mind that the state agency budget allocations for problem gambling services are presented as averages. That is, each state agency representative was asked to provide a percentage breakdown of their problem gambling service budget based on the categories presented in the pie chart (Figure 14); those percentages were first summed, then divided by the number of states providing this information (n= 39). As there are no federal mandates as to how problem gambling service funding is allocated and each state is different in terms of funding and administrative structure, there is considerable variation between states as to how designated problem gambling service funding is allocated. For example, on average, 13% of problem gambling service funds from all states were used for prevention activities; however, the range on an individual state level was between 0% and 82%.

National Council on Problem Gambling Affiliate key informants expressed more difficulty in providing a breakdown of their organizations' annual budgets by service type than did state agency key informants. Affiliates who were not able to provide budget breakdowns for the categories provided were asked to estimate their level of effort for each of the categories represented in Figure 15. By translating "level of effort" into budget distribution, we were able to develop a picture of the average time and money allocation to service categories across all Affiliates. As depicted in Figure 15, Affiliates tended to spend more on program administration costs and training than any other categories, with an average of 18% of their budgets directed toward these two service areas. This was followed by expenditures on helpline services (17%), media or public awareness projects (12%), advocacy (10%), prevention programs (9%), problem gambling treatment (7%), evaluation and research expenses (5%), and fundraising (3%). As noted in the funding section, Affiliate budgets varied greatly from operating with an all-volunteer staff with no budget (Georgia) to employing the equivalent of 13 full-time staff (Delaware). With such varied funding and staffing levels, the number and amount of services provided correspondingly varied between NCPG Affiliates.

Figure 15. NCPG Affiliate Budget Allocations by Service Category in 2016



Note: Includes 33 State Affiliates Reporting plus 2 NCPG Non-Affiliated State Problem Gambling Councils

Administrative Structures

The APGSA Survey included eight questions related to administration of problem gambling services. These questions focused on the agency with administrative authority over problem gambling services, the administrative structures for service provision, and the state employees who managed the problem gambling contracts (see Appendix C). The NCPG Affiliate Survey likewise included a section on “administrative structure” (see Appendix D). Within the Affiliate Survey, staffing information was collected, as was a narrative about how each NCPG Affiliate administered their services. Due to distinct differences between public service and private service administrative structures, the findings for the APGSA Survey and the NCPG Affiliate Survey will be reported separately.

APGSA Survey

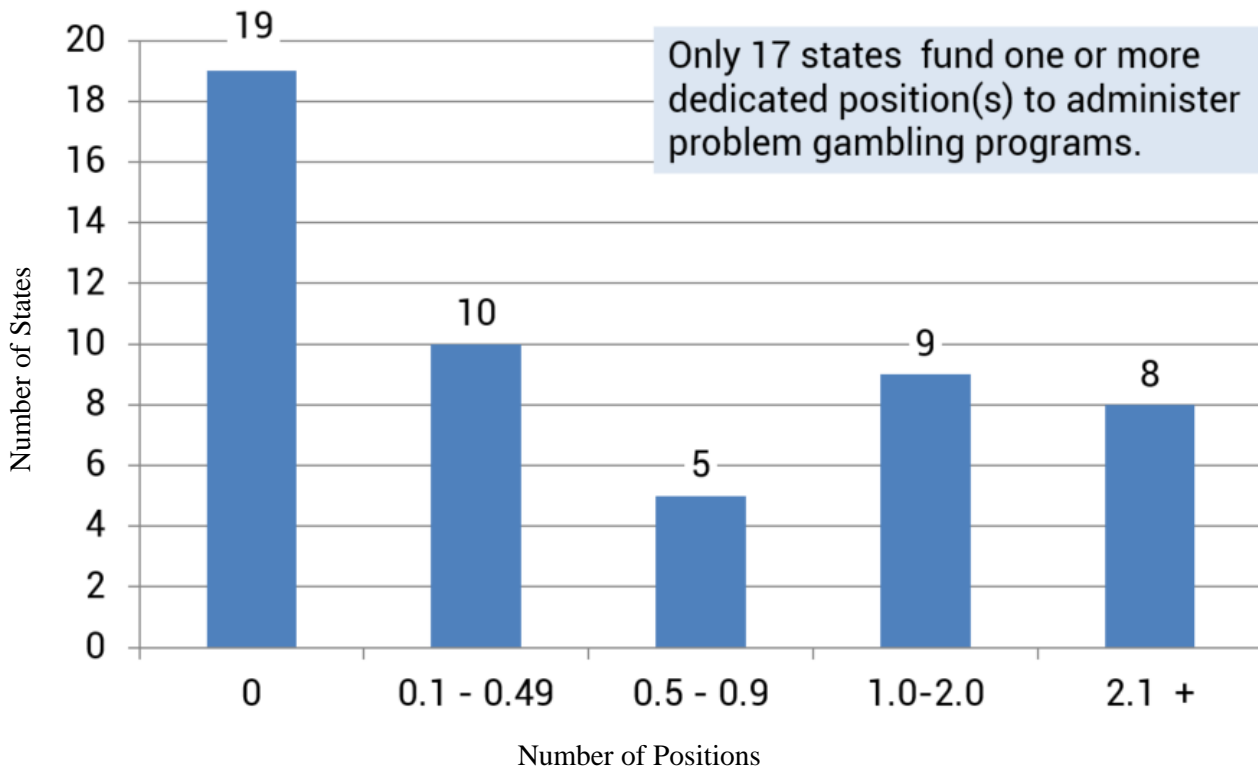
Determining which state agency has administrative authority over publicly funded problem gambling services is often complicated by factors such as: (a) the absence of written state policies or legislation on the topic; (b) more than one state agency offering a service or program addressing problem gambling; (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 which agency, if any, is assigned responsibility over problem gambling services. Further complicating how best to capture a state’s involvement in problem gambling services is the increased attention state lotteries and gambling regulatory agencies are placing on responsible gambling programs and practices. As with past surveys, for a state agency to be included in this survey they needed to meet the inclusion criteria of having a legislated mandate or agency budget line item specifically addressing problem gambling or a derivative of problem gambling such as disordered gambling, pathological gambling, or compulsive gambling. In the case of state lotteries, most often when they are directly providing what may be viewed as a problem gambling service, such as raising awareness of problem gambling, the budget line used to support the effort is called public information, responsible gambling, or some other nonspecific term. The reason for this type of non-specific budget language is most often due to legislated restriction on how a state lottery can program their administrative/operational funds. There are examples of where a state lottery directly and specifically funds problem gambling programs and are included in this survey; for example, the Rhode Island Lottery is legislatively charged with establishing problem gambling programs and the Virginia Lottery and the New Mexico Lottery directly fund a problem gambling helpline. For most states that use lottery funds to support problem gambling services, those funds are transferred from their lottery to a different state agency with administrative authority over funds dedicated to address problem gambling.

The present Survey found that the administrative authority over most state-funded problem gambling programs was an agency within the state’s department of health or human services (n=33). Some state agencies outsourced the administration of their state’s problem gambling programs (n=8), some state agencies managed multiple contracts to develop a delivery system for client services and did not use state employees for the provision of clinical services (n=15), and the most commonly employed

method to administer problem gambling services was utilizing both state employees for the provision of services in addition to managing multiple service contracts (n=16).

There was considerable variability between states in the number of state employees assigned administrative responsibility, per their job description, for overseeing state-funded problem gambling services. The APGSA Survey asked, “Is the [top level state agency] position [who manages the problem gambling contracts] assigned 0.5 FTE or greater to problem gambling services?” Respondents were also asked to provide descriptions of all positions and Full-Time Equivalent (FTE) staff hours dedicated to administration of problem gambling services for all agency staff with problem gambling service duties in their job descriptions. Analysis of these responses revealed that among the 50 U.S. states and the District of Columbia, the most common scenario was that there wasn’t anyone in state government with problem gambling services in their job description (n=19), followed by problem gambling services being administered by one person who had multiple program responsibilities, only one of which was problem gambling services (n=15). It is important to note that several of the state agencies that dedicated less than 0.5 FTE staff hours towards problem gambling services did so without funding any portion of that position from a dedicated or specified budget for problem gambling services. Only 17 states funded one or more full-time state employee positions dedicated to administering problem gambling programs. See Figure 16 for a further breakdown of FTE staff dedicated to problem gambling services (PGS).

Figure 16. Number of State and District of Columbia FTE Positions Dedicated to PGS



Note: Includes only state employees, not contracted positions. South Dakota did not report.

Just as there was variability in the number of state employees assigned to administer problem gambling programs, there was also considerable variability in the proportion of problem gambling funds that states used to pay for the administrative costs related to managing those funds. For example, on average, 5% of problem gambling service funds were used for administrative expenses; however, the range was between 0% and 22%. Notably, for those states where problem gambling services were designated to a problem gambling specific office, unit, or project team (n=11), the average proportion of funds used for administrative purposes was over twice as high as the average among states where the problem gambling services were not assigned to a specific office, unit, or team. A similar relationship appeared when we compared the average FY2013 state budget for problem gambling services for those states with a designated problem gambling office, unit, or team (\$2.3 million) with states that did not have a designated problem gambling office, unit, or team (\$1.3 million).

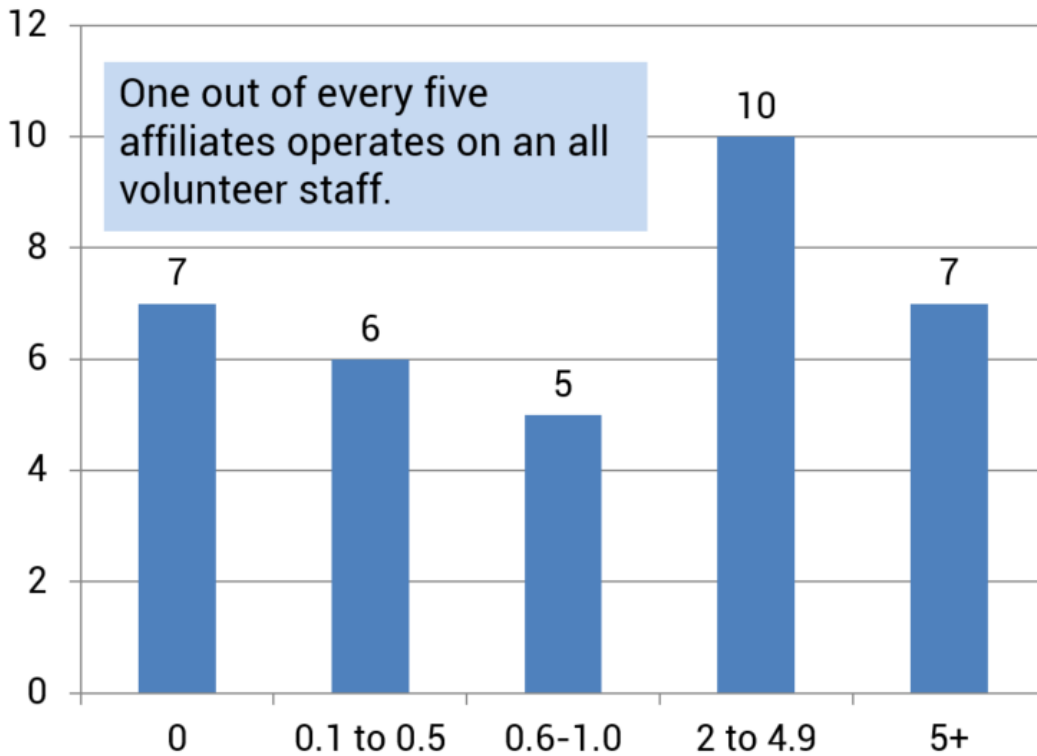
A possible explanation for these patterns is that problem gambling funding and administrative structures function in a feedback loop, where greater funding leads to more defined program administration structures, and more administrative resources specifically dedicated to problem gambling programs lead to greater awareness of need, which in turn supports increased funding for these programs.

NCPG Affiliates

The NCPG Affiliate Survey asked respondents to provide information about all Affiliate staff positions, not limited to those in administrative positions. Responses revealed an extreme variability, where some had several paid employees to administer problem gambling programs, some relied solely on volunteers, and others had no employees and contracted out administrative services. Remarkably, among the 33 NCPG State Affiliate and two non-NCPG Affiliate state problem gambling councils reporting, one-fifth operated with an all-volunteer staff and board and no paid positions in 2016 (n=7). About a third reported having one or fewer FTE (n=11), while almost half (n=17) reported having the equivalent of two or more full-time positions in 2016.⁹ See Figure 17 for a further breakdown of Full-Time Equivalent (FTE) staff among NCPG Affiliate organizations.

⁹ Only paid staff positions at Affiliate organizations were counted in the calculation of FTE positions; contracted positions were excluded.

Figure 17. Number of NCPG Affiliate FTE Positions Dedicated to PGS
33 Affiliates plus 2 non-NCPG Affiliate state problem gambling councils reporting



Note: Includes only paid staff positions within Affiliate organizations; does not include contracted positions.

Summary Findings

Combining data from the APGSA and NCPG Surveys, we found that slightly more than half (51%) of the 50 U.S. states and the District of Columbia had anyone within the state whose full-time job was to administer problem gambling services. Ten states had no paid public employee or paid NCPG Affiliate staff dedicated to problem gambling services, 13 states had part-time positions totaling less than 1 FTE, while 28 states had a combined 1 or more FTE positions dedicated to problem gambling services. While combining the data in this way provided a more complete picture of state-by-state resources invested toward addressing problem gambling, the parallel is not perfect: the APGSA data pertained only to positions responsible for administration of problem gambling programs whereas the NCPG data included all paid staff at state Affiliate organizations. What was clear was how few states were investing in administrative personnel to support problem gambling services and how much room there is for problem gambling service expansion in both the public and private sectors. Without adequate investment of administrative personnel to oversee the growth and development of problem gambling services, gambling-related harm will take its toll on the public’s physical, social, and economic health.

Prevention

Background

While prevention services to address alcohol, tobacco and other drugs have been implemented for decades, services to address the prevention of problem gambling are relatively new. Initial problem gambling “prevention” initiatives often involved general awareness building, outreach to treatment, or stand-alone activities that were often framed without foundations in effective prevention practices. Most of these early prevention efforts were not informed by comprehensive, evidence-based approaches, such as those recommended by the Substance Abuse and Mental Health Services Administration and Centers for Disease Control and Prevention.¹⁰

The body of problem gambling prevention programming did not begin until the late 1990s and early 2000s, with initiatives such as “Facing the Odds: The Mathematics of Gambling and Other Risks (Harvard Medical School Division on Addictions and the Massachusetts Council on Compulsive Gambling) and pockets of other individual programs around the United States. Some initiatives in the United States attempted to use programming from Canada, since Canadian problem gambling prevention initiatives, by and large, launched earlier than United States equivalents. These programs were anecdotally reported as often difficult to implement effectively due to key differences in legal gambling age, language (dialectic and vocabulary differences in English, and some problem gambling prevention programs were developed in French), and differences in the types of available gambling. Early problem gambling prevention efforts were typically school based, and not necessarily delivered by prevention specialists. To some extent, these challenges remain the case.

While many, if not most, problem gambling prevention practitioners have subscribed to the public health approach to problem gambling prevention, it was not until 2015 that a “common understanding” of prevention of problem gambling was articulated on a national level.¹¹ The *Prevention of Gambling Disorders: A Common Understanding* aimed to provide clarity to roles and responsibilities of those in the problem gambling field by articulating the comprehensive nature of effective prevention strategies in using the public health approach and SAMHSA models, rather than framing prevention of problem gambling as limited to awareness and education efforts.

Problem gambling prevention specialists typically model programs and services based upon the Behavioral Health Continuum of Care Model, in which health promotion and prevention services are clearly differentiated from treatment and recovery services, in that prevention services are those delivered prior to the onset of a disorder.¹²

¹⁰ Williams, R.J., West, B.L., & Simpson, R.I. (2012). Prevention of problem gambling: A comprehensive review of the evidence, and identified best practices. Report prepared for the Ontario Problem Gambling Research Centre and the Ontario Ministry of Health and Long Term Care. October 1, 2012. <http://hdl.handle.net/10133/3121>

¹¹ National Council on Problem Gambling Prevention Committee. (2015, July). *Prevention of gambling disorders: A common understanding*. Washington, DC: National Council on Problem Gambling.

¹² Substance Abuse and Mental Health Services Administration (n.d.). *Prevention of substance abuse and mental illness*. Retrieved from <https://www.samhsa.gov/prevention>.

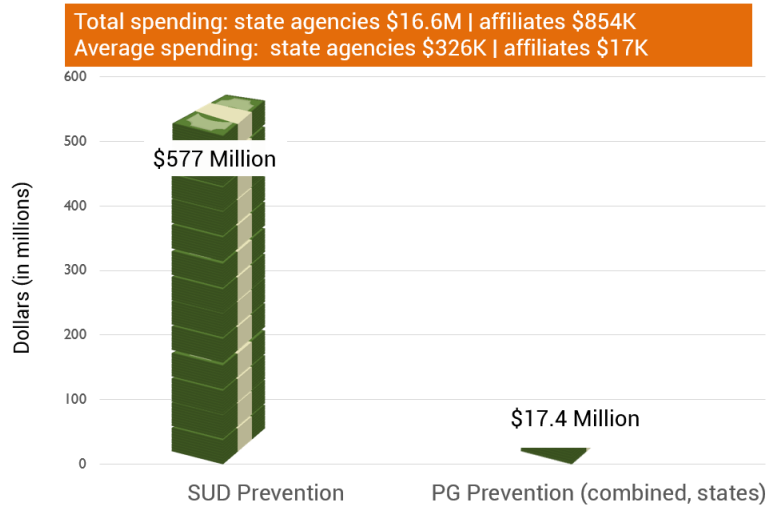
2016 Survey

Past APGSA/NCPG surveys of problem gambling services collected information about prevention funding and about prevention activities but did not systematically deconstruct different types of prevention activities or targeted populations. The 2016 survey expanded the section on prevention to more clearly differentiate the types of prevention activities taking place and high-risk groups targeted for prevention efforts. “Prevention” choices were defined in the survey as to “only endorse if activity is aimed at preventing the onset of the problem.”

A total of 23 state agencies and 16 Affiliates reported providing prevention services. The number of states allocating funding for prevention services dropped since the 2013 survey; in that survey, 26 state agencies and 18 Affiliates reported funding prevention services. One in three state agencies (34%) did not provide any funding for prevention services. Only five percent of state agency prevention services were provided by government employees; most services were contracted out (37%) or were provided by a combination of contractors and government employees (24%).

While the *number* of states providing prevention services dropped slightly since 2013, *spending* on problem gambling prevention services grew since 2013; the average spending of total budget on prevention services in 2016 was 16% by state agencies and 17% by Affiliates, compared with 14% of state budgets and 14% of Affiliate budgets in 2013. The amount of increase appears to have leveled off since the period between the 2010 and 2013 survey, in which prevention allocations were nearly doubled. The state agency with the highest percentage of total budget spent on prevention services was Pennsylvania (82%); the Affiliate with the highest percent of total budget spent on prevention services was California (50%). Although state agency spending on problem gambling prevention reached an all-time high of \$16.4 million, even when adding in Affiliate spending of \$840,000, the total investment in problem gambling prevention services is very low when compared to spending on preventing substance use disorder (see Figure 18).

Figure 18. Spending on Problem Gambling Prevention



Source: National Association of State Alcohol and Drug Abuse Directors (NASADAD) (2017, March).

The most commonly reported prevention activities, shared by both state agencies and NCPG Affiliates, were problem identification and referral (21 state agencies and 15 Affiliates), coalition building (17 state agencies and 14 Affiliates), and policy change efforts (14 state agencies and 13 Affiliates) (Figure 19). State agencies were far more likely than NCPG Affiliates to deliver services in school-based settings, including higher education settings.

Figure 19. Prevention Services by Service Type

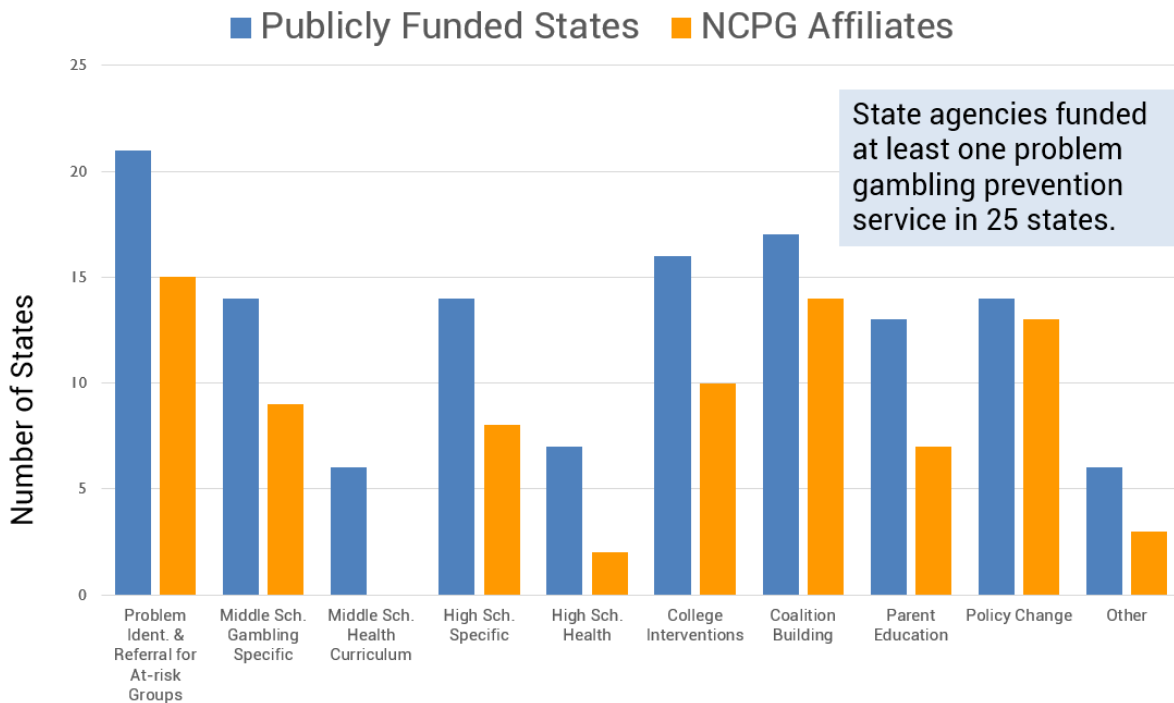
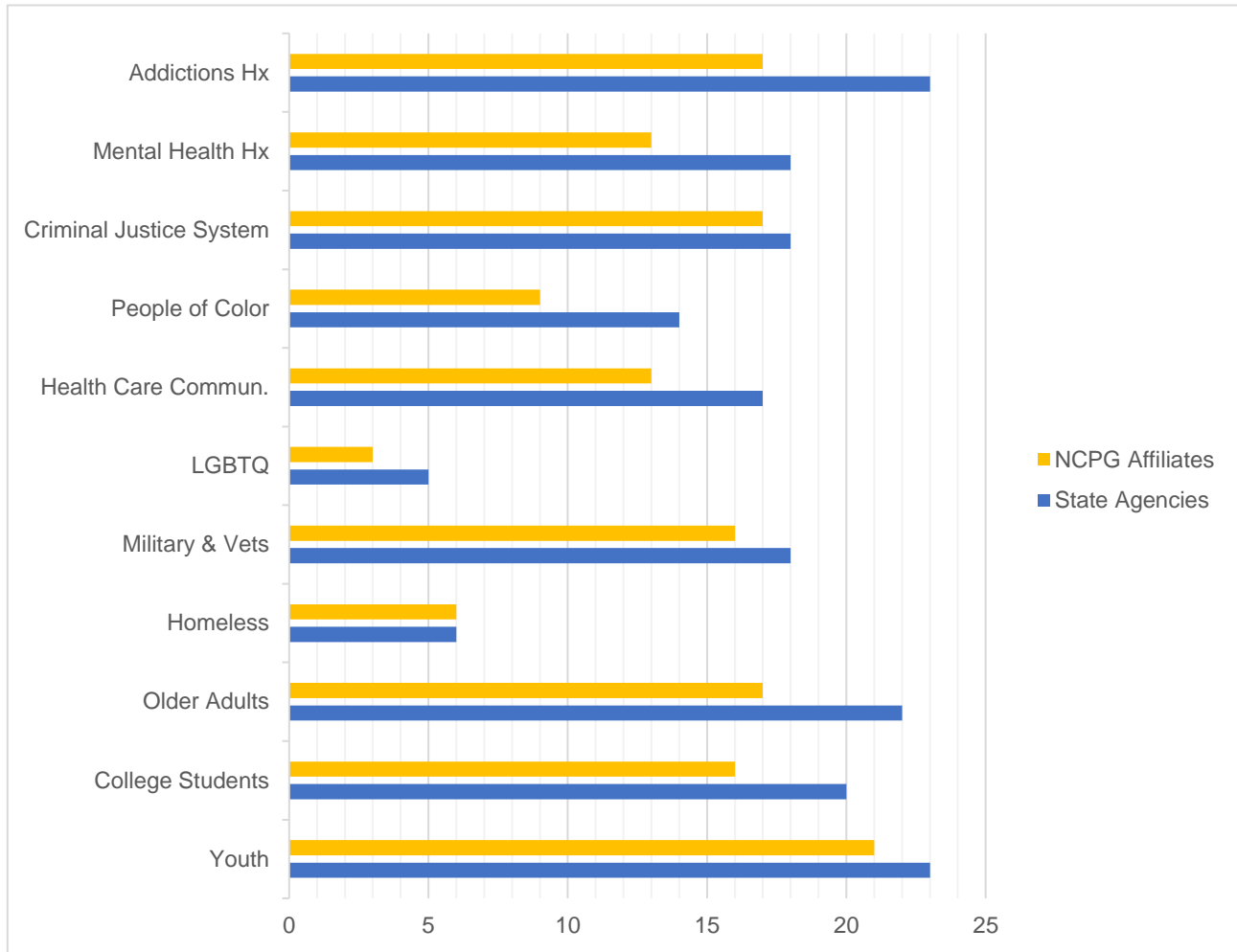


Figure 20. Number of States Providing Prevention Services to Specific Population Groups.



State agencies and affiliates each provided prevention services to specifically targeted (often known as “vulnerable”) population groups (Figure 20). Of these specific population groups, state agencies and affiliates alike were most likely to deliver prevention services to youth (23 state agencies, 21 affiliates), people with addiction history (23 state agencies, 18 affiliates), older adults (22 state agencies, 17 affiliates). Other groups commonly targeted were people with a mental health history, criminal justice system, health care communities, college students, military and veterans. People of color, the homeless, and Lesbian, Gay, Bisexual, Transgender, Questioning/Queer (LGBTQ) communities were the least commonly served vulnerable populations that were addressed in this survey. There were five states who reported “other” vulnerable populations as served; these populations were people with disabilities and the unemployed.

Only 11 publicly funded states (27 percent of sample) have problem gambling prevention efforts included in their SAMHSA block grants. Eleven state agencies and four Affiliates use the Strategic Prevention Framework in planning, implementing and evaluating their problem gambling prevention

programs. These overall low rates of using the SAMHSA models may likely be due to the minimal level of support for problem gambling from SAMHSA on the federal level.

Within the prevention section of the survey, respondents were asked, “what are your state’s largest gaps around problem gambling public awareness and prevention?” The gaps in prevention services most listed by both state agency administrators and NCPG affiliate administrators, were 1) funding, 2) community readiness (low awareness of problem), and 3) staffing and coordination.

The prevention section of the survey lacked a field for respondents to provide additional optional comments on prevention services; the researchers recommend that this be remedied in the following survey.

Awareness

Background

Awareness activities are broadly defined as information dissemination efforts meant to increase the awareness of problem gambling as a public health issue, and to promote awareness among the public of the availability of services to treat problem gamblers and, in some cases, their loved ones. Awareness services are differentiated from prevention services in that, simply put, they are meant to increase community awareness of the problem, and not offer intervention efforts meant specifically to prevent the problem or promote health (see “Prevention” section). Information dissemination efforts can be, and often are, part of an overall prevention approach; however, these efforts are in and of themselves not comprehensive strategies.

Activities to promote awareness are quite common in problem gambling, particularly since problem gambling still tends to be viewed as less harmful than other health conditions, and often carries a negative stigma around the issue and those seeking help¹³. Awareness efforts are commonly conducted across the continuum of care, and are often conducted as part of gambling industry responsible gambling campaigns. Some state agencies tend to focus on allocating resources to prevention efforts, and rely on their lotteries to deliver public awareness campaigns, which are typically more costly to develop and deliver, across a variety of media platforms.

A Note on Responsible Gaming

As mentioned within the Funding section of this report, many Affiliates and state agency problem gambling service systems are funded in part or entirely with revenue generated from the gaming industry. In addition to providing funding for problem gambling services, state lotteries, commercial

¹³ Hing, N., Russell, A.M., Gainsbury, S.M., & Nuske, E. (2015). The public stigma of problem gambling: Its nature and relative intensity compared to other health conditions. *Journal of Gambling Studies*, 32, 847-864. doi: 10.1007/s10899-015-9580-8

casinos, tribal casinos, segments of legalized online gambling, and others have collectively contributed toward increasing public awareness of problem gambling and available help resources.

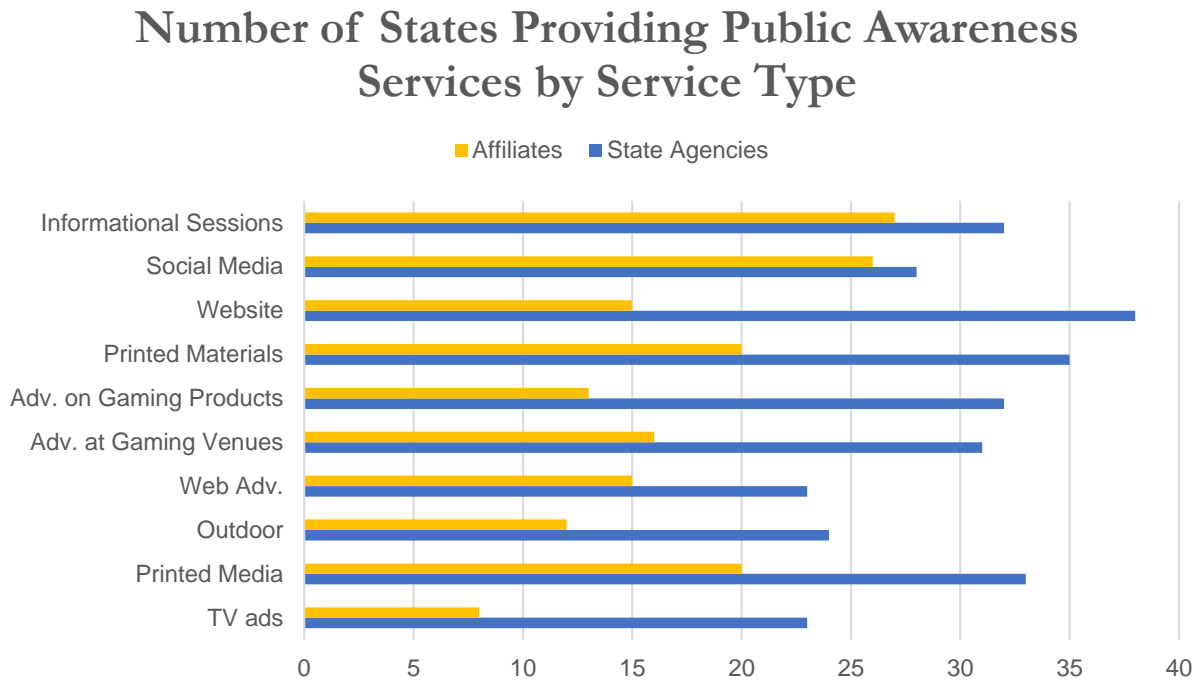
State lotteries hold an important distinction from other segments of the gambling industry in that they are both gambling operators and, in most cases, a state agency. In states with a lottery yet no problem gambling service system, the only state agency providing problem gambling awareness information is typically its state lottery. While this survey did not collect information about state lottery problem gambling awareness activities, the North American Association of State and Provincial Lotteries (NASPL) conducted a Social Responsibility Survey among its members in the Spring of 2017. NASPL is an association representing 52 lottery organizations. Forty-three of the 46 U.S. state lotteries completed this NASPL survey and all reported that they promote a problem gambling helpline, including 32 U.S. state lotteries that print a helpline number on their lottery tickets and 23 that promote the number through television advertising. Thirty-five state lotteries also reported participating in a Holiday campaign initiative supported by McGill University and the NCPG to discourage parents from buying lottery tickets as gifts for children. As demonstrated by the NASPL Social Responsibility Survey, state lotteries and their associations have over the years increased their efforts to address responsible gambling including supports and programs to increase problem gambling awareness. Lotteries are not the only segment of the gaming industry that have increased their efforts to raise problem gambling awareness through increased attention toward responsible gambling programs; commercial casinos, tribal casinos, and others have been making strides in collectively increasing their contributions toward increasing public awareness of problem gambling and available help resources.

2016 Survey

In the 2016 Survey of Problem Gambling Services in the United States, prevention and awareness activities were separated out so that each could be measured as accurately as possible. As stated in the “Prevention” section of this report, “prevention” choices were defined in the survey as to “only endorse if activity is aimed at preventing the onset of the problem.” An example would be of a prevention awareness activity counted as a prevention service would be a campaign encouraging parents to talk with their children about the risks of gambling. A campaign addressing setting limits on time and money in gambling would be considered an awareness activity.

In this survey, a total of thirty-six public agencies and 34 NCPG Affiliates reported providing public awareness services. The most common methods of public awareness among state agencies were via website (38 states), printed material (33 states) and informational sessions (32 states). The most common public awareness efforts from Affiliates were informational sessions (27 states) and via social media (26 states). Affiliates were proportionally far more likely to deliver information sessions than state agencies; conversely, there were more than twice as many state agencies that provided problem gambling awareness information via websites. The use of social media as a public awareness tool was reported almost evenly by state agencies and NCPG Affiliates. Figure 21 shows each of the problem gambling public awareness services types as reported by survey respondents.

Figure 21. Number of States Providing Public Awareness Services by Service Type



Problem Gambling Helplines

Often viewed as cornerstones of problem gambling systems, helplines were among the first services established by many states. In the 2016 survey, 39 states reported offering problem gambling helpline services, with 34 utilizing public funds designated to address problem gambling to support the service.¹⁴ The average proportion of state funding for problem gambling services allocated for helplines has increased from 7% in 2010, to 12% in 2013, to 14% in 2016. Among the 29 NCPG Affiliates reporting, an average of 17% of their 2016 budgets was dedicated to problem gambling helplines, up from 10% in 2010. The increased costs to support gambling helpline services is likely related to the finding that more helplines were offering a wider array of services. For example, since the 2013 survey, the percent of helplines providing warm transfers were up from 31% to 47%, web based chat services were up from 18% to 50%, and texting services increased five-fold between 2010 and 2016, 10% to 53% respectively.

NCPG Affiliates were involved with the administration of helpline services in 21 states. Thirteen of these Affiliates used state funds to support those services. Those Affiliates from states without their own gambling helpline promoted the National Problem Gambling Helpline Network (NPGHN), a network operated by the National Council on Problem Gambling. This network links together 28 state and regional call centers to create a national helpline system. Centers receive a variety of public and private funding, and may also have or answer other national, regional or state helpline numbers for

¹⁴ The five states that offer problem gambling helpline services that are not supported with designated public funds to address problem gambling are GA, MO, NV, WA, and WY.

gambling and/or other issues. In states without their own problem gambling helpline services, the NPGHN provides coverage for problem gambling calls that originate there. Nine states of the thirty-nine with funded helpline services reported utilizing the NPGHN national problem gambling number as the primary helpline number for the state (800-522-4700). NCPG pays for the Louisiana Association on Compulsive Gambling (LACG) to handle calls from Washington, DC and eleven states that have no funding for helpline services in addition to having contracts with four other states and fielding calls from within Louisiana. In states where problem gambling treatment services were available, calls routed to an out-of-state call center were followed up with referrals to problem gambling counselors and treatment services within the state where the call originated.

The survey identified 14 organizations that operated problem gambling helplines. Some of these organizations provided services to several states with the majority providing single state services. Despite the existence of the NPGHN, many local jurisdictions and states promoted and operated independent helpline services, resulting in multiple problem gambling helpline numbers operating in the U.S., and it was not uncommon for more than one problem gambling helpline number to be marketed in the same state.

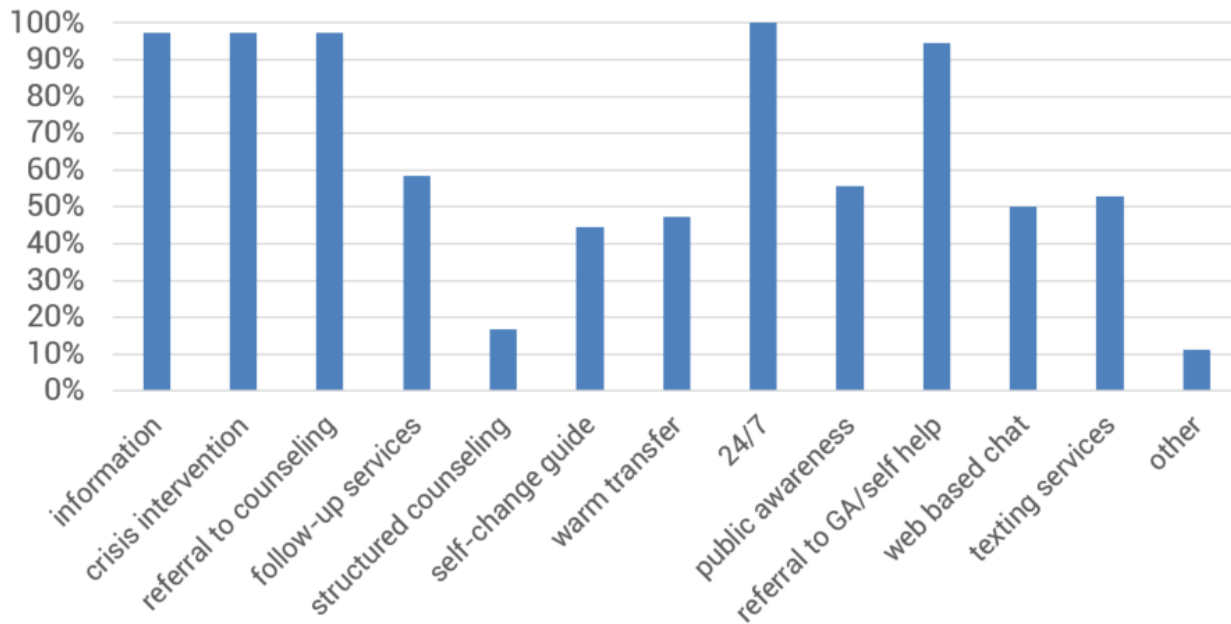
All identified problem gambling helplines offered 24-hour service, seven days a week. Most states (76%) offered helplines that operated exclusively as problem gambling helpline centers (i.e., stand-alone), and the other nine used helpline services that were embedded within broader helpline centers that also fielded calls related to other addictions or mental health issues. Only three states (8%) offered helpline services exclusively in English (Montana, New Hampshire, and Vermont), while the large majority utilized additional language lines or translation services where communication between a non-English speaker and the helpline counselor passed through a translator. This represented a shift in helpline services since 2010, when a quarter of state-funded helplines were English-only.

There was much variation in the credentials and training of helpline staff that answered calls to the various call centers. Individuals who answered helpline calls ranged from uncredentialed volunteers to master's degree level counseling professionals. The survey asked respondents to check one of six categories that best described helpline staff in their state's primary helpline service: volunteers, certified gambling counselors, professional counselors not certified in problem gambling treatment, paid staff with no professional license or certification, a mix of certified and non-certified problem gambling counselors, or "other." The majority of the helpline centers utilized paid staff with specialized training but did not require staff to be licensed or certified counselors.

Figure 22 below depicts the different types of helpline services offered along with the proportion of problem gambling helplines offering the twelve defined services. Findings from the last three surveys indicated significant expansion in the types of services that helplines offered between 2010 and 2016, especially in the number of states providing web-based services, texting services, and warm transfers. Providing information and referral services appeared to be universal among the helplines. The disparities between helpline offerings were among the non-traditional services such as follow-up services, where the helpline specialist called back the help seeker to see if they followed through with the referral or encountered any difficulty reaching the referred resource. Six 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. Almost half of the helplines provided callers with self-change guides or informational packets on cognitive-behavioral approaches to self-regulate gambling behavior, either by email, physical mail, or by making these guides available on their websites. In 2010, less than 10% of helplines utilized web-based technologies (e.g., live chat services) to expand the number of access points or user options. In 2013, the proportion of helplines using web-based technologies was 18%, and in 2016 that percentage grew to 50%. Other notable changes included the percent of helplines providing warm transfers increasing from 31% in 2013 to 47% in 2016, and texting services increasing five-fold between 2010 and 2016, 10% to 53% respectively. The texting increase appears related, in part, to a new service offered by Morneau Shepell, a problem gambling helpline provider serving 8 states, where weekly motivational messages are texted to helpline callers who opt into the service and to the NCPG launching a program to provide text and chat coverage nationwide in 2015.

Figure 22. Helpline Services



Note: For a service to be included it must be operationally standardized. N=36

Figure 23 below depicts the state by state number of “calls for help,” defined as calls seeking help or information related to problem gambling. Calls for help to problem gambling helplines in 2016 (31,199) decreased by 17% compared to calls for help in 2013 (37,541). When operators were asked why they believed “calls for help” were down, several stated they experienced a corresponding increase in visits to the state’s problem gambling website, leading several key informants to believe that more people are seeking help and information from internet browsing and that the U.S. population is less inclined to use traditional telephone calling than in the past.

The survey also asked about total call volume; however, only 30 states tracked call volume in this way. Among the states that did provide information about both calls for help and total call volume, there was great variation between states, with an average of 16% of the calls to a problem gambling helpline being “calls for help” ranging from 4% to 100%.¹⁵ When APGSA survey respondents were asked in prior surveys 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 acronym that does not clearly associate the number with problem gambling help. For example, states that used the 1-800-GAMBLER helpline number without a pre-screening message (New Jersey, California, and Pennsylvania) received a larger proportion of non-help-seeking calls than states that used helpline acronyms that more clearly identified the purpose of the line, such as 1-800 BETS-OFF (Iowa, Missouri).

Figure 23. Helpline Calls for Help



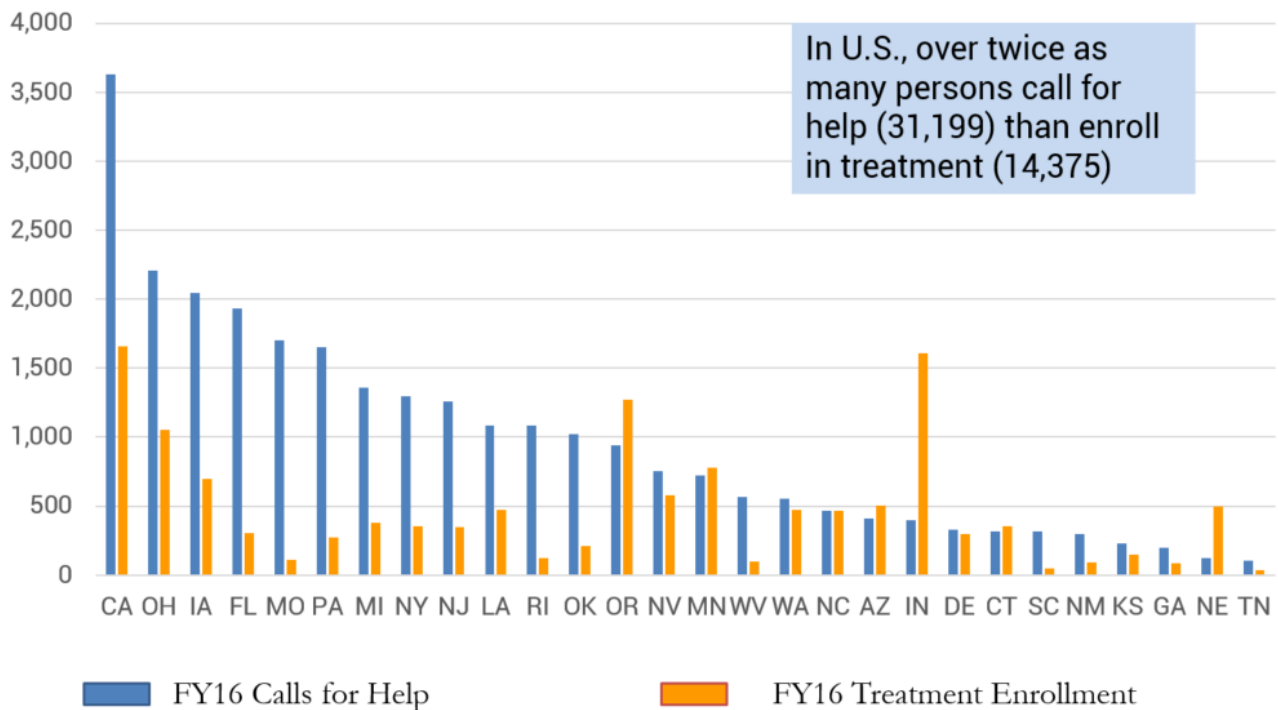
Note: Combined APGSA and NCPG datasets. 40 states reporting with one (WI) excluded due to reporting discrepancy. FL reported two discrepant Calls for Help counts; 1934 and 5913, with the former presented here.

Figure 24 below shows the relationship between the number of individuals seeking help by calling a state problem gambling helpline and the number entering problem gambling treatment programs funded by state agencies or NCPG affiliates. Twenty-eight states reported both helpline data and treatment enrollment data. In total, over twice as many people called for help than enrolled in state

¹⁵ Figures reflect data gathered from 2016 APGSA Survey.

funded or NCPG affiliate funded gambling treatment systems. The proportion of treatment enrollments compared to helpline calls varied widely between states. However, of these 28 states, all but six reported more calls for help to the state’s helpline than gambling treatment enrollments. Interestingly, the problem gambling treatment systems in Arizona, New Mexico, Oregon, Indiana, Connecticut, and Nebraska saw more people enroll for treatment than called for help, demonstrating that there are many ways to access treatment and that greater gambling treatment enrollments may not be dependent on increasing calls to a state’s problem gambling helpline.

Figure 24. Calls for Help Compared to Treatment Enrollments



Note: Combined APGSA and NCPG Affiliate data. Includes only those states that reported both treatment enrollments and helpline calls for helps.

There were several factors that contributed to the variability observed in viewing state-by-state data on helpline calls for help compared to treatment enrollments. These factors may have included 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 24, this data underscored one of the main findings of this survey, that there were vast differences between states in level of support for and operation of problem gambling services.

It is important to note that, just as there are multiple pathways to treatment for problem gambling, there are many support resources beyond those identified in these surveys. For example, Gamblers

Anonymous (GA) is one of the chief problem gambling support networks throughout the country. Frequently, callers to gambling helplines are referred to both GA and to professional treatment resources. In the many states that do not fund treatment nor have certified gambling treatment counselors within the caller's proximity, individuals may call a helpline and be referred to GA instead of professional treatment.

Treatment Systems

Background

Approximately 5.45 million problem gamblers age 18 or older are estimated to need gambling disorder treatment each year or about 1 in 45 people (2.2%).¹⁶ Of this number, 13,190 individuals were treated in U.S. state-funded problem gambling treatment programs in state fiscal year 2016. These figures suggest that state-funded gambling disorder specialty treatment was provided to less than one quarter of one percent (0.25%) of those with a Gambling Disorder in 2016.

For comparison purposes, in 2015, an estimated 21.7 million people aged 12 or older needed substance use treatment (8.1 percent) (Center for Behavioral Health Statistics and Quality, 2016). The 2015 National Survey on Drug Use and Health found that 10.8 percent of people aged 12 or older (2.3 million people) who needed substance use treatment received treatment at a specialty facility in the past year. These statistics suggest that on an annual basis, about 1 in 12 chemically dependent persons receive specialty treatment each year compared to 1 in 400 disordered gamblers who receive publicly funded treatment from a certified, licensed, or state agency approved gambling treatment provider.

Numbers Treated

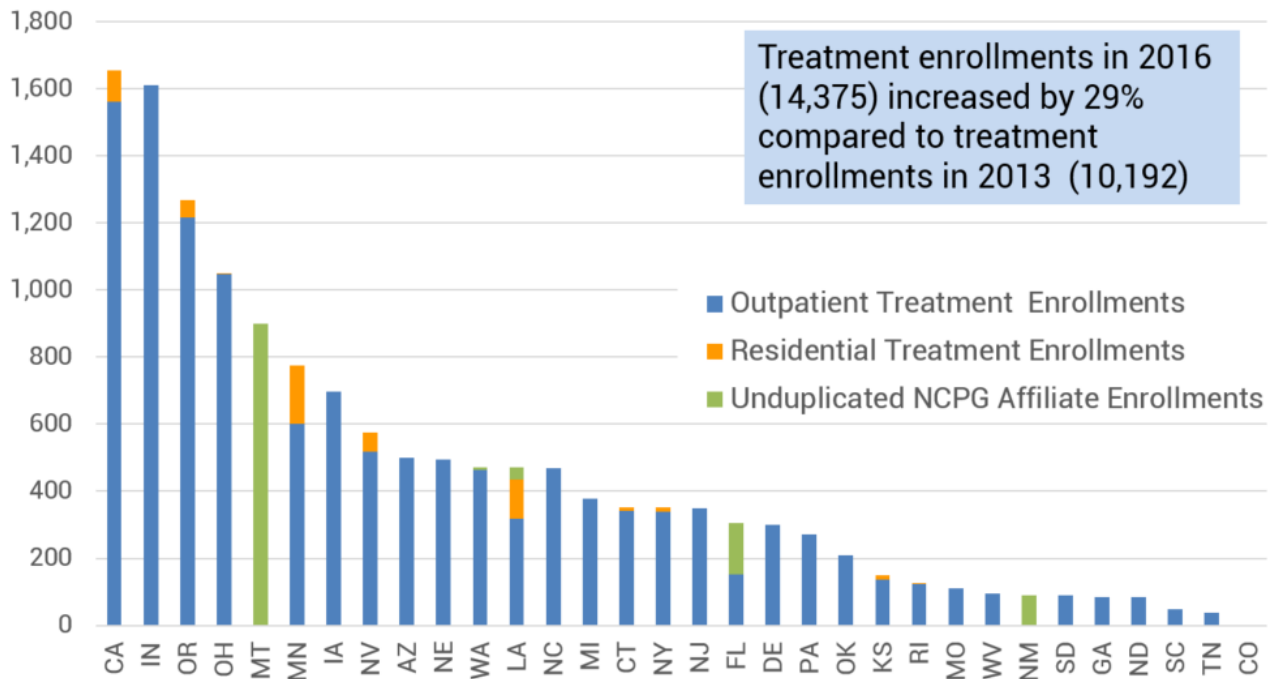
The total number of persons treated for problem gambling in 2016 was 14,375, including 13,190 from state-funded programs and another 1,185 unduplicated treatment consumers from NCPG Affiliates. The vast majority of the services were provided on an outpatient basis. In the 10 states that offered publicly funded outpatient and residential treatment services and provided information on both, an average of about 10% of the population seeking gambling treatment obtained a residential level of care. Figure 25 below provides a state-by-state breakdown of the number of consumers obtaining problem gambling treatment through NCPG Affiliates and state-funded programs.

The state agency and NCPG Affiliate surveys included questions regarding the number of affected others treated in an outpatient setting. Not all key informants were able to provide treatment numbers that broke-out consumer type; gambler or affected other. In the 18 states that reported both the person with a gambling disorder and affected other treatment enrollment numbers and where affected

¹⁶ Based on an estimated past year pathological gambling prevalence rate of 2.2 % (Williams, Volberg & Stevens, 2012) and the 2016 U.S. adult (age 18+) population estimate of 262,070,808 (U.S. Census, 2016). For this report, people are defined as needing gambling treatment if they had an gambling disorder in the past year.

others were eligible for services without the person with a gambling disorder in treatment, in aggregate about 14% of the population obtaining publicly funded services were affected others. This figure is important when considering research that found involvement of an affected other in the person with a gambling disorder’s treatment is associated with better outcome rates for the person with a gambling disorder when compared to outcomes without affected other / family involvement.¹⁷

Figure 25. Numbers Treated with Problem Gambling Funds, SFY 2016



Note: 34 states provided PG treatment through dedicated funding. MA & IL provide publicly funded gambling treatment, declined to report numbers.

Treatment enrollment changes between surveys were assessed using three different methods. The first method was simply looking at the aggregate of treatment numbers reported between the 2010, 2013, and 2016 surveys. The APGSA Surveys conducted prior to 2010 utilized less rigorous data collection methodology, therefore, treatment data from these earlier surveys were not included. As previously noted, NCPG Affiliate data was collected for the first time in 2013. This addition enabled gambling treatment data for Montana and New Mexico to be included and more completely captured gambling treatment enrollments for Florida, Oklahoma, and Washington, where the NCPG Affiliates provided treatment services that supplemented state-funded treatment. With the addition of counting NCPG Affiliates for the first time in 2013, the investigators anticipated that the total treatment numbers reported across states would be higher than in 2010; however, they were not (2010 enrollment = 10,930; 2013 enrollments = 10,192). For 2016, enrollments increased by 29% to 14,375. These observations suggest that from a national perspective gambling treatment enrollment is on the rise after

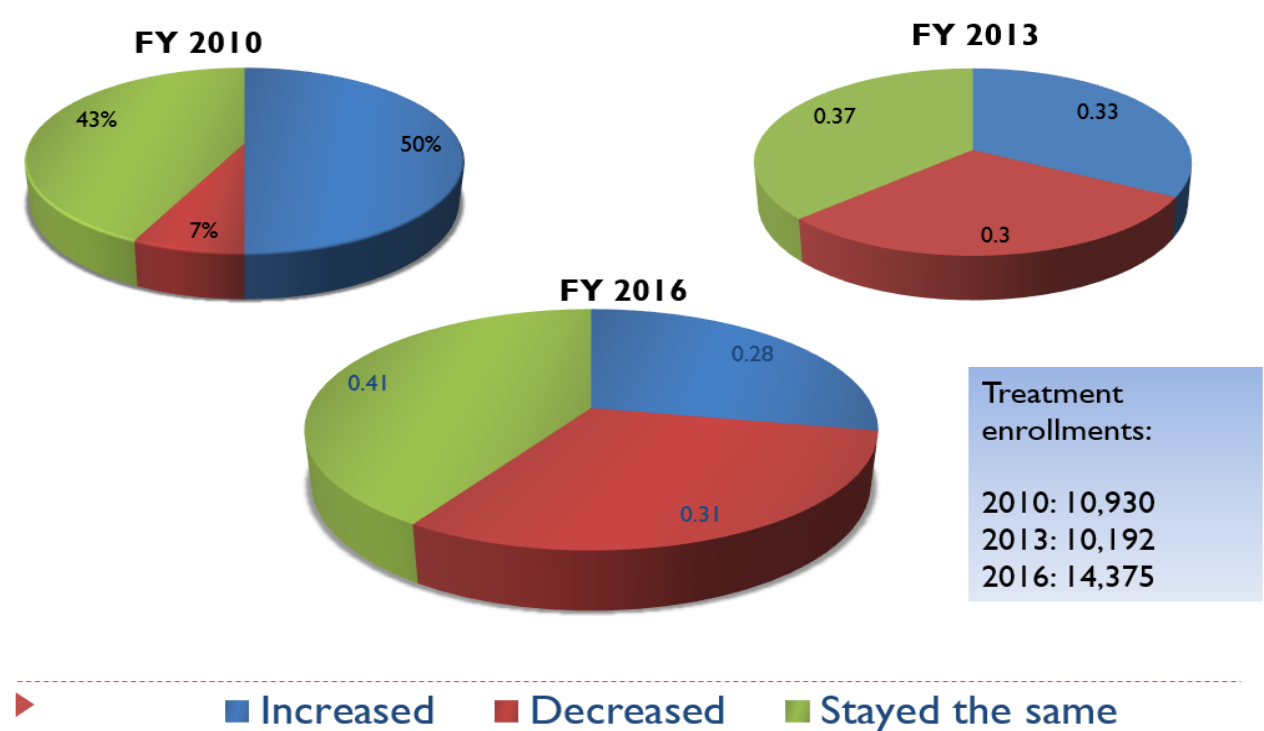
¹⁷ Ingle PJ, Marotta J, McMillan G & Wisdom JP. (2008). Significant Others and Gambling Treatment Outcomes. *Journal of Gambling Studies*, 24, 381-392.

experiencing a slump that was likely related to the Great Recession (late 2000s) and the corresponding decrease in consumer spending on gambling.

Another method for observing changes in treatment enrollment is taking a state-by-state look at reported treatment enrollments between the 2013 and 2016 survey. Twenty-four state agencies reported gambling treatment enrollments in both 2013 and 2016. Ten of those states reported their treatment enrollments increased, while 14 reported decreased enrollments. The total number of additional persons served among the 10 states reporting an increase was 3,077 compared to 1,552 fewer persons in the 14 states reporting decreased treatment enrollment. The largest drivers of the increased enrollment total was Ohio and Indiana; Ohio went from serving 80 problem gamblers in 2013 to 1,048 in 2016, while Indiana reported 475 in 2013 and 1,136 in 2016.

As depicted in Figure 26, the final survey method for evaluating changes in enrollment is asking survey key informants, “Over the past year, has the number of consumers receiving outpatient publicly funded gambling treatment increased, decreased, stayed the same?” In 2010, half of respondents reported the treatment enrollments increased over the past year. In 2013, only a third of the states reported that the numbers treated increased, and in 2016 only 28% of key informants reported an increase.

Figure 26. “Over the past year, has the number of consumers receiving outpatient publicly funded gambling treatment increased, decreased, stayed the same?”
Response Comparison between 2010 Survey, 2013 Survey, and 2016 Survey



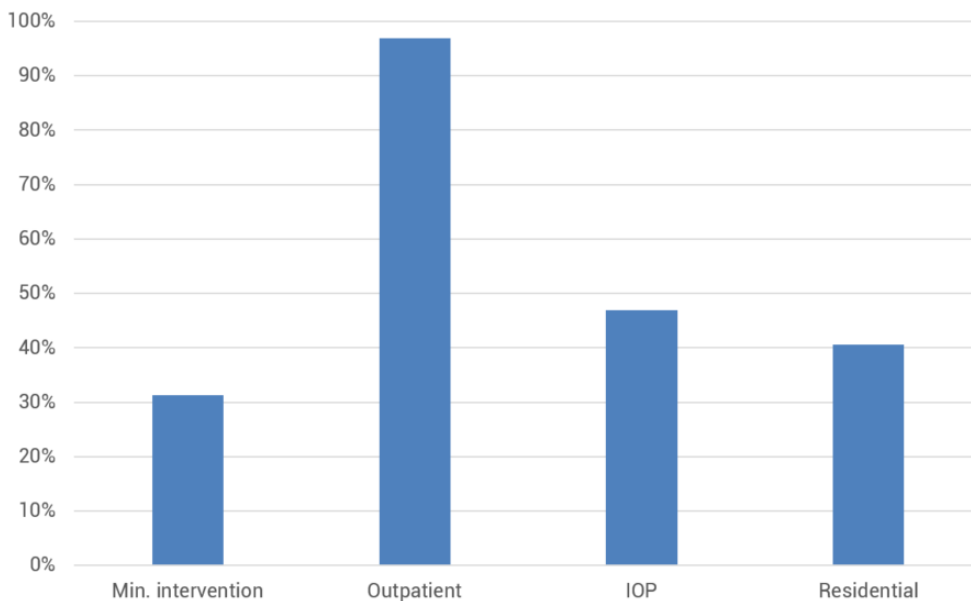
Levels of Care

Utilizing the American Society of Addiction 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 2016. 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, commonly a psychiatric crisis center.

Figure 27 below depicts the percentage of states with publicly funded problem gambling treatment that offered each level of care. Of the 32 states that reported offering treatment, nearly all offered Level I outpatient services, while the other levels were offered much less frequently. The percentage of states offering Level 0.5, of “minimal intervention” decreased from 17 states in 2013 to 10 states in 2016, while the number of residential and intensive outpatient services remained relatively stable.

Figure 27. Levels of Care Offered



Note: Includes only those states offering publicly funded gambling treatment and reported on levels of care (N = 32)

Who Provides Treatment

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 (52%) contracted only with agencies. Reports indicated a shift away from contracting only with individual providers (17% of states in 2010, 6% in 2013, 3% in 2016) toward contracting with both agencies and individuals (30% of states in 2010, 39% in 2013, 43% in 2016). Survey respondents were also asked if their states required treatment providers to be Certified Problem Gambling Counselors (CPGC), and seventeen indicated that holding a CPGC was a requirement in their state (50% of those who provided information). In the states that did not require special certification, there were other qualifying factors such as special training, education, and supervision.

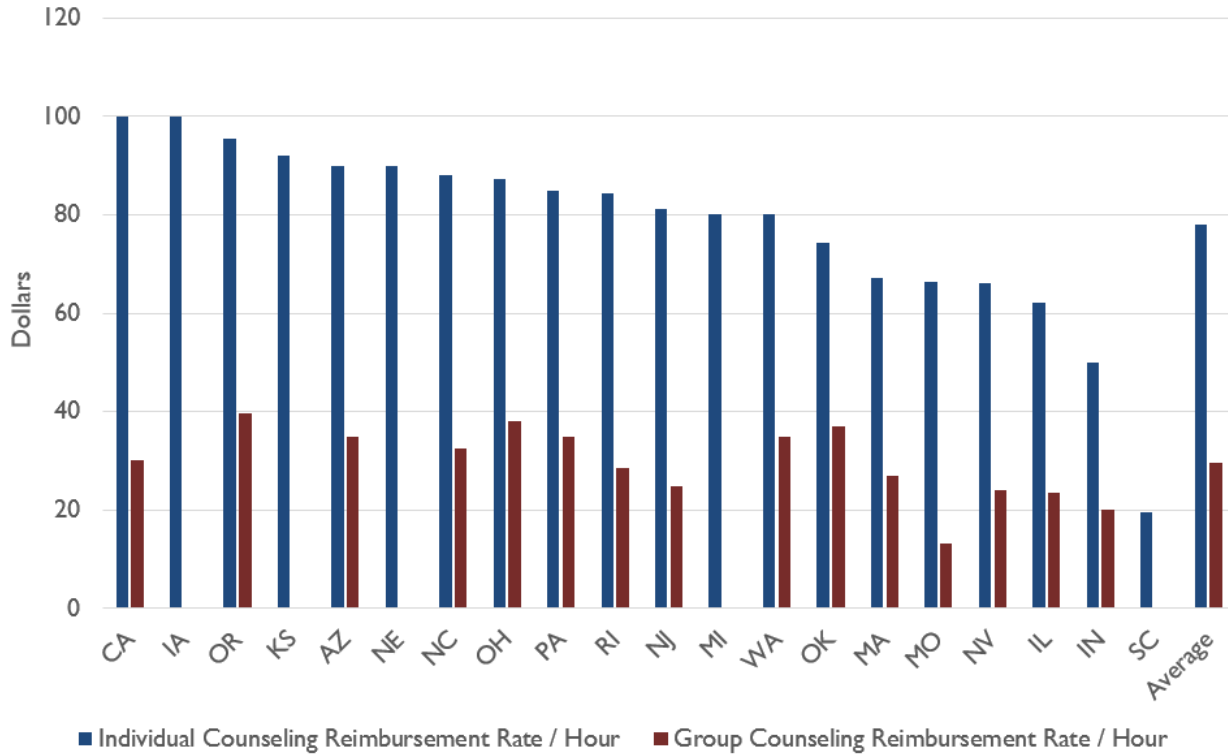
Reimbursement Rates

In addition to shedding light on trends in problem gambling service provision in the U.S., one of the primary purposes of the survey is to provide program administrators with data to help them make informed decisions. Information contained in the surveys can give administrators a sense for what other states are doing, data on national averages, and how they might go about designing and implementing problem gambling programs within their own states. One of the challenges that administrators face in setting up gambling treatment programs is setting service reimbursement rates that entice providers to offer gambling treatment while stretching limited funds to keep pace with demand.

As illustrated in Figure 28 below, reimbursement rates for outpatient treatment varied considerably across states and types of service. For assessments, six state agencies reimburse on a per event basis rather than an hourly basis (Indiana, Iowa, Nebraska, New Jersey, Oregon, Washington). The per event intake assessment rates for these five states average \$174 with a low of \$126.22 (New Jersey) to \$315 (Nebraska). Sixteen other state agencies reimburse on an hourly rate with some placing maximum limits on the number of reimbursable assessment hours (California, Nevada, North Carolina). The average hourly reimbursement rate for an assessment was \$100.85, with a low of \$66.36 (Missouri) and a high of \$200 (Minnesota). Some states, such as Minnesota, reimburse at different rates dependent on qualifications. The \$200/hour assessment rate in Minnesota is only for doctoral level providers (Ph.D. & M.D.); all other qualified providers are reimbursed at \$100 per hour. Other states that offer differential reimbursement based on education include South Carolina and West Virginia.

Reimbursement for individual counseling ranged from \$19.40 an hour to \$100 an hour, with an average of \$78.12 per hour; and group counseling was reimbursed at rates between \$13.12 and \$40 per client per hour (see Figure 28). States whose reimbursement rates for group counseling is not depicted in Figure 28 either did not provide reimbursement rate information or reimbursed by event rather than by hour (Iowa and South Carolina).

Figure 28. Reimbursement Rates for State-Funded Treatment: Fiscal Year 2016



Note: Not all states reporting problem gambling treatment service reimbursement rates presented in graph due to rates differing by provider qualifications (WC, MN) or due to reimbursing group rates per activity rather than per client hour: IA group rate is \$156 per hour (whether 2 or more are attending), SC group rate is 48.48 per activity. CA has different group rates for first and last session (\$50/90 minutes).

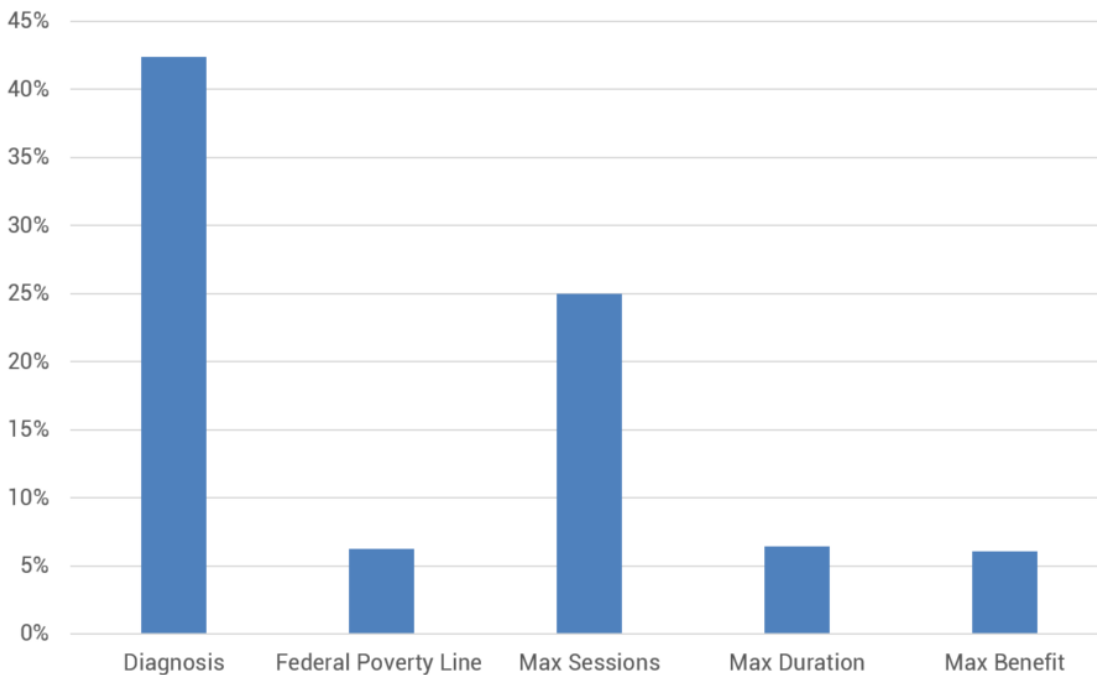
Problem Gambling Treatment Eligibility and Cost Containment

The survey included questions to provide administrators with information about what other states are doing to contain costs and stretch funding for services. This information can help to inform policy decisions in cases of budget contractions or inadequate funding to meet demand. Compared to spending on substance related addictive disorders, states invested relatively little in publicly funded gambling disorder treatment. The national average was \$0.23 per capita in 2016. For those states that provided public funding for problem gambling treatment and were insufficiently funded, a variety of methods were employed to stretch available funds in order to provide services to the greatest number of individuals. 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 were written into the enabling legislation while others were established at the discretion of the agency administering the problem gambling programs.

Figure 29 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 relate to client eligibility. Forty-two percent of state problem gambling treatment systems required that individuals covered under the problem gambling funds have a Gambling Disorder diagnosis. This eligibility requirement typically excludes individuals with sub-clinical presentations and in five states excludes family members from receiving services as the identified client. Only two states required that the person receiving subsidized service meet a Federal Poverty Level means test. This finding is important as earlier surveys found means testing was a more common practice and one that was believed to be detrimental to the performance of a state's gambling treatment system. That is, many individuals presenting for gambling treatment hold jobs that place them above the Federal Poverty Level; however, their gambling may have left them with large debts and unable to afford treatment.

Past surveys found a much higher rate of cost containment measures than those reported in 2016. Only a quarter of state agency problem gambling treatment systems placed session caps on services in 2016, and duration caps fell from 38% in 2010 to 6% in 2016. These findings suggest that the majority of state agency gambling treatment systems have moved away from common managed care practices employed to reduce system costs. This is likely due to relatively low treatment demand within most state-funded gambling treatment systems. It is also interesting to note that even though most state agencies do not impose many gambling treatment cost containment measures, the average case costs for gambling treatment have remained relatively low and relatively stable when accounting for inflation; the average case cost in 2013 and 2016 surveys were \$1,174 and \$1,333, respectively.

Figure 29. Cost Containment Measures



Note: 2016 Survey of State Agencies Providing Problem Gambling Services; Duration Cap includes only those states reporting a maximum treatment duration of less than one year.

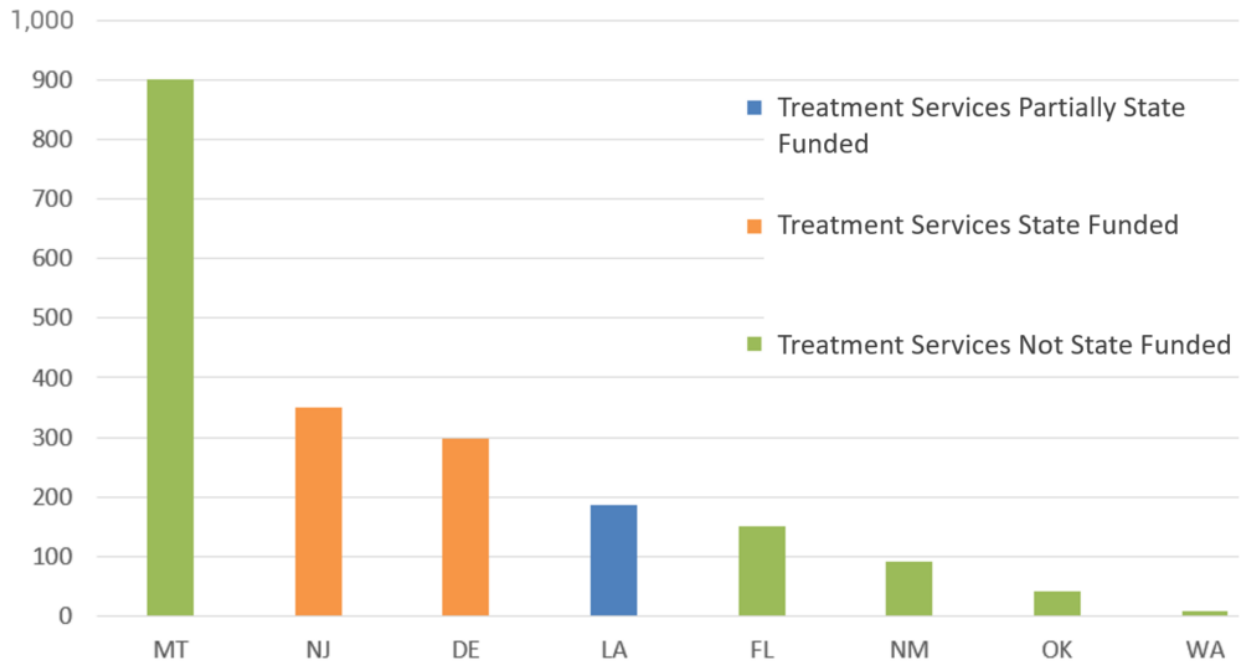
Medicaid

During the period between the 2013 National Survey of Problem Gambling Services and the present survey, the Affordable Care Act (ACA) greatly expanded Medicaid eligibility. Under the law as written, all U.S. citizens and legal residents with income up to 133% of the poverty line, including adults without dependent children, would qualify for coverage in any state that participated in the Medicaid program. Beginning in 2014, the ACA established mandatory “essential health benefits” (EHBs) for newly eligible Medicaid enrollees and most individual and small group health plans. The ACA’s EHB language included both “mental health and substance use disorders” as well as “behavioral health treatment,” suggesting treatment for gambling disorder would be a covered diagnosis. However, EHB packages do not explicitly include or exclude gambling disorder which has resulted in some states including gambling disorder in their list of eligible diagnoses and others not. To gain a better understanding of which state Medicaid programs cover gambling disorder, the 2016 survey asked, “Is gambling disorder a covered diagnosis under your state’s Medicaid program?”. Key informants from 16 states indicated gambling disorder was covered under their Medicaid program (CA, CO, CT, DE, IA, MD, ME, NJ, NM, NV, NY, OH, OK, SC, VT, WI), 17 reported gambling disorder was not a covered diagnosis within their state’s Medicaid program (IL, IN, LA, MA, MI, MN, MO, MS, NC, ND, OR, PA, RI, TN, WA, WY) and this question was unanswered for the remaining 17 states. The survey also included the question, “Are funds specifically designated to address problem gambling being used to fund your state’s Medicaid program?”. Key informants from only two states, Kansas and Wisconsin, answered affirmatively to this question.

NCPG Affiliates

The majority of NCPG Affiliates primarily support individuals with gambling problems and their families through advocacy, awareness building, and providing linkages to community help resources. In 2016, eight of the NCPG Affiliate organizations also served individuals with gambling problems and their families by directly providing or funding treatment services. These efforts resulted in 2,030 individuals being treated by NCPG Affiliate organizations. While this number was small in relationship to estimated need, it was remarkable when compared to the 13,190 persons treated during the same time period by all publicly funded gambling treatment programs across the United States. Four of the NCPG Affiliates that provided treatment were not funded through a contract with a state agency (FL, MT, NM, OK, WA). Two others were contracted to provide or administer treatment services through contract revenues from a state agency (NJ & DE) and one provided treatment services that were partially funded through a contract with a state agency (LA). See Figure 30.

Figure 30. Numbers Treated by NCPG Affiliates



Of the eight NCPG Affiliates that provided treatment services, half increased the number of persons treated compared to the 2013 survey and the other half reported decreased numbers. When reviewing the “comments” section of the treatment section for the NCPG Affiliates, some of the key informants noted that, although they are not funded to provide treatment services, they operate informal treatment networks. For example, the Georgia Council on Problem Gambling has developed a small network of treatment providers that they require to be licensed for independent practice, meet their problem gambling training standards, accept third party reimbursement and work in a setting where they can accept direct referrals. Another example is the Arizona Council on Problem Gambling, where persons in recovery from gambling problems volunteer their time to help persons calling their helpline by manning the helpline phones and, at times, providing peer support services including escorting persons seeking help to Gamblers Anonymous meetings.

Research & Evaluation

Research and evaluation are widely considered integral components of a behavioral health service system. Systematically gathered and analyzed information can be crucial for justifying budget requests, guiding program spending, design, and implementation. Yet results of each of the five surveys of problem gambling services in the United States indicate spending on research and evaluation systems has been very low. In the 2016 survey, only 20 percent of state agencies funded any research or evaluation services. For Affiliates, the numbers were even lower; only 8 percent funded research, and 10 percent funded evaluation services. Among the states with publicly funded problem gambling

services that reported 2016 budget allocation figures, an average of 6% of their budgets was spent on “research” (defined as prevalence studies, risk behavior surveys, issue research), and an average of just 1% was spent on program evaluation. NCPG Affiliates reported investing 3% of their budgets on research services and 2% of their budgets on program evaluation.

Low rates of spending on research and evaluation may reflect pressures on service agencies to allocate funds for direct services rather than reflecting negative perceptions within these agencies about the value of research and evaluation. With critical direct service needs and few resources, state agencies and Affiliates alike appear to be finding little room in their budgets to support research and evaluation. Only the APGSA survey posed questions about research and surveillance systems, as these tend to be more systematically implemented in coordination with state agencies.

Surveillance Studies

Surveillance studies that monitor risk behaviors on an annual or bi-annual basis are coordinated at the federal level by the Center for Disease Control (CDC). The CDC oversees two national risk behavior surveys that are administered at the state level. The adult behavior survey is the Behavioral Risk Factor Surveillance System (BRFSS) and is administered annually. The youth behavior survey is the Youth Risk Behavior Surveys (YRBS) and is administered in odd numbered years. For these surveys, there are a number of standard questions, optional questions, and state added questions.

Questions related to gambling behavior are not on the lists of standard or optional questions. Only three states—Minnesota, Oregon and Washington—opted out of administering the YRBS in favor of using their own state youth behavior survey, and all included items on gambling behaviors.¹⁸ Of the states that utilized the YRBS in 2016, only four states (Connecticut, Ohio, North Carolina and North Dakota) included gambling questions in their youth risk survey. However, 14 states responded “yes” to the question: “Does your state ask any gambling related question on youth risk behavior surveys other than the YRBS?” Survey questions varied widely, with most focused specifically on youth behavior. One state’s survey focused exclusively on youth perceptions about gambling, rather than behaviors; youth were asked questions such as, “Is gambling a problem among youth?”, “Gambling is a problem among my friends,” and “I am surprised by all the activities considered to be gambling” (rated “strongly agree” to “strongly disagree”). One state reported that their gambling items were removed from both middle and high school risk surveys.

Regarding adult behavior surveys, 11 states reported asking gambling related questions in the Behavioral Risk Factor Surveillance System (BRFSS) survey. These questions have been added on at the state level, since the CDC’s BRFSS does not ask questions related to gambling behavior.¹⁹

¹⁸ Centers for Disease Control and Prevention (n.d.). Adolescent and school health: YRBSS participation maps & history. Retrieved from <https://www.cdc.gov/healthyyouth/data/yrbs/participation.htm>

¹⁹ Centers for Disease Control and Prevention (n.d.). *Behavioral risk factor surveillance system: BRFSS questionnaires*. Retrieved from <https://www.cdc.gov/brfss/questionnaires/>

Other common forms of problem gambling-related research are problem gambling-specific prevalence surveys and gambling behavior surveys. In response to the question “Has your state funded a problem gambling prevalence survey?”, 13 states reported funding a prevalence survey within the past five years, 7 states reported funding more than one prevalence survey, and 12 reported funding a prevalence survey that was over five years old at the time of this survey, while 15 respondents reported that their state had not funded any problem gambling prevalence surveys. Surveys that were conducted included prevalence studies, gambling participation among college students, youth adult surveys, impacts of gambling expansion, and one state funded an evaluator to assess whether its prevention programming meets criteria for an evidence-based program.

Service Strengths & Needs

The majority of APGSA survey respondents were state employees in administrative positions and all had oversight responsibilities for managing all or part of their state’s funds allocated for problem gambling services. From this vantage point, they were considered expert observers and analysts of their state’s problem gambling services. Questions concerning policy issues have been an important part of all previous APGSA surveys, and this was the second survey in which we were able to ask NCPG Affiliates the same questions we asked state administrators.

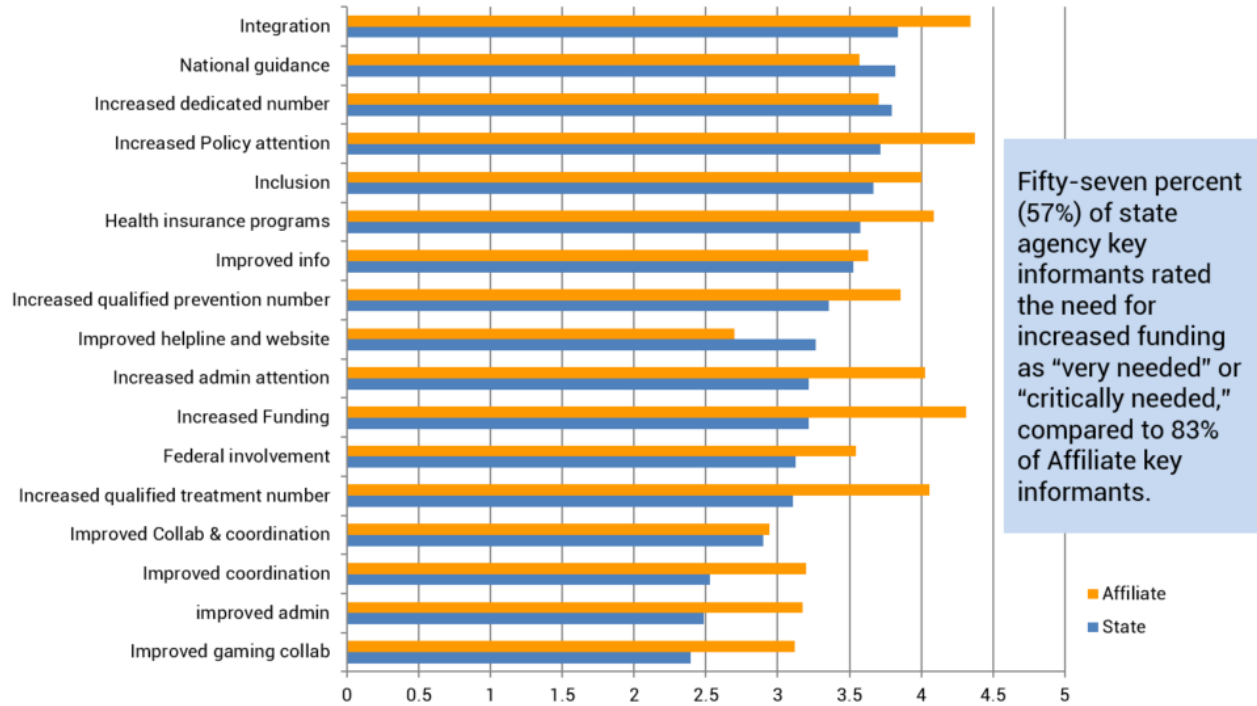
Survey respondents were provided a list of possible strengths possessed by a problem gambling service system and instructed: “On a scale of 0 to 5 (with 0 representing “weakness” and 5 representing “significant strength”), please rate the following strengths of your state’s problem gambling service system”. From a list of 10 possible strengths, two scored above a mean of 3.5 on the state agency administrators survey and those were “collaboration with state affiliate to the National Council on Problem Gambling” (3.77) and “collaboration with the state lottery” (3.5). The Affiliate administrators also highly rated their “collaboration with state agency administering problem gambling services” although not as positively as their counterparts in state government with an average rating of 2.9 behind collaboration with state lottery (3.1) and “collaboration with one or more non-lottery gaming operators.”

Key informant survey respondents were also asked to rate 17 “needs” statements on a five-point scale ranging from “no need” (0) to “critically needed” (5). The highest-rated need statement was for improved integration of problem gambling into behavioral health services, followed by national guidance on best practices to address daily fantasy sports and other forms of internet-based gambling. Fifty-seven percent (57%) of state agency key informants rated the need for increased funding as “very needed” or “critically needed,” compared to 83% of Affiliate key informants. See Figure 31 for a rank ordering of average need score by both NCPG affiliate administrators and state agency administrators.

Correlations were calculated to determine any relationship between APGSA agencies’ funding levels and service system strengths and needs, and only one statistically significant correlation was found:

higher levels of funding were inversely associated with the need for increased collaboration between the state agency and state affiliate to NCPG ($p=0.04$, $r=-.34$).

Figure 31. System Needs



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

Associations Between Variables of Interest: Statistical Explorations

One of the objectives of the 2016 National Problem Gambling Services Survey was to explore for associations between state level variables of interest, including numbers of persons enrolled in state-supported treatment programs, problem gambling helpline call volume, estimated spending on gambling within a state, state gaming revenues, and total funding invested in problem gambling services. Data on problem gambling services originated from key informant survey responses. Data on each state’s gaming environment were sourced from the 2016 American Gaming Association *Survey of Casino Entertainment*; the 2017 Edition of the Casino City’s *Indian Gaming Industry Report*; and the *Lottery Insights* November/December 2016 Edition (McQueen, 2016). Information on state revenues derived from taxes and fees on the state’s gambling industry were obtain from the Rockefeller Institute’s Blinken Report on State Revenues from Gambling. For those analyses exploring relationships with a state’s estimated number of problem gamblers, estimates of problem gamblers were calculated using the 2016 U.S. Census Bureau estimate of persons age 18 and over, and the average of findings from the state’s adult problem gambling prevalence studies converted into a standardized past year problem

gambling rate by Williams, Volberg, & Stevens, (2012). The exceptions were for Ohio and Oregon, as these states conducted statewide problem gambling prevalence studies after the Williams, Volberg, & Stevens (2012) was reported. For those states that had not conducted a problem gambling prevalence study, the average standardized adult past year prevalence rate across all U.S. states was used (2.2%) as calculated by Williams, Volberg, & Stevens (2012).

To understand the strength and the direction of associations between variables, pairwise correlations were computed and scatter plots were drawn to visually inspect these associations. The p-values for the coefficients are reported with $\alpha = .05$. The research team considered using partial correlations and multiple regression models; however, incomplete data and small sample sizes rendered these techniques inappropriate. When relevant, statistical outliers are identified using standard outlier detection methods, such as Cook's Distance. All computations were conducted using the software program SAS (Version 9.2).

Correlates of Problem Gambling Service Funding Levels

As described in the “Funding for Problem Gambling Services” section of this report, public funding invested in problem gambling services varied widely across the United States. To better understand factors that may have contributed to higher funding levels, a series of tests were conducted between the problem gambling services funding budget of state agencies and variables hypothesized to influence budget levels. The following questions were explored:

How is a state's gambling landscape related to problem gambling service funding?

The research team hypothesized that larger gambling states, in terms of spending on gambling, number of legalized gaming forms, and state revenues derived from taxes and fee collected from legalized gambling would be more likely to have larger problem gambling service budgets than states where legalized gaming was less developed. Statistical tests of the survey data and above described secondary data sources confirmed this hypothesis. Combined lottery sales, tribal revenues, and commercial casino revenues, as an index for relative scope of a state's spending on gambling, was significantly correlated with problem gambling service funding ($p < .01$, $r = .59$). Linear regression results suggested that each additional \$1 million of spending from gambling is associated with \$380 greater funding for problem gambling services. As a second method to explore for a relationship between gambling landscape and problem gambling service funding level, rather than utilizing total spent on gambling and total spent on problem gambling services we performed correlations using per-capita dollars invested in problem gambling services and per-capita dollars spent gambling within a state. Using this method, a significant correlation was not found when using the full dataset ($r = .2384$, $p < .1236$, $N=43$); however, when removing an outlier, Nevada, significance was reached ($r = .3411$, $p < .0270$, $N = 42$). As can be observed from the Quartile-frame-Scatterplot in Figure 33, three states fell in the quartile where there was high per-capita spending on gambling and low per-capita investment on problem gambling services (Louisiana, Oklahoma, and Rhode Island).

State revenues derived from taxes and fees collected from gambling activities also was significantly correlated with problem gambling service funding ($p < .01$, $r = .52$) as observed in the scatter plot shown in Figure 32. The number of types of legalized gambling was significantly correlated with state problem gambling services funding ($p < .01$, $r = .42$), as depicted on the Figure 33 scatter plot. Statistical outliers were identified but their removal did not change the statistical significance ($\alpha = .05$). Qualitative analysis of the responses to the “legislative” section of the survey provided additional insight into this finding. Several survey respondents explained that problem gambling service funding originated with legislation that enabled some form of expanded gaming within their state or otherwise accompanied legislation that expanded gaming.

Figure 32. Correlation between State Gaming Revenues and Problem Gambling Service Funding (Relationship statistically significant: $p < .01$, $r = .52$)

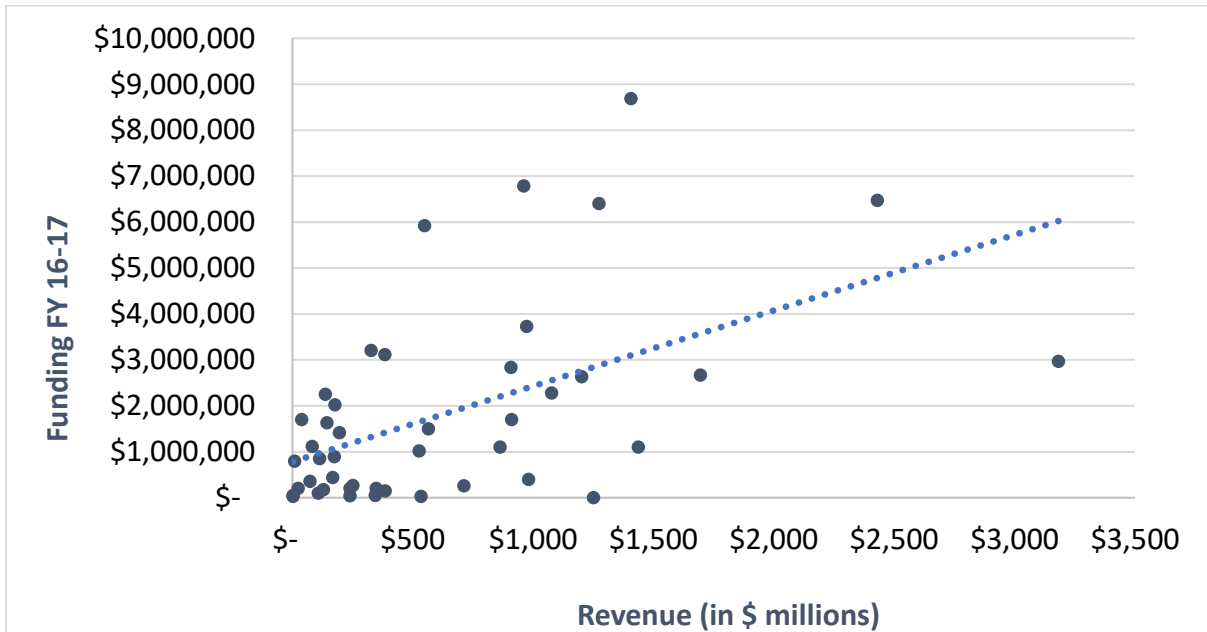


Figure 33. Relationship between Problem Gambling Service Funding Per Capita vs Net Spending on Gambling Per Capita

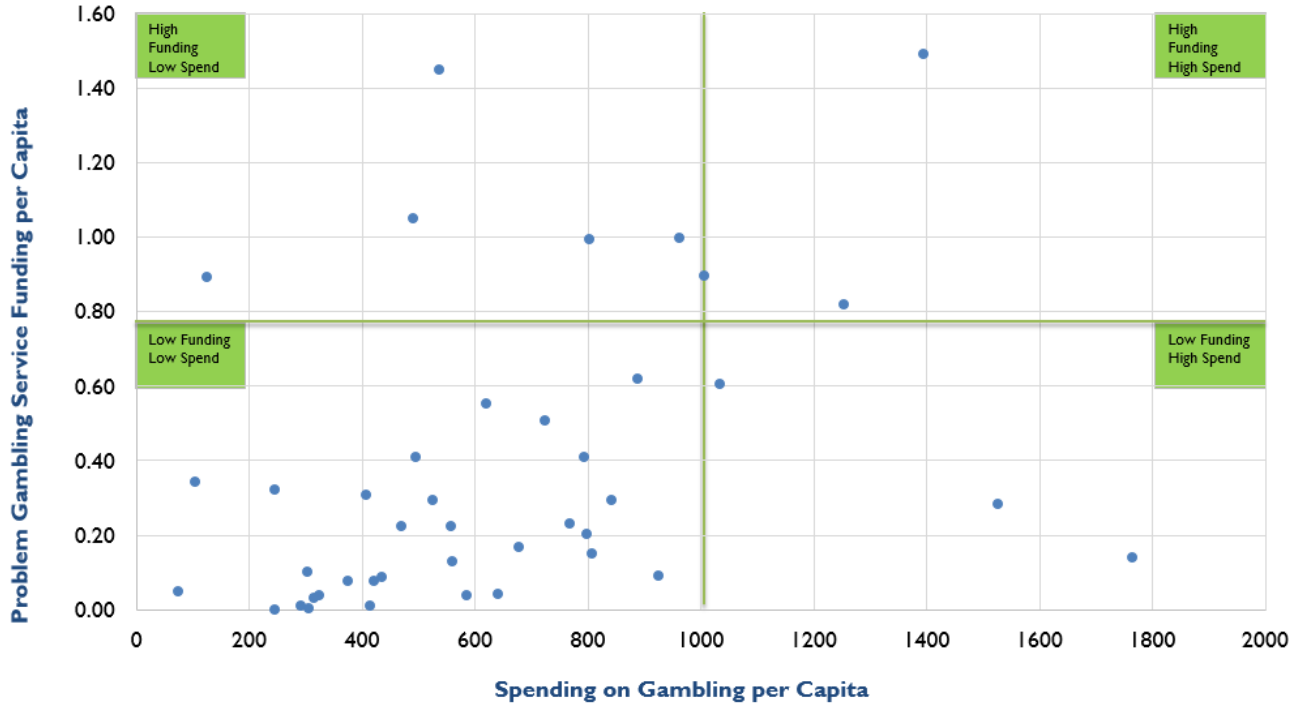
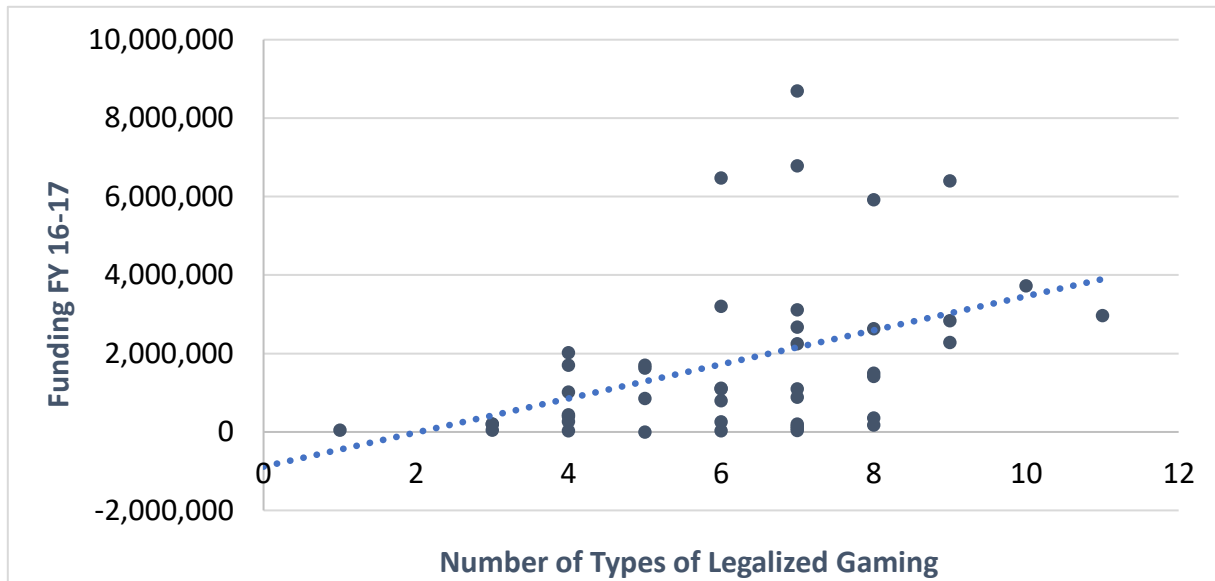


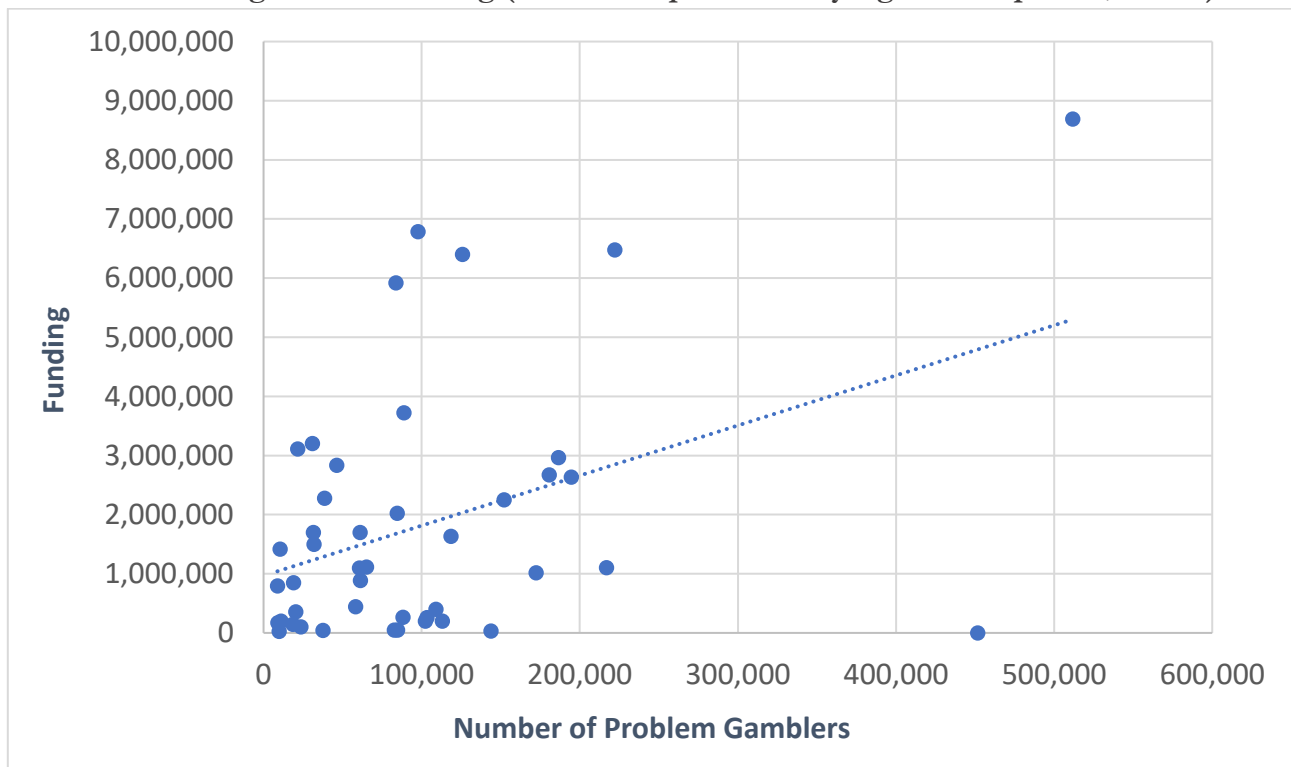
Figure 34. Relationship between the Number of Legalized Types of Gambling within State and Problem Gambling Service Funding (Relationship statistically significant: $p < .01$, $r = .42$)



Is a state’s estimated number of problem gamblers related to problem gambling service funding?

Federal funding for Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Block Grants are based, in part, on a “baseline” allotment for a state as determined by three factors: the Population at-Risk Index, the Cost-of Services Index, and the Fiscal Capacity Index (Muhuri, 2007). If a Population At-Risk Index were applied to the field of problem gambling services, one factor of that index would be the estimated number of adult problem gamblers in the community at large. That is, if a systematic approach to funding problem gambling services across U.S. states existed, then we would expect there to be a relationship between a state’s estimated number of problem gamblers and funding levels to address this issue. As there are no federal oversight agencies to distribute funds to treat and prevent problem gambling, the research team did not expect to find any such relationship between a state’s need and funding level for problem gambling services. However, a significant relationship between a state’s estimated number of adult problem gamblers and problem gambling service funding level was found ($p < .01$, $r = .41$) as depicted in Figure 35. Statistical outliers were identified but their removal did not change the statistical significance ($\alpha = .05$).

Figure 35. Relationship between a State’s Estimated Number of Adult Problem Gamblers and Problem Gambling Service Funding (Relationship statistically significant: $p < .01$, $r = .41$)



Correlates of Problem Gambling Calls for Help & Treatment Enrollments

Two common performance indicators of a state's problem gambling services system are the number of "calls for help" to a state's problem gambling helpline and the number of enrollments into problem gambling treatment. "Calls for help" are distinguished from "total calls" in that only those gambling helpline calls asking for assistance with a gambling problem are counted. To better understand factors that may have contributed to greater numbers of "calls for help" and gambling treatment enrollments (combining unduplicated reports from both the APGSA Survey and NCPG Affiliate Survey), a series of tests were conducted between these performance variables and variables hypothesized to influence service levels. The following questions were explored:

How is a state's gambling landscape related to numbers of problem gamblers treated or calls for help?

The research team hypothesized that the more developed a state's gaming landscape, the more problem gambling helpline "calls for help," and the greater the enrollments into gambling treatment compared to states with less developed gambling landscapes. To operationalize the "gambling landscape," two variables were analyzed. These were net spent on gambling: (1) state lottery sales, tribal gaming revenues, and commercial casino revenues, combined into a single revenue index; and (2) the number of types of legalized gambling within each state.

Significant associations were found between states problem gambling helpline "calls for help" and the number of types of legalized gaming within states ($p < .01$, $r = .48$) and number of dollars spent on gambling within the state ($p < .01$, $r = .59$). Scatter plots are shown in Figures 36 and 37. Statistical outliers were identified but their removal did not change the statistical significance ($\alpha = .05$).

Thus, in general, problem gambling helplines are more active in states where more gambling takes place. What is not known is why this relationship exists. It could be due to greater awareness of a helpline in those states with larger gambling industries due to increased helpline advertising, and/or it could be related to more problem gamblers within states where the legalized gambling environment is prominent.

Figure 36. Relationship between Number of Types of Legalized Gaming Within a State and Problem Gambling Helpline “Calls for Help.” (Relationship statistically significant: $p < .01$, $r = .48$)

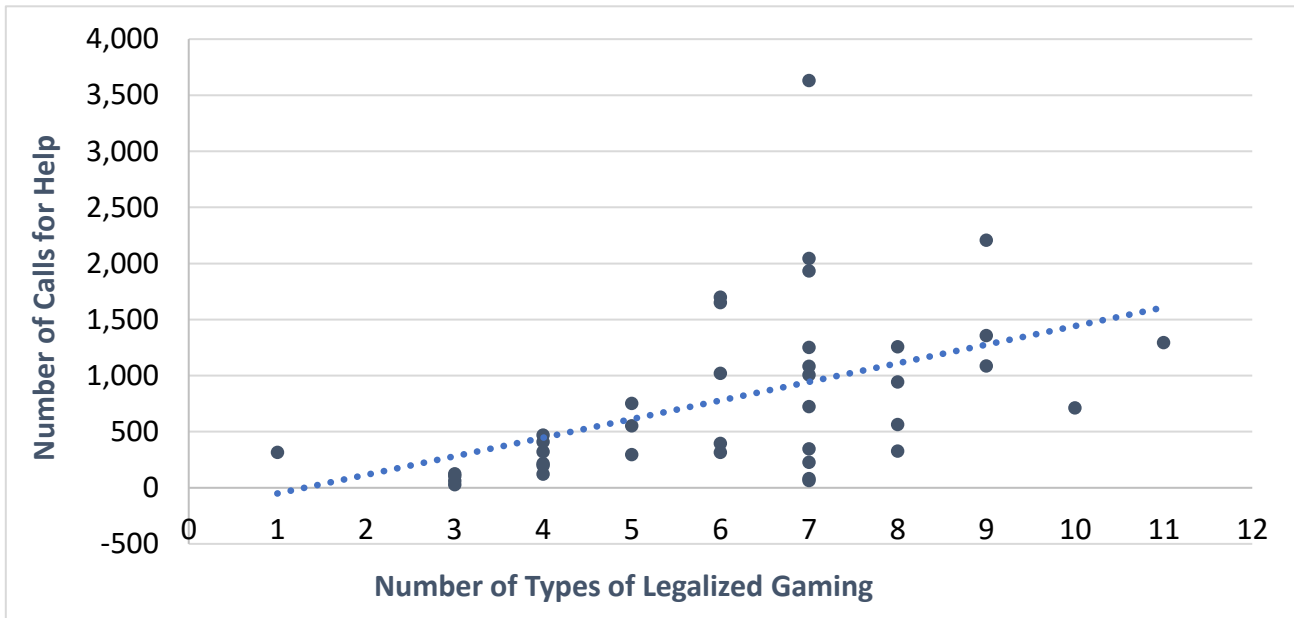
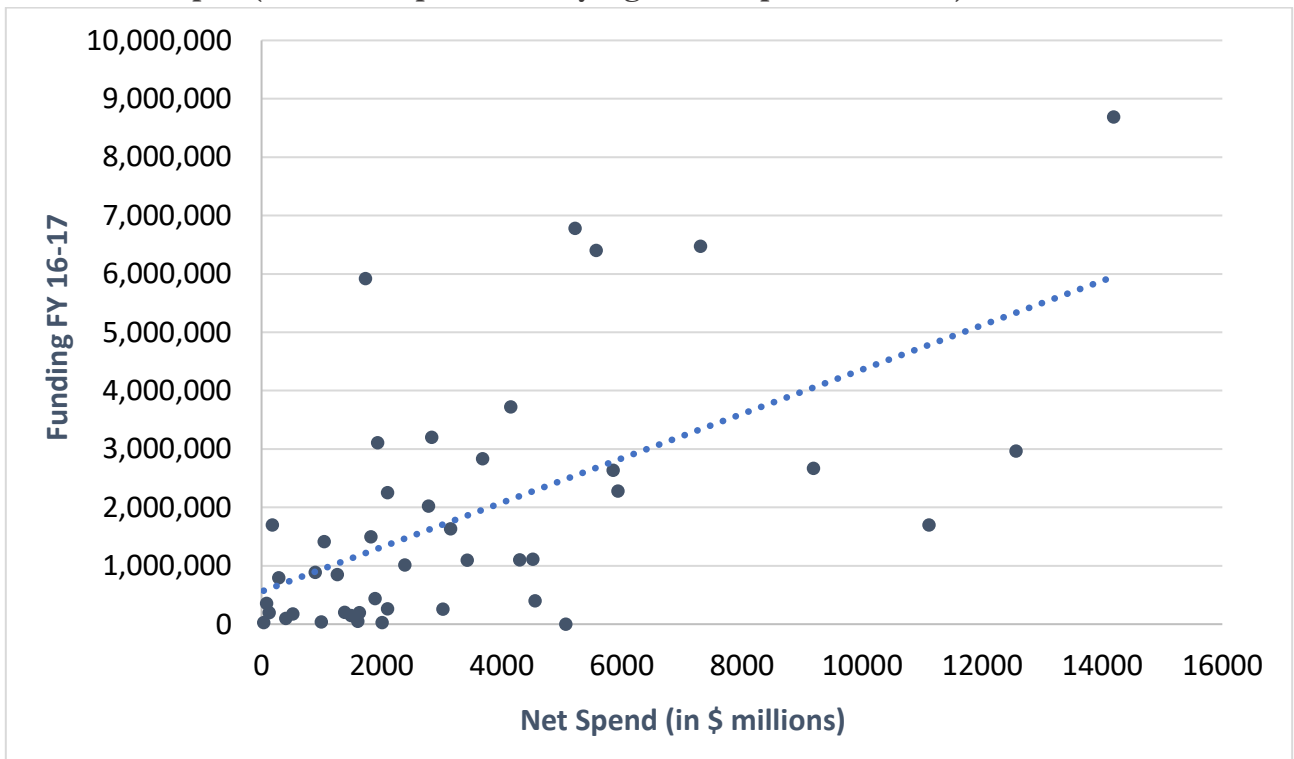


Figure 37. Relationship between Net Spend on Gambling and Problem Gambling Helpline “Calls for Help”. (Relationship statistically significant: $p < .01$, $r = .59$)

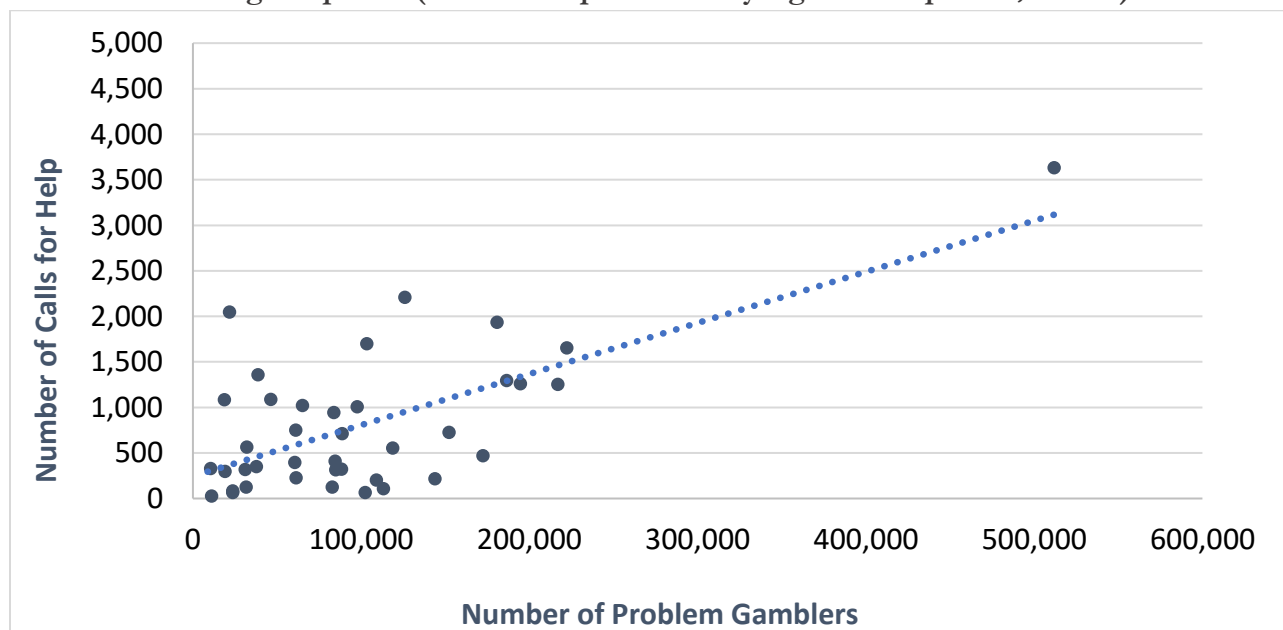


Contrary to the research team’s hypotheses, no such statistical relationship existed between numbers of problem gamblers treated and the size of the state’s gambling environment as measured by net spending on gambling ($p = .09$, $r = .31$) and number of types of legalized games ($p = .19$, $r = .24$). This observation does not mean a relationship does not exist between the size of a state’s gambling environment and the prevalence of problem gambling or need for treatment. As stated throughout this report, there is great variability between states in their state-supported specialized problem gambling treatment capacity. Therefore, not finding a relationship between states gambling environment and numbers served in publicly funded gambling treatment may have more to do with poor availability of specialized gambling treatment than low need for gambling treatment.

Is there a relationship between the estimated number of problem gamblers within a state and “calls for help” or gambling treatment enrollments?

A statistically significant relationship was found between the estimated number of adult problem gamblers within a state and the number of “calls for help” to a state’s problem gambling helpline ($p < .01$, $r = .66$). Statistical outliers were identified but their removal did not change the statistical significance ($\alpha = .05$). See Figure 38 for scatterplot. However, the relationship between a state’s estimated number of adult problem gamblers and the actual numbers of problem gamblers treated was not found ($p = .81$, $r = .04$). These findings suggest that from a national perspective, as the number of problem gamblers increases, so does the number that reach out for help. However, increases in reaching out for help for a gambling problem do not translate into increases in receiving gambling treatment through publicly funded gambling treatment programs or NCPG Affiliate gambling treatment programs. What this survey data is unable to shed light on is how many problem gamblers receive help through other means, such as participation with Gamblers Anonymous or obtaining professional services through private insurance or through diagnoses other than Disordered Gambling.

Figure 38. Relationship between Number of Problem Gamblers and “Calls for Help” to a Problem Gambling Helpline. (Relationship statistically significant: $p < .01$, $r = .66$)



Does dedicated problem gambling service funding correlate with numbers of problem gamblers treated?

Total funding, state funding for problem gambling services combined with NCPG Affiliate budgets, is significantly correlated with the numbers of problem gamblers treated ($p < .01$, $r = .61$). See Figure 39 for scatterplot. Statistical outliers were identified but their removal did not change the statistical significance ($\alpha = .05$). We were specifically interested in exploring for a relationship between spending on problem gambling awareness and numbers of problem gamblers treated. As hypothesized, a significant relationship was found between the problem gambling awareness budget within a state and the number of problem gamblers treated ($p < .05$, $r = .37$). See Figure 40 for scatterplot.

Figure 39. Relationship between problem gambling service funding and numbers treated. (Relationship statistically significant: $p < .01$, $r = .61$)

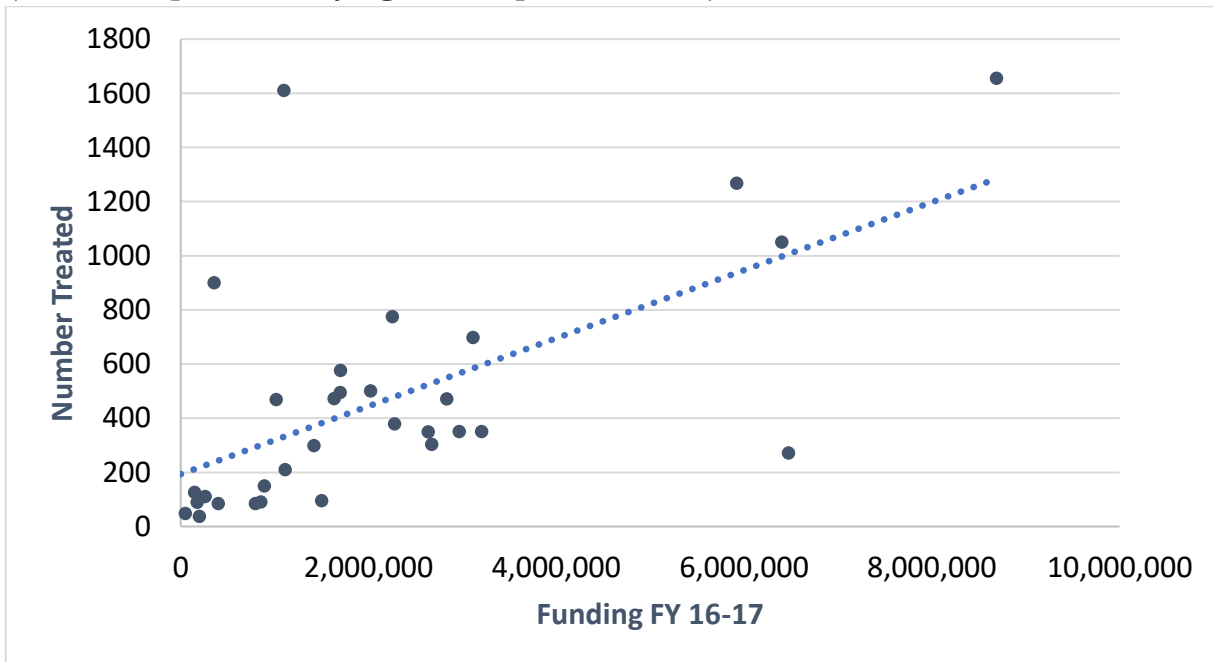
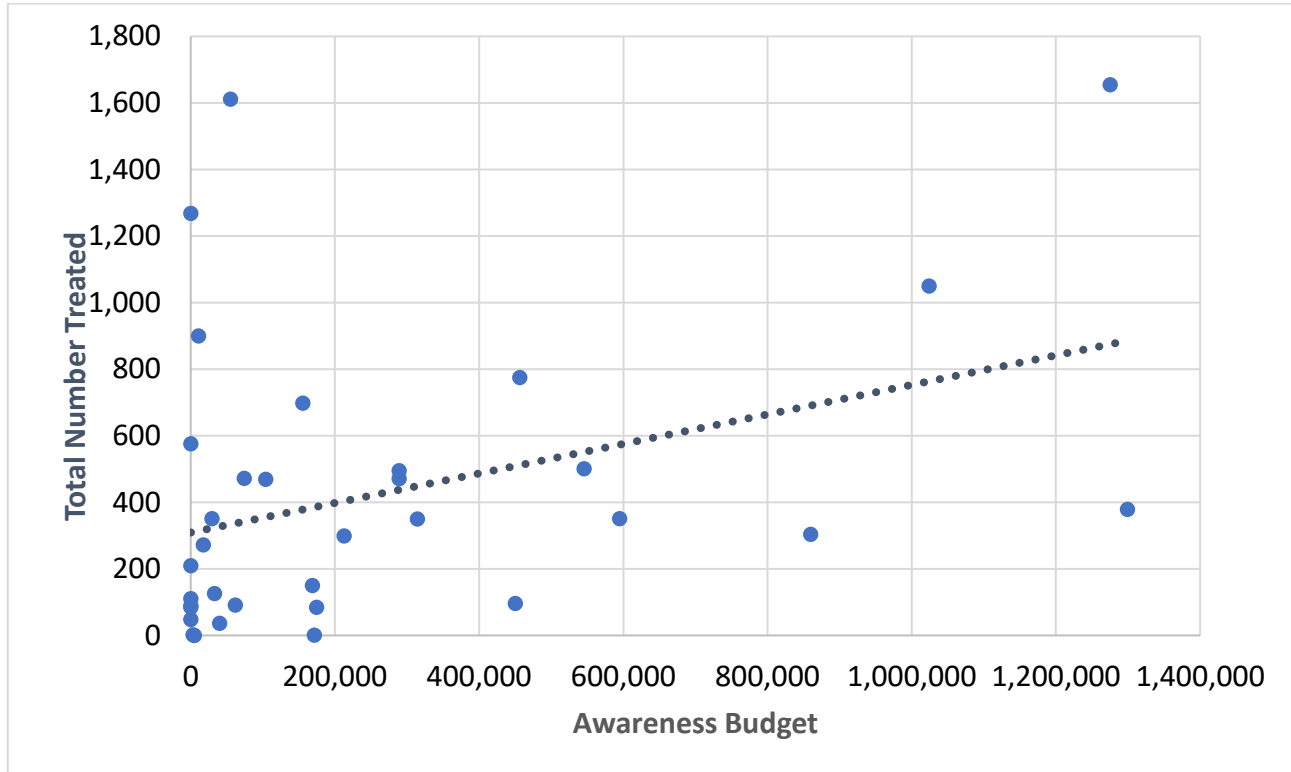


Figure 40. Relationship between problem gambling awareness budget and numbers treated. (Relationship statistically significant: $p < .05$, $r = .37$)



Summary

Several associations between state level variables of interest were explored to determine if relationships existed for (a) the levels of problem gambling service funding, (b) numbers of “calls for help” to the problem gambling helpline, and (c) numbers of persons served within publicly funded and NCPG Affiliate supported gambling treatment programs.

A state’s problem gambling service funding level was significantly correlated with:

- Net spending on gambling within a state
- State revenue produced from taxes and fees on gambling operators
- The number of legalized types of gaming
- The estimated number of adult problem gamblers within a state
- The number of “calls for help” to state problem gambling helplines
- The number of problem gamblers treated

“Calls for help” to problem gambling helplines was significantly correlated with:

- Net spending on gambling within a state
- State revenue produced from taxes and fees on gambling operators
- The number of legalized types of gaming within a state
- The number of individuals with gambling problems treated
- The estimated number of adults with gambling problems within a state

Number of problem gamblers treated was significantly correlated with:

- Amount spent on problem gambling services
- Amount spent on problem gambling awareness

Number of problem gamblers treated was **not** significantly correlated with:

- Net spending on gambling within a state
- State revenue produced from taxes and fees on gambling operators
- The number of legalized types of gaming within a state
- The estimated number of adult problem gamblers within a state
- The number of “calls for help” to state problem gambling helplines

DISCUSSION

Gambling is one of the few activities that the United States federal government has largely left alone from a regulatory standpoint, as gambling regulation has for the most part been left up to state and local governments. Correspondingly, the U.S. federal government does not provide states with funds to address problem gambling and disallows states from funding problem gambling treatment with the federal funds invested in substance use disorder treatment (\$14.7 billion in 2016). The result is poor funding for problem gambling services and a patchwork of gambling-related policies and programs across the United States.

In many states, efforts to garner support for gambling expansion have resulted in language to address problem gambling through legislative measures, which typically offer to dedicate a portion of gambling revenues, taxes, or fees to fund problem gambling service efforts. Less commonly, political controversy over legalized gambling and public concerns have motivated state agencies and/or state legislatures to use non-gambling related funds to support problem gambling services. Some states, such as Alaska, Hawaii and Utah, offer few, if any, legalized gambling opportunities and therefore are less motivated to develop specialty services and programs to address problem gambling.

Results from this survey found a positive correlation between the number of dollars gambled within a state, the amount of state revenue derived from gambling, and the level of funding for problem gambling services. However, on a state by state basis the relationships between these variables was not always present. This survey found the amount of dedicated funding for problem gambling programs in 2016 varied greatly, including 10 states that did not provide any dedicated funding. The consequence of disparate funding levels for problem gambling services across states is that there are extremely uneven levels of services for individuals with gambling problems across the country.

In states that do not fund specialized gambling treatment services, key informants stated that individuals with a gambling disorder who did not have coverage through private insurance were either referred to community supports like Gamblers Anonymous, or served within their publicly funded mental health and addictions treatment systems. Because few individuals with gambling problems present for treatment, most mental health and addiction profession generalists have little to no experience working with problem gambling. Conversely, most states with line-itemed problem gambling budgets have invested in training a workforce and developing an infrastructure to treat individuals with gambling problems and implement problem gambling prevention and awareness programs.

Findings from this survey support the need to develop federal funding and guidelines that can fill gaps in America's safety net for problem gamblers and begin to address health service disparities for preventing and treating problem gambling.

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Appendix A:
State by State Spending on Problem Gambling
Services

State by State Spending on Problem Gambling Services (Fiscal Year 2016)

	State Agency	NCPG Affiliate	Total Unduplicated
Alabama	\$0	\$50,000	\$50,000
Alaska	\$0	\$0	\$0
Arizona	\$2,019,000	\$3,200	\$2,022,200
Arkansas	\$0	\$0	\$0
California	\$8,472,540	\$725,000	\$8,690,040
Colorado	\$171,037	\$55,000	\$201,837
Connecticut	\$2,612,000	\$750,000	\$3,204,500
Delaware	\$1,389,842	\$1,389,842	\$1,389,842
District of Columbia	\$0	\$0	\$0
Florida	\$930,000	\$2,680,000	\$2,680,000
Georgia	\$400,000	\$0	\$400,000
Hawaii	\$0	\$0	\$0
Idaho	\$0	\$0	\$0
Illinois	\$1,039,500	\$72,000	\$1,101,420
Indiana	\$1,100,000	\$145,000	\$1,100,000
Iowa	\$3,111,614	\$0	\$3,111,614
Kansas	\$889,198	\$16,000	\$889,198
Kentucky	\$0	\$69,650	\$69,650
Louisiana	\$2,583,873	\$1,320,000	\$2,834,673
Maine	\$100,000	\$0	\$100,000
Maryland	\$3,725,180	\$58,440	\$3,725,180
Massachusetts	\$6,152,969	\$2,100,000	\$6,782,969
Michigan	\$2,279,184	\$0	\$2,279,184
Minnesota	\$2,228,772	\$401,000	\$2,252,832
Mississippi	\$100,000	\$259,732	\$266,228
Missouri	\$258,960	\$0	\$258,960

2016 Survey of Problem Gambling Services in the United States

Montana	\$0	\$375,000	\$375,000
Nebraska	\$1,700,000	\$240,000	\$1,700,000
Nevada	\$1,370,128	\$508,489	\$1,700,646
New Hampshire	\$0	\$25,000	\$25,000
New Jersey	\$2,530,000	\$2,660,000	\$2,636,400
New Mexico	\$69,999	\$859,431	\$859,431
New York	\$2,900,000	\$1,350,000	\$2,967,500
North Carolina	\$1,000,000	\$15,600	\$1,015,600
North Dakota	\$794,500	\$0	\$794,500
Ohio	\$6,400,000	\$40,000	\$6,402,000
Oklahoma	\$1,000,000	\$283,000	\$1,113,200
Oregon	\$5,883,050	\$484,750	\$5,921,830
Pennsylvania	\$6,300,000	\$350,000	\$6,475,000
Rhode Island	\$141,345	\$7,000	\$148,345
South Carolina	\$50,000	\$0	\$50,000
South Dakota	\$174,194	\$0	\$174,194
Tennessee	\$200,000	\$0	\$200,000
Texas	\$0	\$40	\$40
Utah	\$0	\$0	\$0
Vermont	\$200,000	\$0	\$200,000
Virginia	\$30,750	\$5,000	\$30,750
Washington	\$749,500	\$1,026,088	\$1,631,936
West Virginia	\$1,500,000	\$0	\$1,500,000
Wisconsin	\$396,000	\$450,000	\$450,000
Wyoming	\$27,902	\$0	\$27,902

Appendix B: State Profiles

ALABAMA

Problem Gambling Services

As of SFY 2016 Alabama did not provide public funds to specifically address problem gambling. Alabama has no publicly funded treatment or prevention programs in place. Due to this lack of funding, no state involvement in problem gambling services was reported. There are numerous bingo operations and one Native American tribe that operates gaming in Alabama.

Alabama is home to one of 33 state affiliates to the NCPG, the Alabama Council on Compulsive Gambling (ACCG). In 2016, the ACCG worked with the Alabama Department of Mental Health to drive legislative action to directly fund problem gambling services; however, those efforts did not result in new problem gambling legislation by the end of the 2017 legislative session. ACCG has received \$50,000 from tribal support each year since the Council was established in 2012. In 2016, this \$50,000 donation was the ACCG's only source of funding. Those funds supported several different problem gambling programs, including a problem gambling helpline, counselor training, counselor certification, prevention and public awareness efforts.

Through the efforts of the ACCG, the investment in problem gambling services was approximately \$0.01 per capita in 2016. The national average per capita state investment in problem gambling services in 2016 was 23 cents. Of the 40 states that specifically funded problem gambling services, the 2016 per capita average was \$0.37.

The ACCG operates a gambling helpline for Alabama. When the caller uses the national helpline they are referred to a 211 number which represents the ACCG, from there the helpline can make a referral or if needed can redirect the caller to someone who can help immediately. The gambling helpline received a total of 125 calls for help in 2016.

1 Based on a 2016 U.S. Census Bureau estimate of 3,759,331 persons age 18 and standardized past year problem gambling rate reported for Alabama by Williams, Volberg, & Stevens (2012).
2. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.



Resources

Problem Gambling
Helpline:
1-800-522-4700

Alabama Council on
Compulsive Gambling
www.alccg.org

Problem Gambling Prevalence

An estimated 2.2% of
Alabama adults (82,705) are
believed to manifest a
gambling problem in
Alabama.¹

State Revenues from Gambling

In 2015, the state collected
\$1.5 million from taxes and
fees imposed on pari-mutuel
betting.²

ALASKA

Problem Gambling Services



The Alaska Department of Health and Social Services, Division of Behavioral Health, reported that their department does not receive any set-aside funding to specifically address problem gambling, nor does any other state agency in Alaska. Not only were there no publicly funded specialized problem gambling treatment services available in 2016, the national Gamblers Anonymous (GA) meeting locator site did not list any meetings in Alaska.

Alaska has a relatively small legalized gambling industry within the state with no state lottery, no commercial casinos, and only small tribal gaming operations.² In 2016 the state of Alaska passed the Alaska Gaming Reform Act, which governs the Charitable Gaming Program and can be found at Title 5 Chapter 15 of the Alaska Statutes. The Alaska Gaming Reform Act involves the dispensing of raffle tickets from vending machines. Under the new law, permissible charitable gaming involves raffles, bingo, and pull-tabs.

Alaska also does not have an NCPG affiliate. The National Problem Gambling Helpline covers calls originating from Alaska; however, referral sources in Alaska are scarce, with no identified GA meetings or certified problem gambling counselors (as of 2016). Persons seeking assistance for a gambling problem are referred to the Alaska Department of Health and Social Services, the state agency responsible for general health and addiction services in this state.

¹ Based on a 2016 U.S. Census Bureau estimate of 554,937 persons age 18 and standardized past year problem gambling rate reported for Alaska by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2017); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

Resources

National Problem Gambling Helpline:
1-800-522-4700

Problem Gambling Prevalence

An estimated 2.2% of Alaska adults (12,209) are believed to manifest a gambling problem in Alaska.¹

State Revenues from Gambling

In 2016, Alaska was one of just three U.S. state that did not collect tax and fee revenues from lottery, casino, racino, video gaming, or pari-mutuel gambling.²

ARIZONA

Problem Gambling Services



Since 1999, the Arizona State legislature has appropriated Lottery funds for Problem Gambling services; in 2016, Lottery appropriation was \$300,000. In 2002, the Arizona voters passed a proposition that provided for 2% of monies paid to the State by Indian tribes, pursuant to the Arizona Tribal-State Compacts, be deposited in the Arizona Benefits Fund and be used to fund state and local programs for the education, prevention, and treatment of problem gambling. In 2016, that appropriation was \$1,719,000.

The Arizona Department of Gaming is responsible for administering programs supported by the above described problem gambling funds (\$2,019,000 in total in 2016). The funds support an array of problem gambling services, including counselor training, helpline, treatment, and public awareness programs.

Arizona is one of 33 states with a state affiliate to the National Council on Problem Gambling (NCPG). Arizona's state affiliate, the Arizona Council on Compulsive Gambling (AZCCG), operated in 2016 on a budget of \$3,200 from private donations. The operating budget supported a problem gambling helpline, which is run with predominantly a volunteer staff, and helped raise awareness through forums like community presentations and maintaining the Council's website. The AZCCG helpline number differs from the state-supported gambling helpline; the AZCCG helpline number is promoted in some tribal casinos, on the AZCCG website, and on their print materials.

Arizona ranked 17th out of 50 U.S. states in terms of per capita public funds dedicated to problem gambling services. Arizona's per capita public investment was 29 cents. Of the 40 states that specifically funded problem gambling services, the 2016 per capita average was \$0.37.

The state agency contracts out their helpline to Morneau Shepell, which responds to calls made to 1-800-NEXT-STEP. There were 331 calls for help to that helpline number in SFY 2016. Additionally, the AZCCG received 78 calls to its own helpline for a total of 409 calls for help. The Arizona Department of Gaming administered a gambling treatment system that served 501 individuals in 2016, a decrease of 19% since the last national problem gambling survey in 2013.

¹ Based on a 2016 U.S. Census Bureau estimate of 528,147 persons age 18 and standardized past year problem gambling rate reported for Arizona by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2017); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
1-800-NEXT-STEP

State Agency:
Arizona Department of Gaming, Division of Problem Gambling
www.problemgambling.az.gov

State Affiliate:
Arizona Council on Compulsive Gambling (AZCCG)
www.azccg.org

Problem Gambling Prevalence

An estimated 1.6% of Arizona adults 13,249 are believed to manifest a gambling problem in Arizona.¹

State Revenues from Gambling²

In 2016, approximately \$2.8 billion were spent on legalized gambling in Arizona.²

The state collected \$176.2 million in taxes and fees from major types of gambling in 2015.³

ARKANSAS

Problem Gambling Services

Arkansas holds the distinction of being the only state that lost its problem gambling service funding in the past three years. In early 2015, legislators eliminated funding for problem gambling services; this resulted in Arkansas being one of only 10 U.S. states that does not provide dedicated funding for problem gambling services.

After nearly 40 years of gambling being illegal in Arkansas, Act 1151 of 2005 established a regulatory framework which legalized electronic games based on skill. This “Games of Skill” legislation enabled expanded gaming opportunities at the major racetracks, which led the racetracks to come up with innovative live dealer plus electronic screen hybrids. Today each racetrack has hundreds of these machines. Other forms of legalized gambling soon followed, including charitable gaming and a state lottery. When the lottery was enacted in 2009, state legislators set aside \$200,000 annually for a gambling hotline, treatment services, and education programs to increase public awareness of problem gambling. This was the only dedicated funding for problem gambling available in the state. In early 2015 legislation was passed to eliminate the entire \$200,000. Senator Alan Clark introduced the bill to the Senate and House of Representatives, at the request of a former Arkansas state lottery commissioner, who thought that more lottery spending should go towards scholarships.

Arkansas does not have an NCPG affiliate. The National Problem Gambling Helpline covers calls originating from Arkansas; however, referral sources in Arkansas are scarce, with only four Gamblers Anonymous meetings listed on www.gamblersanonymous.org and only two certified problem gambling counselors listed on the www.ncpgambling.org counselor directory (as of 2016).



Resources

Problem Gambling
Helpline:
1-800-522-4700

Problem Gambling Prevalence

An estimated 2.2% of Arkansas adults (50,226) are believed to manifest a gambling problem in Arkansas.¹

State Revenues from Gambling

In 2016, approximately \$455.6 million were spent on legalized gambling in Arkansas.²

The state collected \$75.6 million in taxes and fees from major types of gambling in 2015.³

¹ Based on a 2016 U.S. Census Bureau estimate of 30,104,763 persons age 18 and standardized past year problem gambling rate reported for Arkansas by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2017); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

CALIFORNIA

Problem Gambling Services



Legislation was passed in 2003 creating the Welfare and Institutions Code 4369, which provided the California Department of Public Health, Office of Problem Gambling (OPG), with funding and administrative oversight to operate a problem gambling service program. In 2016, the OPG obtained \$129,540 in funding from the California Lottery, \$155,000 from cardrooms, and \$8,188,000 from tribal casinos. These funds supported an array of programs that address problem gambling, including two helplines, various research projects, outpatient and residential treatment services, several prevention programs, counselor training, and public awareness initiatives. OPG supported programs have received national awards and their problem gambling service system is highly regarded.

In addition to efforts by the OPG, the California Council on Problem Gambling (CCPG), a non-profit organization, serves as the state affiliate to the National Council on Problem Gambling (NCPG). The OPG and the CCPG work collaboratively on several problem gambling services and projects. In 2016, the CCPG received 70% of its \$725,000 operating budget from the OPG. The CCPG is one of the more active affiliates to the NCPG as demonstrated by its involvement in administering and/or directly providing for several problem gambling services including a problem gambling helpline, public awareness services, counselor training and certification programs, casino employee training, and prevention services.

In 2016, California ranked first among U.S. states in the total amount of public funds invested in problem gambling services and 20th in per capita public funds invested in problem gambling services. California provided 22 cents of publicly funded monies per capita to problem gambling services in 2016. Of the 40 states that specifically funded problem gambling services, the 2016 per capita average was \$0.37.

There are two state-funded helplines in California; Morneau Shepell responds to calls from 1-800-GAMBLER, and NICOS Chinese Health Coalition provides gambling helpline services in several Asian languages. In 2016, the combined California helplines responded to 3,631 calls for help, a decrease of 28% from 2013. However, the number of persons obtaining gambling treatment services increased slightly from 2013 to 1,562. State funded gambling treatment services are widely available in California through OPG contracts with licensed mental health professionals with specialized training in gambling treatment.

¹ Based on a 2016 U.S. Census Bureau estimate of 30,104,763 persons age 18 and standardized past year problem gambling rate reported for California by Williams, Valberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2017); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling
Helpline:
1-800-GAMBLER

State Agency:
Dept. of Public Health,
Office of Problem Gambling
problemgambling.ca.gov

State Affiliate:
California Council on
Problem Gambling
WWW.CALPG.ORG

Problem Gambling Prevalence

An estimated 1.9% of California adults (511,781) are believed to manifest a gambling problem in California.¹

State Revenues from Gambling

In 2016, approximately \$14.2 billion were spent on legalized gambling in California.²

The state collected \$1.4 billion in taxes and fees from major types of gambling in 2015.³

COLORADO

Problem Gambling Services

HB 08-1314, passed in 2008, designates 0.15% of the Gambling Impact Fund to address problem gambling and authorizes the Colorado Department of Human Services (CDHS) to award grants for providing gambling addiction education and treatment services to Colorado residents. In 2016, the state collected approximately \$239 million in gaming revenues, taxes, and fees from the state's major forms of gambling, casinos and lottery. Out of those state revenues, the amount allocated to the Gambling Impact Fund was \$269,000; the Colorado Department of Human Services, Office of Behavioral Health (OBH) granted out \$146,037 of those monies and the actual amount spent from the fund was \$81,255. The majority of these expenses were used to support a research project to assess gambling treatment need and capacity. Other expenses included funding treatment services for two individuals and for training grants. The inability to spend down the available funds was attributed by OBH to problem gambling services in Colorado going through a transition period in SFY2016. This was the first fiscal year that the OBH began a grant program to solicit gambling treatment providers and offer workforce development grants. Prior to 2016, the OBH managed a single grant to the "Center of Excellence," which was primarily a workforce development grant.

Problem Gambling Coalition of Colorado (PGCC) is a non-profit organization that serves as the state affiliate to the National Council on Problem Gambling (NCPG). The PGCC operated on a budget of \$55,000 in 2016, obtained through a \$25,000 donation from the Colorado Lottery and a \$30,000 donation from the Colorado Gaming Association. These funds were invested in counselor training, funding a problem gambling helpline, and promoting problem gambling awareness.

In 2016, Colorado ranked 37th out of the 50 U.S. states in terms of per capita public funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in Colorado was 3 cents. Of the 40 states that specifically funded problem gambling services, the 2016 per capita average was \$0.37.

In SFY 2016, the Colorado Coalition of Problem Gambling used funds donated by the Colorado Lottery to contract a helpline provider in Kansas to respond to calls originating in Colorado. In 2016, the helpline received 139 calls for help.

1 Based on a 2016 U.S. Census Bureau estimate of 30,104,763 persons age 18 and standardized past year problem gambling rate reported for California by Williams, Valberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2017); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling
Helpline:
1-800-522-4700

State Agency:
Dept. of Human Services
[www.colorado.gov/
pacific/cdhs/community-
programs-behavioral-health](http://www.colorado.gov/pacific/cdhs/community-programs-behavioral-health)

State Affiliate:
Problem Gambling
Coalition of Colorado
[www.problemgambling
colorado.org](http://www.problemgamblingcolorado.org)

Problem Gambling Prevalence

An estimated 2.4% of Colorado adults (102,389) are believed to manifest a gambling problem in Colorado.¹

State Revenues from Gambling

In 2016, approximately \$1.4 billion were spent on legalized gambling in Colorado.²

The state collected \$239.3 million in taxes and fees from major types of gambling in 2015.³

CONNECTICUT

Problem Gambling Services

In 1992, the State of Connecticut enacted legislation that designated how monies from the state's lottery, pari-mutuels, and charitable gaming were to be allocated to address problem gambling, and authorized the Department of Mental Health and Addiction Services (DMHAS) to administer program supported by those funds. In 2016, this problem gambling fund (named the Chronic Gamblers Treatment Fund), received \$2.3 million from lottery revenues, \$200,000 from pari-mutuel and charitable gaming, and DMHAS supplemented those monies to address problem gambling with a \$112,000 in-kind contribution. DMHAS/Problem Gambling Services (PGS) administered an array of programs to address problem gambling, including supporting a helpline, sponsoring research activities, counselor training, counselor certification, treatment programs, prevention programs and public awareness initiatives.

In addition to efforts by DMHAS/PGS, the Connecticut Council on Problem Gambling (CCPG), a non-profit organization, also provides problem gambling services and serves as the state affiliate to the National Council on Problem Gambling. In 2016, the CCPG operated on a budget of \$750,000. The largest portion of its operating budget supported problem gambling prevention services, followed by expenses to support a helpline and to provide training for counselors and persons in the gambling industry.

In 2016, Connecticut ranked 8th out of the 50 U.S. states in terms of per capita public funds dedicated to problem gambling services. Connecticut's per capita public investment was \$0.73. Of the 40 states that specifically funded problem gambling services, the 2016 per capita average was \$0.37.

DMHAS/PGS contracts with community based mental health and/or substance abuse agencies to provide treatment services for problem gambling. Three hundred and fifty-one people were treated in 2016; 342 enrolled in outpatient gambling treatment programs and 9 were served in a residential gambling treatment program. Since the last national problem gambling service survey in 2013, Connecticut's gambling treatment enrollments decreased 36% and calls to Connecticut's problem gambling helpline decreased 57% for a total of 316 calls for help in 2016. It is not clear why fewer persons are being served compared to 2013; however, one possible explanation is that prior years' problem gambling prevention efforts are working. This is supported by Connecticut's long tradition of leading in the field of problem gambling prevention.

¹ Based on a 2016 U.S. Census Bureau estimate of 2,814,668 persons age 18 and standardized past year problem gambling rate reported for Connecticut by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling
Helpline:
1-888-789-7777

State Agency:
Dept. Mental Health
Services/Problem Gambling
Services
www.ct.gov/dmhas/site/default.asp

State Affiliate:
Connecticut Council on
Problem Gambling (CCPG)
www.ccpg.org

Problem Gambling Prevalence

An estimated 1.1% of Connecticut adults (30,961) are believed to manifest a gambling problem in Connecticut.¹

State Revenues from Gambling

In 2016, approximately \$2.8 billion were spent on legalized gambling in Connecticut.²

The state collected \$326.6 million in taxes and fees from major types of gambling in 2015.³

DELAWARE

Problem Gambling Services



Problem gambling services in Delaware are funded through legislation that calls for \$1,000,000 or 1% of Delaware Lottery revenues, whichever is greater, to be directed to the Division of Substance Abuse and Mental Health of the Department of Health and Social Services (DHSS) for “funding programs for the treatment, education and assistance of compulsive gamblers and their families.” In 2016, \$1,389,842 of these funds supported a contract with the Delaware Council on Problem Gambling (DCPG) to provide problem gambling services. The DCPG is the sole DHSS contractor for Problem Gambling Services. The DHSS Director of Alcohol and Drug Programs monitors this contract.

In 2016, Delaware ranked first out of all 50 U.S. states in terms of per capita public funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with funded services was 37 cents; Delaware’s per capita public investment was \$1.46.

The Delaware Council on Problem Gambling (DCPG), through DHSS funding, provides an array of problem gambling services, including operating a helpline, conducting research and program evaluation, providing numerous problem gambling awareness raising services, providing counselor training, and implementing prevention and treatment services.

In 2016 the DCPG operated a gambling treatment system consisting of three levels of treatment: early interventions, outpatient treatment, and intensive outpatient treatment. Between 2013 and 2016, the number of persons enrolled in gambling treatment increased by 52% to 299 individuals, consisting of 242 disordered gamblers and 57 significant others. In addition to the gambling treatment administered by the DCPG, the state helped an additional 98 gamblers and 10 significant others through the Medicaid system. The DCPG runs the Delaware Problem Gambling Helpline. Like most other gambling helplines in the country, fewer calls for help were tallied in 2016 compared to the last time this survey was administered in 2013; calls for help decreased by 41% to a total of 327 calls.

DCPG engaged in a variety of problem gambling public awareness efforts and problem gambling prevention efforts. The DCPG reported targeted awareness and prevention efforts to multiple groups including homeless, college students, veterans, and others.

¹ Based on a 2016 U.S. Census Bureau estimate of 746,419 persons age 18 and standardized past year problem gambling rate reported for Delaware by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute’s Blinken Report.

Resources

Problem Gambling Helpline:
1-888-850-8888

DHHS Division of Substance Abuse and Mental Health
dhss.delaware.gov/dsamh

State Affiliate:
Delaware Council on Gambling Problems (DCGP)
www.deproblemgambling.org

Problem Gambling Prevalence

An estimated 1.4% of Delaware adults (10,540) are believed to manifest a gambling problem in Delaware.¹

State Revenues from Gambling

In 2016, approximately \$1.0 billion were spent on legalized gambling in Delaware.²

The state collected \$194.3 million in taxes and fees from major types of gambling in 2015.³

FLORIDA

Problem Gambling Services



Florida Statutes 551.118 created the Compulsive or Addictive Gambling Prevention Program funded from an annual regulatory fee of \$250,000 paid by slot machine licensees to the Department of Business and Professional Regulation, Division of Pari-Mutuel Wagering. In SFY 2015/2016, Compulsive or Addictive Gambling Prevention Program Fees totaled \$ 2,250,000. From this amount, \$930,000 was authorized by the legislature to be expended in a single contract to the Florida Council on Compulsive Gambling (FCCG).

In SFY2016, the FCCG funding was dependent on two contracts. One was with the Department of Business and Professional Regulation, Division of Pari-Mutuel Wagering for \$930,000. The other contract is with the Seminole Tribe of Florida, which operates seven casinos throughout the state. Through the Seminole's compact, which was scheduled to expire in 2017, they contribute another \$1.75 million, marked specifically for treatment to the FCCG.

The Florida Council on Compulsive Gambling is by far the largest provider of problem gambling related services in the State of Florida. The FCCG is comparatively a very large NCPG affiliate when contrasted to the rest of the country; they have a larger budget, more staff, and a larger range of provided services. The FCCG runs the Florida helpline, which received a total of 5,913 calls for help, an increase of 39.5% from 2013. The FCCG fields calls from other states aside from Florida, including Georgia, Alabama, and South Carolina. In addition to the helpline, the FCCG provides treatment services; in 2016, their system treated 147 gamblers and 5 significant others, an increase of 150% compared to the last time this survey was conducted in 2013.

In 2016, Florida ranked 32nd out of 50 U.S. states regarding per capita public funds invested on problem gambling services. Florida's per capita public fund allocation is 5 cents, but when adding in the contributions of tribal gaming via the Seminole's state compact, the total per capita allocation increases to 13 cents. The national average is 37 cents amongst the 40 states that dedicate public funds specifically for problem gambling services.

¹ Based on a 2016 U.S. Census Bureau estimate of 16,428,114 persons age 18 and overall past year problem and pathological gambling rate combined reported for Florida by Rotunda & Schell (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling
Helpline:
1-888-ADMIT-IT

State Agency:
Department of Business and
Professional Regulation

State Affiliate:
Florida Council on
Compulsive Gambling
(FCCG)
www.gamblinghelp.com

Problem Gambling Prevalence

An estimated 1.2% of Florida adults (197,137) are believed to manifest a gambling problem in Florida.¹

State Revenues from Gambling

In 2016, approximately \$9.2 billion were spent on legalized gambling in Florida.²

The state collected \$1.6 billion in taxes and fees from major types of gambling in 2015.³

GEORGIA

Problem Gambling Services



Georgia has some of the most restrictive laws in the country when it comes to gambling; the few permitted forms of gambling include the Georgia Lottery which, unlike most U.S. lotteries, offers Diggi Games (interactive games played on internet enabled devices) and online sales of traditional lottery games. In FY 2014, the Georgia Lottery implemented new responsible gaming initiatives and doubled the transfer of funds to the Department of Behavioral Health and Developmental Disabilities (DBHDD) for treatment of problem gambling from \$200,000 to \$400,000. With these funds, Georgia's DBHDD provided treatment and counselor training in the state. Georgia is also one of 32 states with a state affiliate to the National Council on Problem Gambling. The Georgia Council on Problem Gambling (GCPG) received no funding in 2016; services were provided through volunteer staff.

The Georgia Council on Problem Gambling has developed a small network of treatment providers who are required to be licensed for independent practice, meet gambling training standards, accept third party reimbursement and work in a setting where they can accept direct referrals. The GCPG arranges for problem gambling helpline services through an agreement with the Florida Council on Compulsive Gambling (FCCG). In 2016, the FCCG's helpline responded to 200 calls for help from Georgia callers and connected them with local help and treatment. The FCCG works collaboratively with the GCPG to provide caller data and educational materials. The GCPG markets the helpline, provides education, offers trainings, and engages in limited public awareness activities utilizing their volunteers.

In FY 2016, the DBHDD funded four treatment programs to provide problem gambling services and sponsored counselor education and supervision. Persons obtaining services in the DBHDD funded addiction treatment programs are screened for problem gambling. Between 2014 and 2016 these programs conducted 1,738 screens; 1,027 consumers attended education programming on problem gambling, and 255 enrolled in gambling treatment.

In 2016, Georgia ranked 34th out of 50 U.S. states in terms of per capita investment in problem gambling, investing 4 cents per capita. For those states that dedicate funds to problem gambling services, the national average is 37 cents per capita.

¹ Based on a 2016 U.S. Census Bureau estimate of 7,784,330 persons age 18 and standardized past year problem gambling rate reported for Georgia by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinks Report.

Resources

Problem Gambling
Helpline:
1-800-522-4700

State Agency:
Department of Behavioral
Health and Developmental
Disabilities
<https://dbhdd.georgia.gov>

State Affiliate:
Georgia Council on
Problem Gambling (GCPG)
www.georgiagamblinghelp.org

Problem Gambling Prevalence

An estimated 1.4% of Georgia adults (108,981) are believed to manifest a gambling problem in Georgia.¹

Revenues from Gambling

In 2016, approximately \$4.6 billion were spent on legalized gambling in Georgia.²

The state collected \$1.6 billion in taxes and fees from major types of gambling in 2015.³

HAWAII

Problem Gambling Services



In 2016, Hawaii was one of ten states that does not set aside funds to specifically address problem gambling. The Hawaii Department of Health, Behavioral Health Services Administration, is the state agency responsible for mental health and drug and alcohol abuse services in Hawaii; however, a search for the word “gambling” on their website revealed no results suggesting the issue of problem gambling was not specifically being addressed by this state agency at the time of this survey.

Hawaii does not have an NCPG affiliate. The National Problem Gambling Helpline covers calls originating from Hawaii; however, referral sources in Hawaii are scarce, with only three identified GA meetings, all on the Island of Oahu, and no certified problem gambling counselors. A small number of providers in the private sector advertise services for problem gamblers.

Other than Utah, Hawaii has the most stringent anti-gambling laws in the United States. Only social poker games, where there are no profits, are allowed in Hawaii. There are no casinos, charitable gaming, lottery, or sports betting allowed in the state. All bills that have attempted to legalize gaming in Hawaii have been defeated. The Hawaii Coalition Against Legalized Gambling (HCALG) is an active group of organizations and individuals united to prevent the introduction of legalized gambling into the state. They also serve to educate the public about the detrimental effects of legalized gambling.

Problem Gambling Prevalence

An estimated 2.2% of Hawaii adults (24,608) are believed to manifest a gambling problem in Hawaii.¹

Revenues from Gambling

There are no casinos, charitable gaming, lottery, or sports betting allowed in Hawaii.²

Unlike most U.S. states, Hawaii does not collect revenue from gambling activities.³

¹ Based on a 2016 U.S. Census Bureau estimate of 1,118,560 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

IDAHO

Problem Gambling Services

As of SFY 2016, the State of Idaho did not provide public funding dedicated to problem gambling services, nor does Idaho have a state affiliate to the National Council on Problem Gambling. As of September 2017, the Idaho Lottery website did not contain a responsible gambling tab or any information about problem gambling help services, and a search on the Idaho Department of Health and Welfare's programs and services website for the keywords "gambling," "gambler," and "compulsive" provided zero results. The NCPG website did not identify any certified problem gambling counselors within Idaho. The only problem gambling-specific help in Idaho appears to be Gamblers Anonymous (GA). The GA website's meeting locator identified six meetings within the state.



Resources

Problem Gambling
Helpline:
1-800-926-2588

Problem Gambling Prevalence

An estimated 2.2% of Idaho adults (27,237) are believed to manifest a gambling problem in Idaho.¹

Revenues from Gambling

In 2016, approximately \$377.7 million were spent on legalized gambling in Idaho.²

The state collected \$48.6 million in taxes and fees from major types of gambling in 2015.³

¹ Based on a 2016 U.S. Census Bureau estimate of 1,242,157 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

ILLINOIS

Problem Gambling Services



The State of Illinois enacted bills PA 89-374 and 89-626 in 1996; these laws designated how monies from a Gaming Fund were to be allocated and earmarked to address problem gambling. This legislation assigned the Division of Alcoholism and Substance Abuse (DASA) in the Illinois Department of Human Services (DHS) to administer problem gambling services through the Illinois Gaming Fund.

In 2016, \$1,039,500 from the Illinois Gaming Fund was distributed to the Department of Human Services for programs to prevent and treat problem gambling. DASA serves as the APGSA representative in Illinois, and administers an array of problem gambling services in Illinois, including counselor training, a helpline, public awareness, and treatment. Illinois is also one of 32 states with a state affiliate to the National Council on Problem Gambling (NCPG) and has a state lottery that invests in responsible gambling programs.

In Illinois, persons who are on casino self-exclusion lists who break their agreements must forfeit their winnings and elect where those moneys are to be donated from a list of three non-profits: the Illinois Council on Problem Gambling (ICPG), the Outreach Foundation, and Illinois Institute for Addiction Recovery. Eighty-three percent of the ICPG's \$72,000 operating budget was derived from this funding source. The ICPG used these funds to provide helpline services, public awareness, counselor training, and advocacy.

In 2016, Illinois ranked 28th out of 50 U.S. states in terms of per capita public funds dedicated to problem gambling services. The average allocation of per capita funds in Illinois is 8 cents, whereas the national average is 37 cents per capita.

In 2012 the state created a helpline for problem gamblers, although there are two lines in the state; both lines are directed to the same service that is provided by Morneau Shepell. In 2016, the helpline received a total of 1,252 calls for help, a decrease of 22% from 2012. The Illinois Department of Human Services was unable to provide the number of gambling treatment enrollments for 2016. In 2012, the Department reported 1,678 individuals received outpatient state supported gambling treatment services.

¹ Based on a 2016 U.S. Census Bureau estimate of 9,857,185 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
1-800-GAMBLER

State Agency:
Department of Human
Services

illinoisgamblinghelp.org

State Affiliate:
Illinois Council on Problem
Gambling (ICPG)
www.icpg.info

Problem Gambling Prevalence

An estimated 2.2% of Illinois adults (216,858) are believed to manifest a gambling problem in Illinois.¹

Gambling Revenues

In 2016, approximately \$4.3 billion were spent on legalized gambling in Illinois.²

The state collected \$1.4 billion in taxes and fees from major types of gambling in 2015.³

INDIANA

Problem Gambling Services



In 1993, the State of Indiana enacted the Indiana Riverboat Gaming Act, which designated how monies were to be allocated and earmarked to address problem gambling. In 2016, \$1,100,00 of these revenues were distributed to the Division of Mental Health and Addiction (DMHAS) and earmarked for programs to prevent and treat problem gambling. DMHAS supported problem gambling services include a helpline, program evaluation, public awareness, counselor training, treatment, prevention, and support for criminal justice partners. The Indiana Problem Gambling Awareness Program (IPGAP), housed within Indiana University, serves as a key partner to DMHAS's problem gambling services by providing research services, counselor training, public awareness, and prevention services in the state. The DMHAS contracts the helpline services to Morneau Shepell. DMHAS contracts with community based mental health and/or substance abuse treatment agencies to provide problem gambling treatment.

The Indiana Council on Problem Gambling (ICPG) serves as the state's affiliate to the National Council on Problem Gambling. They work collaboratively with state efforts to improve public awareness of problem gambling and provide training services. The ICPG had a budget of \$145,000 in 2016, provided entirely through a contract with DMHAS.

In 2016, Indiana ranked 23rd out of 50 U.S. states in terms of per capita public funds and unduplicated NCPG affiliate funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states reporting publicly funded services was 37 cents. Indiana's per capita allocation was 17 cents.

In 2016, the Indiana Problem Gambling Helpline received 395 calls for help, down 52% from 2012. Helpline calls have been decreasing in most states as more people turn to the internet as a source of information. Additionally, 1,611 problem gamblers received outpatient treatment in 2016, an increase of nearly 400% from 2012.

1 Based on a 2016 U.S. Census Bureau estimate of 9,857,185 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
1-800-994-8448

State Agency:
Division of Mental Health
and Addiction
[www.in.gov/fssa/dmha/
2582.htm](http://www.in.gov/fssa/dmha/2582.htm)

State Affiliate:
Indiana Council on Problem
Gambling
www.indiana.gambling.org

Problem Gambling Prevalence

An estimated 1.2% of Indiana adults (60,573) are believed to manifest a gambling problem in Indiana.¹

Gambling Revenues

In 2016, approximately \$3.4 billion were spent on legalized gambling in Indiana.²

The state collected \$862.9 million in taxes and fees from major types of gambling in 2015.³

IOWA

Problem Gambling Services



In 2016, Iowa Department of Public Health was allocated \$3,111,614 from the State's General Fund to administer programs to prevent and treat problem gambling. These funds supported an array of problem gambling services, including a helpline, research, program evaluation, counselor training, treatment, prevention, and public awareness services.

Iowa does not have a state affiliate with the NCPG; problem gambling help in Iowa is largely provided by services funded by the Iowa Department of Public Health.

In 2016, Iowa ranked 4th out of 50 U.S. states in terms of per capita public funding dedicated to problem gambling services. The nation's average is 37 cents invested into problem gambling services per capita; in 2016, Iowa spent 99 cents per capita.

Iowa's problem gambling services are among the most developed in the United States; the state provides an experienced workforce, extensive public awareness efforts, a robust gambling treatment system, and surveillance efforts that include problem gambling questions on youth and adult risk and health surveys. The state's helpline is contracted out to Iowa State University, where a mix of volunteers and paid staff take on calls. In 2016, the helpline received 2,045 calls for help, down 50% from 2012. IDPH will be releasing an integrated helpline request for proposals in early 2017 that will combine three current helplines to one vendor, and will include 24-hour live chat, text, and live calls, as well as care coordination and recovery support components. In 2016, 624 problem gamblers and 74 significant others were treated through IDPH supported outpatient services for a total of 698 people, representing a 3% increase since 2013.

1 Based on a 2016 U.S. Census Bureau estimate of 2,404,310 persons age 18+ and past year problem gambling rate reported for Iowa: Park, K. & Losch, M. (2016). Gambling Attitudes and Behaviors: A 2015 Survey of Adult Iowans. Prevalence of Gambling, Cedar Falls, IA: Center for Social and Behavioral Research, University of Northern Iowa.

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
1-800-BETS OFF

State Agency:
Department of Public Health
<https://1800betsoff.org>

Problem Gambling Prevalence

An estimated 1.2 % of Iowa adults (28,852) are believed to manifest a gambling problem in Iowa.¹

Gambling Revenues

In 2016, approximately \$1.9 billion were spent on legalized gambling in Iowa.²

The state collected \$383.4 million in taxes and fees from major types of gambling in 2016.³

Resources

KANSAS

Problem Gambling Services

During the development of the 2007 Kansas Expanded Lottery Act, concerns were raised about the negative impact expanded gambling may have on the incidence of problem gambling and other addictive disorders within Kansas. Due to these concerns, a provision was included in the act that created a Problem Gambling and Other Addictions Fund (PGOAF) by earmarking 2% of net revenues created by state-owned casino gaming to be directed toward services to address problem gambling and the treatment of alcohol and other drug addictions within the Kansas Department of Aging and Disability Services (KDADS). That amount for SFY2016 was \$7,287,423. In addition, \$20,000 from charitable bingo and \$80,000 from the Lottery was deposited into the PGOAF. In FY 2016, \$789,198 of the PGOAF was programmed toward problem gambling services with an additional \$100,000 allocated to state personnel providing and/or administering problem gambling services. These funds were used to provide a wide scope of services to address problem gambling, including public awareness, a helpline, counselor training, treatment, prevention, and counselor certification.

In addition to the efforts by KDADS, the Kansas Coalition on Problem Gambling (KCPG) serves as the state's affiliate to the National Council on Problem Gambling. The KCPG had a budget of \$16,000 in 2016, which was entirely source through a contract with KDADS. With this money, the KCPG worked to increase public awareness of problem gambling, and provided counselor training.

Kansas ranked 16th out of 50 U.S. states in 2016 in terms of per capita public funding dedicated to problem gambling services. The average per capita allocation in the 40 states reporting such figures is 37 cents, while Kansas invested 31 cents per capita in 2016. KDADS contracts with community based mental health and/or substance use treatment agencies and counselors to provide outpatient gambling treatment services. 136 people received outpatient care in 2016, including 114 problem gamblers and 22 significant others, for a total of 136 total treated people, representing an 8% decrease in numbers treated compared to 2013. Nationally, problem gambling helpline calls fell by 17% when comparing 2016 survey results to the findings from the 2013 survey. This decline was even steeper for the Kansas Problem Gambling Helpline; in 2016 the helpline received 227 calls for help, down 27% from 2013.

1 Based on a 2016 U.S. Census Bureau estimate of 2,189,189 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
1-800-522-4700

State Agency:
Department of Aging and
Disability Services
www.kdads.ks.gov

State Affiliate:
Kansas Coalition on Problem
Gambling
www.ksgamblinghelp.com

Problem Gambling Prevalence

An estimated 2.8% of Kansas adults (61,297) are believed to manifest a gambling problem in Kansas.¹

Gambling Revenues

In 2016, approximately \$895.2 million were spent on legalized gambling in Kansas.²

The state collected \$173.6 million in taxes and fees from major types of gambling in 2015.³

KENTUCKY

Problem Gambling Services

Kentucky is one of 10 U.S. states without any public funds designated to address problem gambling. In 2016, legislation was proposed to create a Problem and Pathological Gamblers Awareness and Treatment Program Fund, but the bill died in the 2016 Legislature's Appropriations & Revenue committee.

Legalized gambling in Kentucky is more limited than many other states; for example, Kentucky does not have casino gambling. However, new forms of legal gambling have been added in recent years, including instant racing at Kentucky Downs and Ellis Park racetracks, and the Kentucky Lottery added keno to their game mix.

The Kentucky Council on Problem Gambling (KCPG) serves as the state's affiliate to the National Council on Problem Gambling (NCPG). In 2016, the KCPG's budget was \$69,650. This money came from a variety of sources, including \$15,275 that was provided from the Kentucky Lottery. This limited budget enabled the KCPG to contract for problem gambling helpline services, provide counselor training, and engage in public awareness services. The KCPG has only one paid staff, the Executive Director; the executive director is aided by a volunteer Board of Directors which actively participates in projects and initiatives.

The River Valley Behavioral Health Crisis Line Services fields calls to the Problem Gambling Helpline (1-800-GAMBLER) through a contract with KCPG. Text and chat services started in 2016, but there was no data available for these services. The helpline received a total of 348 calls for help, marking a 51% increase from 2013.

1 Based on a 2016 U.S. Census Bureau estimate of 3,420,907 persons age 18+ and standardized past year problem gambling rate reported for Kentucky's most recent prevalence study by Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
1-800-GAMBLER

State Agency:
Division of Behavioral
Health

State Affiliate:
Kentucky Council on
Problem Gambling (KCPG)
www.kycpg.org

Problem Gambling Prevalence

An estimated 1.1% of Kentucky adults (37,360) are believed to manifest a gambling problem in Kentucky.¹

Gambling Revenues

In 2016, approximately \$997.3 million were spent on legalized gambling in Kentucky.²

The state collected \$239.1 million in taxes and fees from major types of gambling in 2015.³

LOUISIANA

Problem Gambling Services



Louisiana passed several significant pieces of legislation designed to address problem gambling, the first of which was in 1993; this law required the Office of Behavioral Health (OBH) of the Louisiana Department of Health to establish programs to address problem gambling. In 1995, Acts 1014 and 1215 were passed, which designated how monies from different forms of legalized gambling were to be allocated toward a problem gambling fund. In 1999 Act 1335 was enacted, requiring OBH to promote education on potential problems related to gambling and gaming.

In 2016, \$2,834,673 in revenues from video poker, river boat casinos, land-based casinos, lottery, and electronic gaming machines were transferred to the Problem Gambling Fund and distributed by OBH to provide problem gambling services. Almost half of these funds were used to support gambling treatment services, with the rest used to fund a problem gambling helpline (1-877-770-STOP), program evaluation and research, public awareness, training, and problem gambling prevention activities.

The Louisiana Association on Compulsive Gambling (LACG) is one of the largest NCPG affiliates in the United States in terms of numbers of staff and services. While the focus of the LACG's services are toward helping Louisianans, they assist several other states in addition to operating the National Problem Gambling Helpline and a residential gambling treatment program, which accepts clients from other states. The LACG is funded primarily through OBH, and operated on a budget of \$1,320,000 in SFY 2016. This operating budget supports an array of services including helplines, research, program evaluation, public awareness, treatment and recovery programs, prevention, industry training, and advocacy.

In 2016, Louisiana ranked 10th out of 50 U.S. states regarding per capita public funds and unduplicated NCPG affiliate funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; in Louisiana, the per capita average was 55 cents.

In 2016, the Louisiana problem gambling helpline received 1,045 calls for help, marking a 30% decrease from 2013. Correspondingly, the number of Louisiana residents receiving state-supported gambling treatment services fell 34% since 2013. A total of 354 people received state supported gambling treatment services in 2016.

¹ Based on a 2016 U.S. Census Bureau estimate of 3,562,748 persons age 18 and standardized past year problem gambling rate reported for Louisiana's most recent prevalence study by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
1-877-770-STOP

State Agency:
Office of Behavioral Health
www.dhh.louisiana.gov/index.cfm/page/1545

State Affiliate:
Louisiana Association on
Compulsive Gambling
(LACG)
www.helpforgambling.org

Problem Gambling Prevalence

An estimated 1.3% of Louisiana adults (46,136) are believed to manifest a gambling problem in Louisiana.¹

Gambling Revenues

In 2016, approximately \$3.7 billion were spent on legalized gambling in Louisiana.²

The state collected \$907.2 million in taxes and fees from major types of gambling in 2015.³

MAINE

Problem Gambling Services



In FY2016, the Office of Substance Abuse and Mental Health Services received \$100,000 of casino revenue legislatively designated for Prevention and Treatment of Problem Gambling. Half of these funds were allocated to nine prevention coalitions throughout the state to integrate the topic of problem gambling into their activities. \$5,000 of these funds helped to support Maine's 211 helpline, the number advertised on lottery tickets and at casinos for seeking problem gambling help. The remainder of the funds went to AdCare Educational Institute of Maine, Inc. to manage payment for problem gambling treatment, provide training and workforce development, and increase public awareness of problem gambling. Of these funds, \$10,000 was set aside for treatment; however, no claims were filed so those funds were redirected toward workforce development activities.

Maine is one of 22 states that does not have a state affiliate to the National Council on Problem Gambling. The Office of Substance Abuse and Mental Health Services' efforts to increase problem gambling awareness is aided by the Maine State Lottery through their efforts to promote responsible gambling and resources for problem gambling help.

In 2016, Maine ranked 29th out of 50 U.S. states in terms of per capita public funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 U.S. states reporting funding was 37 cents. Maine's per capita public investment was 8 cents.

Advertising for the 211 helpline is printed on lottery tickets and posted in casinos. The 211 Maine helpline received a total of 83 calls for problem gambling help in 2016. A relatively new problem gambling treatment network was created 3 years ago, featuring 8 different providers who completed at least 12-hours of training on problem gambling treatment. Due to a lack of funding to support efforts to increase public awareness of this resource, the gambling treatment system is very under-utilized with no claims for gambling treatment made for the past three years.

1 Based on a 2016 U.S. Census Bureau estimate of 1,074,504 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
211

State Agency:
Substance Abuse and Mental
Health Services
[www.maine.gov/dhhs/
samhs/mentalhealth/](http://www.maine.gov/dhhs/samhs/mentalhealth/)

Problem Gambling Prevalence

An estimated 2.2% of Maine adults (23,639) are believed to manifest a gambling problem in Maine.¹

Gambling Revenues

In 2016, approximately \$402.1 million were spent on legalized gambling in Maine.²

The state collected \$107.6 million in taxes and fees from major types of gambling in 2015.³

MARYLAND

Problem Gambling Services



In 2016, Maryland invested \$3,725,180 to support problem gambling services. Public funding of problem gambling services in Maryland received its start in 2008 when the State of Maryland enacted state bills S83 and HB4. As part of this legislation, a Casino Problem Gambling Fund was established and administration over that fund was assigned to the Maryland Department of Health and Mental Hygiene (DHMH). The fund was designated to provide support for problem gambling treatment, prevention, public awareness, helpline services and research (including a prevalence study). This action led to the 2012 establishment of the Maryland Center of Excellence on Problem Gambling, a program of the University of Maryland School of Medicine. The Center maintains on-going public awareness campaigns, has spearheaded several prevention and education programs, and is a hub for networking with key stakeholders including treatment providers, the criminal justice system, employee assistance programs, faith-based communities, and school systems.

Maryland also has a NCPG affiliate, the Maryland Council on Problem Gambling (MCPG). In 2016, the MCPG received all its \$58,440 in funding through a grant with DHMH, which allowed the organization to support a paid Executive Director position. Halfway through the year, that funding was lost, resulting in the MCPG operating as a strictly volunteer organization for much of 2016. Remaining funds supported a problem gambling helpline, public awareness services, and counselor training. The MCPG participates on the board of the Maryland Alliance of Responsible Gambling.

In 2016, Maryland ranked 9th out of 50 U.S. states regarding per capita public funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; in Maryland, the per capita investment was 62 cents.

Maryland utilized the 1-800-GAMBLER number for its problem gambling helpline. In 2016, there were 711 calls for help, a jump of 270% from 2013. In 2016, there was no state funding for outpatient gambling treatment; persons seeking help are referred to providers with specialty training. In 2016, there were 143 non state-funded outpatient treatment enrollments provided through this referral network, although this number is suspected to be low due to the voluntary nature of provider data reporting.

1 Based on a 2016 U.S. Census Bureau estimate of 4,668,763 persons age 18+ and standardized past year problem gambling rate reported for Maryland's most recent prevalence study by Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
1-800-Gambler

State Agency:
Dept. of Health and Mental
Hygiene
www.mdproblemgambling.com/helpline

State Affiliate:
Maryland Council on
Problem Gambling (MCPG)
www.mdproblemgambling.com/maryland-council-on-problem-gambling

Problem Gambling Prevalence

An estimated 1.9% of Maryland adults (88,706) are believed to manifest a gambling problem in Maryland.¹

Gambling Revenues

In 2016, approximately \$4.7 billion were spent on legalized gambling in Maryland.²

The state collected \$973.2 million in taxes and fees from major types of gambling in 2015.³

MASSACHUSETTS

Problem Gambling Services



In late 2011, the Expanded Gaming Act was signed into law in Massachusetts. This law permitted the Massachusetts Gaming Commission (MGC) to award licenses for one slot parlor and three resort casinos. Notably, this law established a Public Health Trust Fund to support social service and public health programs dedicated to addressing problem gambling and related issues. At a minimum, the fund receives no less than \$5 million on a yearly basis with the allocation projected to increase to \$15 to \$20 million following the opening of the new casinos in 2018. In 2016, only the Plainridge Park Casino in Plainville was operational. Massachusetts is also home to a state lottery with over \$5 billion in annual sales, the fourth largest U.S. state lottery in 2016 sales.

In 2016, Massachusetts invested \$6,152,969 in problem gambling services. These funds came from fees imposed on racetracks and casino gaming applicants and licensees along with unclaimed lottery winnings. Much of this investment was made on research activities administered through the MGC. A smaller portion, approximately \$1.5 million, was administered by the Department of Public Health (DPH) with most of these funds being programmed to support services provided by the Massachusetts Council on Compulsive Gambling (MCCG).

The MCCG, an affiliate of NCPG, operated on a budget of \$2,100,000 in 2016. Working in collaboration with DPH and the MGC, the MCCG administers and directly provides a large array of services to address problem gambling, including operating a helpline, providing an array of public awareness activities, offering counselor training and certification, and conducting problem gambling prevention activities (including industry training). The MCCG offers programs that support recovery but not treatment services. Treatment is provided through DPH funded community outpatient programs where services are offered by professional counselors with Massachusetts Problem Gambling Specialist (MAPGS) certificates.

Massachusetts ranked 5th out of 50 U.S. states in 2016 in terms of per capita public funds dedicated for problem gambling services. Massachusetts averaged \$0.90 in per capita allocation of public funds for problem gambling services, as compared to 37 cents in the 40 states reporting publicly funded services.

In 2016, the Massachusetts problem gambling helpline received a total of 1007 calls for help, up 42% from 2012. Although Massachusetts provides treatment services, information on numbers served were not available.

1 Volberg, R., Haupt, A., & Zorn, M. (2015). <https://www.umass.edu/seigma/>

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
1-800-426-1234

State Agency:
Department of Public Health
www.mass.gov/eohhs/gov/departments/dph

State Affiliate: Massachusetts
Council on Compulsive
Gambling (MCCG)
www.masscompulsivegambling.org

Problem Gambling Prevalence

An estimated 1.7% of
Massachusetts adults
(88,000) are believed to
manifest a gambling problem
in Massachusetts.¹

Gambling Revenues

In 2016, approximately \$5.2
billion were spent on
legalized gambling in
Massachusetts.²

The state collected \$960.2
million in taxes and fees from
major types of gambling in
2015.³

MICHIGAN

Problem Gambling Services



Publicly funded problem gambling services in Michigan are made possible through the Compulsive Gaming Prevention Fund (MCL 432.253). This fund is comprised of revenues from the Michigan Gaming Control Board, Michigan State Lottery, and Michigan Racing Commission. In 2016, \$2,279,184 in total funds from these three entities were transferred to the Michigan Department of Health and Human Services (MDHHS) for specific use in the treatment, prevention, education, training, research, and evaluation of disordered gamblers and their families and to fund the toll-free problem gambling helpline. In 2016, MDHHS supported a large problem gambling public awareness contract and contracted with Health Management Systems of America (HMSA) to administer the Problem Gambling Treatment Programs and Michigan Problem Gambling Helpline. Treatment services consisted of providing gambling counseling services to individuals diagnosed with Gambling Disorder and their families statewide. The helpline telephone number was advertised and printed on a variety of media, including television ads, casino cards, brochures, social media, etc.

The Michigan Association on Problem Gambling (MAPG) serves as the state affiliate to the National Council on Problem Gambling. The MAPG is an all-volunteer operation that focuses their efforts on raising problem gambling public awareness and advocating on behalf of problem gamblers and their family members. The Executive Director volunteers about 5 hours a week, and the MAPG President also places considerable time advocating on behalf of the Council.

Michigan ranked 21st out of 50 U.S. states in terms of per capita public funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents in 2016; Michigan's per capita public investment was 23 cents.

In 2016 the Michigan problem gambling helpline received 1,356 calls for help, down 13% since 2013. State funds were used to treat 379 problem gamblers through outpatient care. This represents a 35% decrease in gamblers treated compared to findings from the 2013 national survey of problem gambling services. MDHHS attributed decreased treatment enrollment to more private insurance companies now covering Gambling Disorder under their benefit plans.

Resources

Problem Gambling Helpline:
1-800-270-7117

State Agency:
Department of Health and
Human Services
www.michigan.gov/mdhhs

State Affiliate:
Michigan Association on
Problem Gambling (MAPG)
www.michapg.org

Problem Gambling Prevalence

An estimated .5% of Michigan adults (38,621) are believed to manifest a gambling problem in Michigan.¹

Gambling Revenues

In 2016, approximately \$5.9 billion were spent on legalized gambling in Michigan.²

The state collected \$1.08 billion in taxes and fees from major types of gambling in 2015.³

¹ Based on a 2016 U.S. Census Bureau estimate of 7,724,217 persons age 18+ and past year problem gambling rate reported for Michigan by Hartmann, D.J. (2013). *A Survey of Gambling Behaviors in Michigan, 2013*

² Based on combined revenue reports from: (a) *The American Gaming Association (2016)*; (b) *Meister, A. (2017)*; and (c) *North America State and Provincial Lotteries (2016)*.

³ *Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.*

MINNESOTA

Problem Gambling Services



The Minnesota Department of Human Services (DHS) pays for inpatient and outpatient problem gambling treatment for residents who qualify for help, as well as a statewide 24-hour helpline, public awareness programs, counselor training, and problem gambling prevention programs. These services are funded through legislative action that in FY2016 earmarked the following transfers to DHS specifically for problem gambling services: lottery revenues (\$1,513,688), a tax on charitable gaming (\$345,095), and a contribution from Indian gaming (\$340,000). Additionally, the Minnesota Lottery invested \$30,000 in promoting the problem gambling helpline and responsible gambling in FY2016.

One of the DHS contracts for problem gambling services is with Northstar Problem Gambling Alliance (NPGA). The NPGA serves as the state affiliate to the National Council on Problem Gambling. The primary focus of the NPGA is on promoting public awareness of problem gambling and problem gambling resources along with providing workforce development activities, including counselor training and training for gambling industry employees. The NPGA also plays an important role in Minnesota as an advocate for problem gamblers and their family members.

In 2016, Minnesota ranked 14th out of 50 U.S. states in terms of per capita public funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states reporting funded services was 37 cents; Minnesota's per capita public investment was 40 cents.

The DHS contracts out the problem gambling helpline to Canvas Health. In 2016, the gambling helpline received a total of 725 calls for help, a 20% decrease from 2012. Minnesota is one of just 13 states that funds residential gambling treatment. In 2016, 175 individuals received residential gambling treatment and an additional 600 people enrolled into publicly funded gambling treatment programs. These enrollment numbers remained relatively stable when compared to data collected in the 2013 National Survey of Problem Gambling Services.

*1 Based on a 2016 U.S. Census Bureau estimate of 4,228,283 persons age 18+ and the average standardized past year problem gambling rate reported for Minnesota by Williams, Volberg, & Stevens (2012).
2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).
3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.*

Resources

Problem Gambling Helpline:
1-800-333-HOPE

State Agency:
Department of Human
Services
getgamblinghelp.com

State Affiliate:
Northstar Problem Gambling
Alliance
www.northstarproblemgambling.org

Problem Gambling Prevalence

An estimated 3.6% of Minnesota adults (152,218) are believed to manifest a gambling problem in Minnesota.¹

Gambling Revenues

In 2016, approximately \$2.0 billion were spent on legalized gambling in Minnesota.²

The state collected \$136.1 million in taxes and fees from major types of gambling in 2015.³

MISSISSIPPI

Problem Gambling Services



Publicly funded problem gambling services in Mississippi are unusual in that no state agency administers contracts or provides oversight for those services paid for by state funds. Rather, in 2016 and for several prior years, the Mississippi Gaming Commission has made a \$100,000 annual transfer to the Mississippi Council on Problem and Compulsive Gambling (the Council). The Council uses these funds to help support a problem gambling helpline, public education and awareness on problem gambling and training services. State funds make up just over a third of the Council's annual budget. The main source of funding for the Council are contributions made by commercial casinos within Mississippi. When Mississippi casinos were established in 1996 there was an agreement that stated each of Mississippi's 30 casinos donates \$5,000 to the Council, for a combined contribution of \$150,000 annually. The Council is a non-profit organization, and is the sole provider of problem gambling-specific services in the state. The Council also serves as the state affiliate to the National Council on Problem Gambling and operated on a budget of \$259,732 in 2016.

Mississippi ranked 36th in 2016 in terms of per capita public funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; Mississippi's per capita public investment was 3 cents per capita.

Given the Council's limited budget, a surprising amount of services are offered, including a problem gambling helpline that offers text conversations, web-based chat, and motivational messaging text services. The helpline is promoted using a variety of media methods, including outdoor billboards, print, television, and radio. In 2016, the helpline received 320 calls for help; this represented a 44% decrease since the last survey in 2013. Persons needing help may be referred to Gamblers Anonymous, where there were 19 meeting locations throughout the state in 2016. Unfortunately, there are no publicly funded gambling-specific treatment services in the state, and the Council's budget is not large enough to support subsidized treatment.

¹ Based on a 2016 U.S. Census Bureau estimate of 2,262,466 persons age 18+ and standardized past year problem gambling rate reported for Mississippi by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinks Report.

Resources

Problem Gambling Helpline:
1-888-777-9696

State Agency:
Mississippi Gaming
Commission
www.msgambler.org

State Affiliate:
Mississippi Council on
Problem and Compulsive
Gambling (MCPCG)
www.msgambler.org

Problem Gambling Prevalence

An estimated 3.9 % of Mississippi adults (88,236) are believed to manifest a gambling problem in Mississippi.¹

Gambling Revenues

In 2016, approximately \$2.0 billion were spent on legalized gambling in Mississippi.²

The state collected \$250.2 million in taxes and fees from major types of gambling in 2015.³

MISSOURI

Problem Gambling Services



The Missouri Division of Behavioral Health (DBH) administers a problem gambling treatment fund, funded from a formula where one cent from every casino patron's entrance fee is designated for problem gambling treatment. In FY2016, that fund supported DBH's problem gambling service budget of \$258,960. Most of those funds were programmed for treatment services. The DBH's problem gambling budget is too limited to provide many workforce development or other training activities, although the agency does help to support the Midwest Conference on Gambling and Substance Abuse. The problem gambling helpline, along with promotion of the helpline, is paid and contracted by the Missouri Gaming Association (MGA), a statewide trade association of the Missouri casino entertainment industry and related professionals. The Missouri Lottery also contributes to marketing of the helpline and some additional problem gambling awareness activities.

One of the problem gambling services for which Missouri is best known is the state's self-exclusion programs. Since 1996, the Missouri Gaming Commission has administered programs to allow people to voluntarily ban themselves from all Missouri casinos. In 2013, the Missouri Lottery began one of the first lotteries to offer a self-exclusion program. Together, well over 15,000 people have utilized these programs as a recovery tool.

In past years, Missouri had an active affiliate to the National Council on Problem Gambling (NCPG); however, that affiliate dissolved and, as of 2016, no new entity has applied for NCPG state affiliate status.

Missouri ranked 33rd out of 50 U.S. states in 2016 in terms of per capita public funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states reporting publicly funded services was 37 cents; Missouri's per capita public investment was 4 cents.

Missouri utilizes the 1-888-BETSOFF problem gambling helpline number and 888BETSOFF.com website. Calls originating from Missouri are answered by helpline counselors employed by Provident, Inc. In 2016 the helpline received an estimated 1700 calls for help. DBH supported gambling treatment services were provided to 105 problem gamblers and 6 significant others, for a total of 111 people treated. These enrollment figures mark a decrease of 42% from those reported in 2012.

1 Based on a 2016 U.S. Census Bureau estimate of 4,697,703 persons age 18+ and over multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinksen Report.

Resources

Problem Gambling Helpline:
1-888-BETSOFF

State Agency:
Division of Behavioral
Health
<https://dmh.mo.gov>

Problem Gambling Prevalence

An estimated 2.2% of Missouri adults (103,349) are believed to manifest a gambling problem in Missouri.¹

Gambling Revenues

In 2016, approximately \$3.0 billion were spent on legalized gambling in Missouri.²

The state collected \$258,960 in taxes and fees from major types of gambling in 2015.³

MONTANA

Problem Gambling Services



As of 2016, Montana was one of ten states that had neither legislated nor otherwise dedicated any public funds specifically to address problem gambling. This is unusual, given the extent of legalized gambling in Montana, a state offering more than 17,000 video gambling machines spanning every county. Despite the lack of public funding, problem gambling help is available through the Montana Council on Problem Gambling (MCPG); the Council connects those in need with specialized counseling and support groups.

The MCPG is a non-profit organization that provides problem gambling services in the state and serves as the state affiliate to the National Council on Problem Gambling (NCPG). In 2016, the MCPG operated on a budget of \$375,000, coming from donors associated with machine gaming including the Montana Tavern Association, the Gaming Industry Association of Montana, and individual gaming businesses. The operating budget supported a problem gambling helpline, public awareness, counselor training, and treatment and recovery services.

The MCPG provides two statewide problem gambling conferences a year (a Spring Conference in western part of the state and Fall Conference in eastern part of the state). Counselors who attend the two-and-half day conferences can obtain state certification as a gambling counselor if they choose to pursue certification.

The MCPG contracts with 25 individuals who are problem gambling counselors; all are Licensed Addiction Counselors, and some are certified. This network of providers offers outpatient counseling, assessment services, group treatment and, on occasion, individual therapy. The MCPG operates a claims process through their website and provides random audits to verify claims are valid. Utilizing this system, the MCPG estimated that 700 problem gamblers and 200 affected others received gambling treatment services in 2016.

Resources

Problem Gambling Helpline:
888-900-9979

State Affiliate:
Montana Council on Problem
Gambling (MCPG)
mtproblemgambling.org

Problem Gambling Prevalence

An estimated 2.5% of Montana adults (20,355) are believed to manifest a gambling problem in Montana.¹

Gambling Revenues

The State of Montana collected \$72.1 million in taxes and fees from major types of gambling in 2015.²

1 Based on a 2016 U.S. Census Bureau estimate of 814,208 persons age 18 and the average standardized past year problem gambling rate reported for Montana by Williams, Volberg, & Stevens (2012).

2. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.

NEBRASKA

Problem Gambling Services

In 1992, the State of Nebraska enacted legislation designating monies from charitable gaming, Nebraska Lottery, and “Health Care Cash” to a Compulsive Gambling Fund. This original legislation assigned the monies to Nebraska’s Department of Health and Human Services (DHHS) to administer that fund. In 2013, new legislation was enacted that transferred responsibility for programs supported by the Compulsive Gambling Fund from DHHS to the Nebraska Commission on Problem Gambling; funds in the Commission are to be used “primarily for counseling and treatment services for problem gamblers and their families who are residents of Nebraska.” Since this time, the Commission has developed a process for evaluation and approval of contracts with treatment providers and other services vendors; developed standards for training and certification of counselors; reviewed and used evaluation data; used funds for education regarding problem gambling and prevention of problem gambling; and created and implemented outreach and education programs.

In 2016, the Commission expended approximately \$1,700,000 on the aforementioned services, with most of those funds supporting treatment services. The largest non-treatment contract the Commission had was with the Nebraska Council on Problem Gambling (the Council). The Council’s entire FY2016 budget of \$240,000 was through a contract with the Commission to provide helpline services, workforce development, and limited prevention activities. Workforce development included offering advanced CEU classes for certified gambling counselors, basic 30-, 60-, 72-, and 75-hour core gambling training online courses and introductory online classes for clergy and legal professionals.

In 2016, Nebraska ranked 6th out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with funded services was 37 cents; Nebraska’s per capita public investment was 89 cents.

In 2016, the state-funded Nebraska Problem Gambling Helpline received 123 calls for help, an 11% increase from 2012. The Commission contracts with individual counselors who meet Commission approved training and credentialing standards. In 2016, 450 problem gamblers and 45 significant others were treated within this gambling treatment system for a total of 495 individuals, marking a 57% increase in gambling treatment enrollments from 2012.

¹ Based on a 2016 U.S. Census Bureau estimate of 1,434,151 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute’s Blinken Report.

Resources

Problem Gambling Helpline:
1-800-522-4700

State Agency:
Nebraska Commission on
Problem Gambling
problemgambling.nebraska.gov

State Affiliate:
Nebraska Council on
Compulsive Gambling
(NCCG)
www.neproblemgambling.com

Problem Gambling Prevalence

An estimated 2.2% of Nebraska adults (31,551 citizens) are believed to manifest a gambling disorder.¹

Gambling Revenues

In 2016, approximately \$179.5 million were spent on legalized gambling in Nebraska.²

The state collected \$37.3 million in taxes and fees from major types of gambling in 2015.³

Resources

NEVADA

Problem Gambling Services

In 2005, the Nevada State Legislature passed Senate Bill 357 to create the Revolving Account for the Prevention and Treatment of Problem Gambling, in addition to an Advisory Committee on Problem Gambling (ACPG) to advise the Department of Health and Human Services (DHHS) in its administration of this account. Nevada Revised Statute (NRS) 458A provides the program structure and NRS 463.320(e) authorizes the revenue (\$2 per slot machine per quarter). The annual DHHS problem gambling services budget for SFY 2016 was \$1,370,128. These funds supported multiple components of a comprehensive problem gambling service system, including program administration, treatment, prevention, workforce development, program supports, and program evaluation. The service component receiving the greatest allocation was treatment services (67% of the entire budget); Nevada supports a range of gambling treatment services, including outpatient, intensive outpatient (9+ hours of treatment per week), and two residential gambling treatment programs.

In addition to efforts by the DHHS, the non-profit Nevada Council on Problem Gambling also provides problem gambling services and serves as the state affiliate to the National Council on Problem Gambling (NCPG). In 2016, the Nevada Council on Problem Gambling operated on a budget of \$508,489; funding was primarily sourced by donation from commercial gaming operators and public sales of materials and services. The operating budget supported a problem gambling helpline, public awareness services, counselor training, industry training, and prevention services.

In 2016, Nevada ranked 13th out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation for problem gambling services in the 40 states with publicly funded services was 37 cents; Nevada's per capita public investment was 47 cents.

The Nevada Council on Problem Gambling funds a problem gambling helpline service that is contracted out to the Louisiana Problem Gamblers Helpline; in SFY 2016 this helpline received 751 calls for help from Nevada, a decrease of 31% from 2012. DHHS supported five gambling treatment grants in FY2016: two community-based substance use treatment agencies, two non-profit problem gambling treatment centers, and one for-profit specialized gambling treatment program. In FY2016, 449 problem gamblers and 69 significant others enrolled in outpatient gambling treatment services and an additional 58 were served in residential treatment, for a total of 576 new enrollments; this represented a drop of 12% served since 2012.

¹ Based on a 2016 U.S. Census Bureau estimate of 2,260,905 persons age 18+ and standardized past year problem gambling rate reported for Nevada by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
1-800-522-4700

State Agency:
Dept. of Health and Human
Services
[http://dhhs.nv.gov/
Programs/Grants/
Programs/Problem
Gambling/Problem
Gambling
Services \(PGS\)](http://dhhs.nv.gov/Programs/Grants/Programs/Problem_Gambling/Problem_Gambling_Services_(PGS))

State Affiliate:
Nevada Council of Problem
Gambling (NCPG)
www.nevadacouncil.org

Problem Gambling Prevalence

An estimated 2.7% of Nevada adults (61,044) are believed to manifest a gambling problem in Nevada.¹

Gambling Revenues

In 2016, approximately \$12.6 billion were spent on legalized gambling in Nevada.²

The state collected \$909.9 million in taxes and fees from major types of gambling in 2015.³

Resources

NEW HAMPSHIRE

Problem Gambling Services



As of SFY 2016, the State of New Hampshire did not provide public funding dedicated to problem gambling services, and there were no publicly funded programs specifically for problem gambling treatment or problem gambling prevention. However, the New Hampshire Council on Problem Gambling (NHCPG) works in the state to provide some problem gambling related services. The Council receives funding from the New Hampshire State Lottery in the form of a \$25,000 donation. This was the sole source of funds for the Council in 2016.

The New Hampshire Council on Problem Gambling is a non-profit 501(c)(3). Unlike most state problem gambling councils, as of 2016 the NHCPG was not an official affiliate of the National Council on Problem Gambling. The Council provides a problem gambling helpline, public awareness activities, and industry training. These activities were provided by mainly the Executive Director of the NHCPG, who was paid as a .5 FTE position, yet works many hours beyond those paid. The Board of Directors serves as a volunteer board.

In 2016, the Council testified at legislative hearings, served on state government advisory groups, and worked collaboratively with the New Hampshire Lottery in their responsible gambling efforts. The New Hampshire Lottery promotes the problem gambling helpline on their website and through television and radio PSAs and beginning in 2017 will have the helpline number printed on their lottery tickets.

The Executive Director of the Council staffs the New Hampshire helpline, a single phone line that is fully dedicated as the problem gambling helpline. In 2016, the helpline received 200 calls for help. The Council's helpline refers callers in need of services to self-help groups, addiction professionals, and licensed treatment providers. The Council does not provide treatment, nor does it contract with treatment providers.

Resources

Problem Gambling Helpline:
603-724-1605

State Affiliate:
New Hampshire Council on
Problem Gambling (NHCPG)
nhproblemgambling.org

Problem Gambling Prevalence

An estimated 2.2 % of New Hampshire adults (23,551) are believed to manifest a gambling problem in New Hampshire.¹

Gambling Revenues

In 2016, approximately \$303.3 million were spent on legalized gambling in New Hampshire.²

The state collected \$77 million in taxes and fees from major types of gambling in 2015.³

¹ Based on a 2016 U.S. Census Bureau estimate of 1,070,506 persons age 18 and over multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.

NEW JERSEY

Problem Gambling Services



In 1983, the State of New Jersey enacted A2578, which designated how monies from casino fines, racing industry, and forfeited casino winnings were to be allocated to address problem gambling; this legislation mandated transferring those funds to the Department of Human Services/ Division of Mental Health & Addiction (DMHA). When internet gambling became legal in New Jersey in 2013, and regulations issued, new monies became available for “Compulsive Gambling Programs.” In 2016, DMHA administered only one contract for problem gambling services; that contract was with the Council on Compulsive Gambling of New Jersey (CCGNJ). In effect, DMHA outsourced the administration of a comprehensive problem gambling service system to the CCGNJ, as within that contract, \$2,236,010 in FY2016 was designated for problem gambling prevention, public awareness, helpline, and workforce development, with an additional \$293,990 designated for treatment services.

The CCGNJ is a non-profit organization that serves as the state affiliate to the National Council on Problem Gambling (NCPG). In SFY 2016, the CCGNJ operated on a budget of \$2,660,000. The CCGNJ is one of the largest affiliates in the NCPG in terms of budget, number of staff, and scope of services provided.

The CCGNJ utilizes and promotes the 1-800-GAMBLER number for the New Jersey helpline. The operation of the helpline is contracted out to one of the largest problem gambling helpline operators in the country, the Louisiana Association on Compulsive Gambling. In 2016, the New Jersey Problem Gambling Helpline received 1,258 calls for help, a decrease of 19% from the last time this national survey was conducted in 2013. Most helplines have experienced a decrease in calls, with more people turning to the internet for information; the New Jersey helpline also offers texting services and web-based chat.

The CCGNJ administers a gambling treatment provider network composed of 9 providers, including New Hope, a residential addictions treatment facility that provided assistance for gambling disorder. 350 people received gambling treatment in 2016, almost identical to 2012’s reported number of treated persons.

In 2016, New Jersey ranked 18th out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; New Jersey’s per capita public investment was 28 cents.

1 Based on a 2016 U.S. Census Bureau estimate of 6,949,832 persons age 18+ and the average standardized past year problem gambling rate reported for New Jersey by Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute’s Blinken Report.

Resources

Problem Gambling Helpline:
1-800-GAMBLER

State Agency:
Division of Mental Health
and Addictions
[www.state.nj.us/
humanservices/dmhas/
home](http://www.state.nj.us/humanservices/dmhas/home)

State Affiliate:
Council on Compulsive
Gambling of New Jersey
(CCGNJ)
<https://800gambler.org>

Problem Gambling Prevalence

An estimated 2.8% of New Jersey adults (194,596) are believed to manifest a gambling problem in New Jersey.¹

Gambling Revenues

In 2016, approximately \$5.9 billion were spent on legalized gambling in New Jersey.²

The state collected \$1.201 billion in taxes and fees from major types of gambling in 2015.³

NEW MEXICO

Problem Gambling Services

In 1998, the State of New Mexico enacted the Gaming and Liquor Control Act, which included a provision in which racinos and charitable gaming operators were required to spend no less than one quarter of one percent of net win revenues on programs for the treatment and assistance of compulsive gamblers. Each gaming operator develops their own plan for those funds. Those plans are submitted to the Department of Gaming for approval, resulting in a non-centralized effort to address problem gambling (funding does not pass through a state agency). Most of the racinos program a sizable portion of their problem gambling assistance funds to the New Mexico Council on Problem Gambling (NMCPG), while the Indian Gaming Casinos, whose compacts also require the same level of financial commitment, exercise greater diversity in how those dollars are programmed.

Additionally, in SFY 2016 the New Mexico Lottery Corporation provided \$69,999 in funding to the NMCPG to support the New Mexico Problem Gambling Helpline. In the past, the Behavioral Health Services Division received some funding for problem gambling service development and research, but not in FY2016.

The New Mexico Council on Problem Gambling, a non-profit organization, provides problem gambling services throughout the state and serves as the state affiliate to the National Council on Problem Gambling (NCPG). In SFY 2016, the NMCPG operated on a budget of \$859,431, comprised of contributions from racinos and charitable gaming operators (64%), tribal casinos (27%), and the state lottery (9%). The operating budget supported a comprehensive statewide problem gambling program, including a gambling treatment system, program administration, evaluation, a problem gambling helpline, training and workforce development, prevention services and advocacy.

In 2016, New Mexico ranked 35th out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; New Mexico's per capita public investment was 3 cents. However, when factoring in state mandated industry contributions and other industry donations made to the NMCPG, the per capita investment figure rose to 41 cents.

In FY2016, NMCPG reported that their state-funded New Mexico Problem Gambling Helpline received 295 calls for help, a decrease of 35% from 2012. That same year, the NMCPG reported 91 individuals received outpatient counseling for problem gambling, a drop of 83%. Other states have also reported decreases in helpline calls and gambling treatment enrollments.

¹ Based on a 2016 U.S. Census Bureau estimate of 1,585,733 persons age 18+ and standardized past year problem gambling rate reported for New Mexico by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
505-897-1000

State Affiliate:
New Mexico Council on
Problem Gambling
(NMCPG)
www.NMCPG.org

Problem Gambling Prevalence

An estimated 1.2% of New Mexico adults (19,029) are believed to manifest a gambling problem in New Mexico.¹

Gambling Revenues

In 2016, approximately \$1.2 billion were spent on legalized gambling in New Mexico.²

The state collected \$112.6 million in taxes and fees from major types of gambling in 2015.³

NEW YORK

Problem Gambling Services



In 2013, a constitutional amendment was made allowing private casinos in New York State; this was accompanied by legislation requiring a tax of \$500 per table and machine, plus winnings forfeited from self-excluded persons, to be allocated to a Problem Gambling Education and Treatment Fund. However, as of FY2016, this revenue stream was not active as none of the newly authorized casinos were operational. Even without gaming revenue designated for problem gambling in FY2016, the legislature allocated general fund dollars to support problem gambling services. In SFY 2016, those funds totaled \$2,900,000 and were administered by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). OASAS programmed 100% of those funds toward gambling treatment, problem gambling prevention, raising public awareness, and workforce development.

One of OASAS' largest problem gambling services contracts is with the New York Council on Problem Gambling (NYCPG), a non-profit organization that serves as the state affiliate to the National Council on Problem Gambling (NCPG). In FY 2016, the NYCPG operated on a budget of \$1,350,000; the contract with OASAS provided 95 percent of this budget. The operating budget supported problem gambling prevention and public awareness activities, advocacy, and a Training Center that made training available for various professionals including treatment providers, prevention providers, gaming industry employees, and more.

In 2016, New York ranked 24th out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; New York's per capita public investment was 15 cents.

The state-funded New York State Hopeline, administered by the Mental Health Association of New York City, received 1,295 calls for help, an increase of 4% from 2013. The OASAS system has various layers of gambling treatment availability. In 2016, there were 17 problem gambling treatment specialty clinics, including a pilot program called the Queens Center for Excellence (QCFE). This program has a network of licensed social workers in the Queens County area. When Helpline calls come into the QCFE the coordinator will assess the needs of the caller to connect him/her with the most appropriate clinician based on language, availability, etc. With success of the pilot program, this model may be replicated across the state. In FY 2016, 310 gamblers and 29 significant others received state-funded outpatient gambling treatment services and 12 enrolled in a residential level of care, for a total of 351 persons, a decrease of about 10% from 2013.

1 Based on a 2016 U.S. Census Bureau estimate of 15,539,542 persons age 18+ and the most recent standardized past year problem gambling rate reported for New York by Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
518-867-4084

State Agency:
Bureau of Prevention
www.oasas.ny.gov/gambling

State Affiliate:
New York Council on
Problem Gambling (NYCPG)
www.nyproblemgambling.org

Problem Gambling Prevalence

An estimated 1.2% of New York adults (186,475) are believed to manifest a gambling problem in New York.¹

Gambling Revenues

In 2016, approximately \$12.6 billion were spent on legalized gambling in New York.²

The state collected \$3.2 billion in taxes and fees from major types of gambling in 2015.³

Resources

NORTH CAROLINA

Problem Gambling Services



In 2005, the State of North Carolina enacted HB1023, which earmarked lottery funds to address problem gambling and assigned the North Carolina Department of Health and Human Services (DHHS) to administer those funds. In 2005 that amount was \$1 million; in 2016, that amount was unchanged. DHHS programmed 100% of those funds toward gambling treatment and problem gambling prevention services, along with support services including program administration, service evaluation, research, a problem gambling helpline, training, and media. In addition to efforts by the DHHS, the North Carolina Lottery promotes the problem gambling helpline number on their lottery tickets and website, billboards, print materials, television, and radio.

DHHS contracts with Morneau Shepell for problem gambling helpline services, where calls are answered by master's degree level clinicians with specific training in problem gambling. This helpline also offers web-based chat and texting services. In FY2016, there was a total of 469 calls for help, 215 text conversations, and 18 web-based chat conversations. Callers may be referred to a DHHS funded gambling treatment provider. Providers must have a master's degree in a behavioral health field, be licensed to practice in North Carolina and have completed 30 hours of problem gambling-specific training developed by DHHS (called "Sure Bet One and Two"). In SFY 2016, 362 gamblers and 107 significant others received state-funded outpatient treatment for problem gambling for a total of 469 total treated persons, representing an increase of 295% from 2012.

In 2016, North Carolina ranked 27th out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; North Carolina's per capita public investment was 10 cents.

North Carolina also has an affiliate to the National Council on Problem Gambling, the North Carolina Council on Problem Gambling (NCCPG/Council). The Council is a non-profit organization operated by a volunteer-only staff with a 2016 budget of \$15,600. Their budget changes year to year, as it is almost exclusively funded by forfeited winnings from persons on self-exclusion lists from North Carolina's two Indian gaming casinos. Council volunteers provide workshops and presentations about problem gambling and help for problem gamblers as well as advocating on behalf of problem gamblers and fielding calls from the public and providing direct assistance (for example, the Executive Director reported, "If they need a ride I will pick them up and take them to a GA meeting").

¹ Based on a 2016 U.S. Census Bureau estimate of 7,833,320 persons age 18 and over multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
877-718-5543

State Agency:
Department of Health and
Human Services
www.morethanagamenc.com

State Affiliate:
North Carolina Council on
Problem Gambling (NCCPG)
www.ncccouncilpg.org

Problem Gambling Prevalence

An estimated 2.2% of North Carolina adults (172,333) are believed to manifest a gambling problem in North Carolina.¹

Gambling Revenues

In 2016, approximately \$2.4 billion were spent on legalized gambling in North Carolina.²

The state collected \$526.4 million in taxes and fees from major types of gambling in 2015.³

Resources

NORTH DAKOTA

Problem Gambling Services

Effective July 1, 2015, legislation required \$640,000 (previously \$400,000) to be transferred from the North Dakota Lottery to the State Treasurer each biennium for deposit in the Compulsive Gambling Prevention and Treatment Fund. The North Dakota Department of Human Services (DHS) is assigned administrative responsibility of this fund, and in FY2016 appropriated funding for treatment services, raising public awareness of problem gambling and help resources, needs and planning research, and administration.

DHS established the Problem Gambling Advisory Council, which focuses on helping to raise awareness about problem gambling, gambling addiction and treatment services, and resources. Members include representatives from DHS, Gamblers Choice, Lutheran Social Services of North Dakota and other gambling addiction treatment provider organizations, the Attorney General's Gaming Division and North Dakota Lottery Division, the North Dakota Indian Gaming Association, and FirstLink, as well as community members.

Gamblers Choice, part of Lutheran Social Services, is the sole provider of accredited counseling services for problem gamblers and their families in the state. In 2016, Lutheran Social Services utilized two certified problem gambling counselors on the east side of the state, in Fargo, and two on west side of state, in Minot. These two sites provide outpatient individual and group counseling services. Gamblers Choice offers telephone counseling for those unable to regularly travel to one of their gambling treatment programs. In FY 2016, 64 problem gamblers and 21 family members, for a total of 85 individuals, received state-funded outpatient treatment for problem gambling.

There is currently no dedicated problem gambling helpline for North Dakota, although Gamblers Choice promotes their number and the state utilizes its 211 system to provide referral services. The 211 number is provided on lottery tickets, and DHS programs \$7,200 in Compulsive Gambling Funds toward the 211 operating costs. Unfortunately, DHS was not able to provide the number of callers asking for problem gambling assistance using the 211 service.

In 2016, North Dakota ranked 3rd out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; North Dakota's per capita public investment was \$1.05.

¹ Based on a 2016 U.S. Census Bureau estimate of 583,623 persons age 18+ and the average standardized past year problem gambling rate reported for North Dakota by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
211 or 877-702-7848

State Agency:
Department of Human
Services, Behavioral Health
Division (BHS)
www.gamblernd.com

Problem Gambling Prevalence

An estimated 1.5% of North Dakota adults (8,754) are believed to manifest a gambling problem in North Dakota.¹

Gambling Revenues

In 2016, approximately \$286.2 million were spent on legalized gambling in North Dakota.²

The state collected \$8.1 million in taxes and fees from major types of gambling in 2015.³

OHIO

Problem Gambling Services



Over the past decade, gambling has expanded more sharply in Ohio than any other state. Ohio voters approved a Constitutional amendment in 2009 that allowed casinos to be built in Ohio's four largest cities. Then, in 2012, the legislature allowed racetracks to add video lottery terminals (VLTs) to their properties. Ohio now has seven VLT 'racinos' and four casinos. Importantly, the legislation that authorized this expansion included provisions to address problem gambling by creating dedicated funding and authorizing the Ohio Department of Mental Health & Addiction Services (MHAS) to administer problem gambling services utilizing these funds. In FY2016, \$6.4 million was transferred to MHAS for implementing a comprehensive problem gambling service system, including contracting for a problem gambling helpline, treatment services, prevention services, public awareness campaigns, counselor training, research, and program evaluation. Ohio MHAS works collaboratively with several partners to provide problem gambling services, including the Casino Control Commission, Lottery Commission, State Racing Commission, local colleges and universities, and the behavioral health system. These efforts have resulted in national recognition for their work in the prevention and promotion of responsible gambling.

The Problem Gambling Network of Ohio (PGNO) serves as Ohio's state affiliate to the National Council on Problem Gambling. Ohio MHAS provides the PGNO with a contract for \$20,000 a year for quality assurance calls to the state's problem gambling helpline and for participating on the Problem Gambling Service Advisory Board. In FY16, an extra \$20,000 was carried forward that allowed for work with Coalitions to include gambling in the work that they do, plus provide general presentations to the community and to prevention professionals related to gambling.

Ohio MHAS supports gambling treatment through a system in which gambling funds are distributed to local behavioral health systems that are administered by alcohol, drug addiction and mental health (ADAMH) boards. The ADAMH boards then contract out or directly provide gambling treatment services. Through this system, 1,048 people enrolled in gambling treatment services; this represented an increase of 1,300% of people served from 2012.

Ohio's problem gambling helpline is contracted out to Cleveland 211 United Way. In 2016, the helpline received 2,208 calls for help in relation to gambling.

In 2016, Ohio ranked 11th out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; Ohio's per capita public investment was 55 cents.

1 Based on a 2016 U.S. Census Bureau estimate of 8,989,525 persons age 18 and past year problem gambling rate reported in the Ohio Gambling Survey.

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
1-800-589-9966

State Agency:
Department of Mental Health
and Addiction Services
www.mha.ohio.gov

State Affiliate:
Problem Gambling Network
of Ohio (PGNO)
www.pgnohio.org

Problem Gambling Prevalence

An estimated 1.4% of Ohio adults (125,853) are believed to manifest a gambling problem in Ohio.¹

Gambling Revenues

In 2016, approximately \$5.6 billion were spent on legalized gambling in Ohio.²

The state collected \$1.3 billion in taxes and fees from major types of gambling in 2015.³

Resources

Problem Gambling Helpline:
1-800-589-9966

OKLAHOMA

Problem Gambling Services

Through legislative action, the State of Oklahoma dedicated \$750,000 in lottery funds and \$250,000 in Tribal Gaming Revenue to the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSA) to administer programs to address problem gambling. ODMHSA programmed those funds toward problem gambling treatment services, administration, program evaluation, a problem gambling helpline, counselor training, public awareness, as well as outreach and advocacy activities via a contract with the Oklahoma Association for Problem and Compulsive Gambling (OAPCG).

The OAPCG is a non-profit organization that provides problem gambling services and serves as the state affiliate to the National Council on Problem Gambling. In 2016, the OAPCG operated on a budget of \$283,000, with approximately 60% of those funds sourced through a contract with ODMHSA, and the remainder through donations from tribal governments and/or tribal casinos. The operating budget supported a problem gambling helpline, research, service evaluation, public awareness services, counselor training, treatment and recovery services, prevention programs, industry training and legislative advocacy.

The OAPCG operates the Oklahoma Problem Gambling Helpline through a contract with the ODMHSA. In SFY 2016, the helpline received 1,020 total calls for help, almost identical to 2012's numbers. In 2016, ODMHSA funded nine mental health and addiction treatment agencies to provide problem gambling treatment. These state-funded providers served 210 problem gamblers through outpatient treatment. Additionally, OAPCG provided non-state funded outpatient gambling treatment services to 26 problem gamblers and 16 significant others, amounting to 252 individuals treated either through the OAPCG or through state funded providers; this represented a 10% decrease from 2012.

In 2016, Oklahoma ranked 19th out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation for problem gambling services in the 40 states with publicly funded services was 37 cents; Oklahoma's per capita public investment was 25 cents. This level of funding is even more significant when considering the size of Oklahoma's gambling industry; in 2015, 30 tribes operated 128 gaming facilities that housed 72,537 gaming machines and 741 table games while the state lottery's 2016 sales totaled \$189.6 million.

1 Based on a 2016 U.S. Census Bureau estimate of 2,958,365 persons age 18 and over multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
1-800-522-4700

State Agency:
Department of Mental Health
and Substance Abuse
Services
<https://ok.gov/odmhsa>

State Affiliate:
Oklahoma Association for
Problem and Compulsive
Gambling (OAPCG)
www.oapcg.org

Problem Gambling Prevalence

An estimated 2.2% of Oklahoma adults (65,084) are believed to manifest a gambling problem in Oklahoma.¹

Gambling Revenues

In 2016, approximately \$4.5 billion were spent on legalized gambling in Oklahoma.²

The state collected \$82.4 million in taxes and fees from major types of gambling in 2016.³

OREGON

Problem Gambling Services



In 1992, the State of Oregon enacted SB118, which designated 1% of Lottery revenues to be allocated to a Gambling Treatment Fund to address problem gambling and assigned the Oregon Health Authority (OHA) to administer that fund. In 2016, the OHA was authorized with a problem gambling service budget of \$5,883,050. Those funds were programmed toward a problem gambling prevention and treatment system, including several support services: program administration, research & service evaluation, a problem gambling helpline, and workforce development. OHA partners with several organizations and entities in their efforts to address problem gambling, including the Oregon Lottery, which extensively promotes the helpline and the Oregon Problem Gambling Resource website (OPGR.org).

OHA's primary workforce development and research contractor is the Oregon Council on Problem Gambling (OCPG), a non-profit organization that serves as the state affiliate to the National Council on Problem Gambling. In 2016, the OCPG operated on a budget of \$484,750, of which 92% was sourced through contracts with OHA; the remaining eight percent was sourced through a donation of unclaimed monies from a class action law suit. Two-thirds of the operating budget supported research activities, including a problem gambling prevalence study, while the remaining third supported workforce development activities centered around counselor training.

Emergence, a nonprofit agency, operates the Oregon Problem Gambling Helpline using funds from a contract with OHA; certified problem gambling counselors answer calls and respond to web-based chat requests and text messages to the service. In 2016, Emergence received a total of 943 calls for help (a 25% decrease from 2012). Oregon's gambling treatment system is one of the most extensive in the country in terms of accessibility and levels of care. Treatment is available in every Oregon county, as is a statewide distance treatment service that utilizes phone or Skype-based counseling with a certified problem gambling counselor. In FY2016, Oregon treated 1,082 problem gamblers and 134 significant others in outpatient services plus 52 individuals receive state-funded problem gambling residential treatment, representing a 19% decrease from 2012. While it is unclear why there are fewer treatment enrollments, OHA has developed an extensive system improvement plan that is aimed to increase problem gambling service reach and scope.

In 2016, Oregon ranked 2nd out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was \$0.37; Oregon's per capita public investment was almost four times the average at \$1.44.

¹ Based on a 2016 U.S. Census Bureau estimate of 3,217,463 persons age 18 and past year problem gambling rate reported for Oregon by Moore & Volberg (2016).

² Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
877-695-4648

State Agency:
Oregon Health Authority

Websites:
www.oregon.gov/oha/HSD/AMH/Pages/Gambling.aspx

www.OPGR.org

www.oregonpgs.org

State Affiliate:
Oregon Council on Problem Gambling
www.oregoncpg.org

Problem Gambling Prevalence

An estimated 2.6% of Oregon adults (83,654) are believed to manifest a gambling problem in Oregon.¹

Gambling Revenues

In 2016, approximately \$1.7 billion were spent on legalized gambling in Oregon.²

The state collected \$548.5 million in taxes and fees from major types of gambling in 2015.³

Resources

PENNSYLVANIA

Problem Gambling Services

Pennsylvania is unique in that three state agencies have problem gambling within a line item budget. The primary agency charged with addressing problem gambling is the Department of Drug and Alcohol Programs (DDAP), which administers the Compulsive and Problem Gambling Program. The second state agency is the Gaming Control Board, which has an Office of Compulsive and Problem Gambling. Lastly, the PA Lottery provides funds to the Council on Compulsive Gambling of Pennsylvania directly for statewide training, awareness, and education services.

Most of the problem gambling service funding is sourced through licensed gaming entities via the Gaming Act's stipulation that an amount equal to .002 multiplied by the total gross terminal revenue shall be transferred annually into the Compulsive and Problem Gambling Treatment Fund. In 2016, DDAP was authorized to program \$6.15 million from this fund toward problem gambling services. Eighty-two percent of these funds are invested into a large variety of problem gambling prevention and public awareness projects and services. Treatment services take up eight percent of the budget, while the remainder helps support a helpline, research, program evaluation, counselor training, and counselor certification. Additionally, the Pennsylvania Lottery contributed \$150,000 to the Council on Compulsive Gambling of Pennsylvania (CCGP).

The CCGP is a non-profit organization and serves as the state affiliate to the National Council on Problem Gambling. In 2016, the CCGP operated on a budget of \$350,000. The operating budget supported program administration, a problem gambling helpline, counselor and industry training, prevention services, public awareness efforts, and advocacy.

There are four problem gambling helpline numbers advertised in Pennsylvania, but all calls are transferred to the Louisiana Council on Problem Gambling for assistance through a contract with the CCGP. The most visible of the helpline numbers is the 1-800-GAMBLER number that most casinos advertise. In 2016, Pennsylvania received a total of 1,651 calls for help (a 26% decrease from 2012). DDAP provides outpatient gambling treatment services through contractual agreements with approved gambling treatment providers throughout the state. These providers treated 216 problem gamblers and 56 significant others, for a total of 272 people; this is an increase of 83% from 2012.

In 2016, Pennsylvania ranked 12th out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation for problem gambling services in the 40 states with publicly funded services was 37 cents; Pennsylvania's per capita public investment was 49 cents.

1 Based on a 2016 U.S. Census Bureau estimate of 10,099,539 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
1-800-GAMBLER

State Agency:
Office of Compulsive and
Problem Gambling
www.gamingcontrolboard.pa.gov

State Affiliate:
Council on Compulsive
Gambling of Pennsylvania
www.pacouncil.com

Problem Gambling Prevalence

An estimated 2.2% of Pennsylvania adults (222,190) are believed to manifest a gambling problem in Pennsylvania.¹

Gambling Revenues

In 2016, approximately \$7.3 billion were spent on legalized gambling in Pennsylvania.²

The state collected \$2.4 billion in taxes and fees from major types of gambling in 2016.³

RHODE ISLAND

Problem Gambling Services



The Rhode Island Lottery is unlike most state lotteries for two reasons; the Lottery is legislatively charged with administering state-operated casino gaming at two facilities (Twin River and Newport Grand) and charged with establishing problem gambling programs funded by those two casinos. The FY2016 investment in problem gambling services was \$141,345. The RI Lottery's problem gambling service program is a relatively new program, having been operational for less than three years. The RI Lottery administers the program via four contracts, and via use of internal resources for developing and implementing public awareness programs. In 2016, the program contracted with: (1) CODAC Behavioral Healthcare to administer a treatment program, which has developed into an entity called Problem Gambling Services of Rhode Island (which offers treatment services at locations around the State by administering a provider network paid on a fee-for-service basis); (2) The United Way, which operates the Problem Gambling Helpline; (3) a problem gambling service consultant, to assist with planning and program development; and (4) an advertising contract to promote the helpline and problem gambling service availability. Additionally, the Lottery has a Play Responsibly Program, which included working with the Rhode Island Council on Problem Gambling and retailers and facilities on responsible play initiatives.

The Rhode Island Council on Problem Gambling (RICPG) has been in existence for several years; however, its level of activity has varied throughout the years mainly due to a lack of financial support. The 2016 budget was approximately \$7,000. In 2016, the Council was in the process of re-organizing, and at the end of that year hired a 10 hour per month consultant to help build the organization. The focus of the Council's work has been to "get to the table" and participate in program and policy discussions. Members have joined community collations and boards to serve this purpose. The Council also hosted a one-day problem gambling conference in 2016.

In 2016, Rhode Island ranked 25th out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; Rhode Island's per capita public investment was 13 cents.

In FY2016, the Rhode Island Problem Gambling Helpline received a total of 1,083 calls for help. State-funded outpatient treatment services were utilized by 118 problem gamblers and 6 significant others. Additionally, two clients were supported for receiving residential treatment within a licensed residential addiction treatment facility. In total, 126 Rhode Islanders received state supported gambling treatment.

1 Based on a 2016 U.S. Census Bureau estimate of 845,141 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
1-877-9GAMBLE

State Agency:
Rhode Island Lottery
www.rilot.org

State Affiliate:
Rhode Island Council on
Problem Gambling (RICPG)
www.ricpg.com

Problem Gambling Prevalence

An estimated 2.2% of adults (18,593) are believed to manifest a gambling problem in Rhode Island.¹

Gambling Revenues

In 2016, approximately \$1.5 billion were spent on legalized gambling in Rhode Island.²

The state collected \$385.1 million in taxes and fees from major types of gambling in 2015.³

Resources

SOUTH CAROLINA

Problem Gambling Services



Although law does not mandate the General Assembly to make appropriations to the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) to address problem gambling, South Carolina has been doing so for many years. The last time this survey was conducted in 2013, DAODAS reported a problem gambling program budget of \$500,000. At the time of this survey (FY 2016) the budget was reduced by 90% percent to \$50,000. These funds were sourced from a Lottery Expenditure Account Appropriation bill. The Department of Alcohol and Other Drug Abuse Services allocated most of these funds to alcohol and drug treatment agencies who billed for problem gambling treatment services. Funds were also used to support a problem gambling helpline staffed by DAODAS employees, including the administrator over problem gambling programs. The South Carolina Lottery contributed by promoting the helpline utilizing several methods to raise public awareness including printing the number on lottery tickets and through television advertising.

South Carolina does not have a designated affiliate to the National Council on Problem Gambling.

In 2016, South Carolina ranked 39th out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; South Carolina's per capita public investment was 1 cent.

The South Carolina Problem Gambling Helpline received 315 calls for help in FY 2016 (an increase of about 100% since 2012). Persons calling the helpline may be referred to DAODAS funded alcohol and drug treatment agencies who utilize counselors with problem gambling training to provide outpatient services. In 2016, 45 problem gamblers and 3 significant others were treated for a total of 48 people. That marked an increase of 264% since 2012. The DAODAS problem gambling program coordinator believed that if more problem gamblers presented for treatment, funding would be made available to cover those needing services.

1 Based on a 2016 U.S. Census Bureau estimate of 3,854,789 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
1-877-452-5155

State Agency:
Department of Alcohol and
Other Drug Abuse Services
www.daodas.sc.gov

Problem Gambling Prevalence

An estimated 2.2% of South Carolina adults (84,805) are believed to manifest a gambling problem in South Carolina.¹

Gambling Revenues

In 2016, approximately \$1.6 billion were spent on legalized gambling in South Carolina.²

The state collected \$343.5 million in taxes and fees from major types of gambling in 2015.³

SOUTH DAKOTA

Problem Gambling Services



In 2006, the South Dakota legislature created a dedicated source of state funds for problem gambling services by legislating, “The commission may grant an amount not to exceed thirty thousand dollars each fiscal year from the Gaming Commission Fund to the Department of Social Services (DSS) to fund gaming addiction treatment and counseling programs in the state” (HB 1127). Additionally, the legislature allocates \$214,000 in SD Lottery revenues every year for this purpose. However, the amount transferred each year and the amount that DSS expends differs. In FY 2016, the DSS problem gambling treatment budget was \$275,281, but the amount spent was \$159,554 from the Lottery and \$14,640 from the Commission (totaling \$174,194).

The DSS administrators of the programs supported by gambling treatment funds declined to participate in the present survey. Information on South Dakota’s problem gambling services were obtained from public documents and the participation of the SD Lottery and interviews with SD gambling treatment providers.

South Dakota does not have a designated affiliate to the National Council on Problem Gambling. However, there is the South Dakota Council on Responsible Gaming. The Council does not currently have its own staff or a permanent location, but rather is a board comprised of members of the gaming industry, state agencies and addiction treatment professionals. This Council helps fund the problem gambling helpline and the SD Lottery helps to fund that organization. The gambling helpline number (1-888-781-HELP) is routed to the state’s 211 Helpline, where operators primarily refer callers to counselors near them or help them locate the nearest Gamblers Anonymous meetings. The helpline phone number is included on all scratch and lotto tickets, video lottery machines, video lottery establishment posters, brochures, lotto game play slips, and the lottery website and DSS website. No information was available on the number of calls to the problem gambling helpline.

The State contracts with community based mental health and/or substance abuse agencies to provide treatment services for problem gambling. Information found on an DSS Budget Briefing indicated 89 people received gambling treatment in FY2016.

In 2016, South Dakota ranked 22nd out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; South Dakota’s per capita public investment was 20 cents.

1 Based on a 2016 U.S. Census Bureau estimate of 652,552 persons age 18+ and the average standardized past year problem gambling rate reported for South Dakota by Williams, Volberg, & Stevens (2012). 2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016). 3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute’s Blinken Report.

Resources

Problem Gambling Helpline:
1-888-781-HELP

State Agency:

South Dakota Department of Social Services, Division of Behavioral Health Services (DSS)

dss.sd.gov/behavioralhealth/community/treatmentservices.aspx

Problem Gambling Prevalence

An estimated 1.4% of South Dakota adults (9,136) are believed to manifest a gambling problem in South Dakota.¹

Gambling Revenues

In 2016, approximately \$521.8 million were spent on legalized gambling in South Dakota.²

The state collected \$128.5 million in taxes and fees from major types of gambling in 2015.³

TENNESSEE

Problem Gambling Services

The Tennessee Department of Mental Health and Substance Abuse Services (DMHSAS) has administrative oversight over an annual \$200,000 allocation of Tennessee Lottery revenues to provide problem gambling services. Those funds support two contracts; the larger of the two contracts (\$180,000) is with the University of Memphis Gambling Clinic, which provides problem gambling treatment, community awareness, and training of graduate students to work with problem gamblers. The other contract (\$20,000) is with TAADAS (Tennessee Association of Alcohol, Drug and other Addiction Services) to provide problem gambling helpline services along with marketing of those services. The Tennessee Lottery also provided in-kind assistance in advertising the gambling helpline number through print materials offered at lottery retail locations, decals posted on Lottery equipment, and display of their website address.

The Gambling Clinic at the University of Memphis is one of the longest continually running gambling treatment programs in the U.S., having been in operation since 1997. While most of the treatment services provided are in person, clinicians will provide telephone counseling for those unable to attend treatment in person. In addition to helping hundreds of problem gamblers over the years, staff of the Gambling Clinic interact with the community through attending health fairs and community events throughout the year and providing talks on gambling and gambling problems.

In FY 2016, the Tennessee problem gambling helpline (901-678-3736) received 105 calls for help (down 52% from 2012). In this same year, the University of Memphis Gambling Clinic provided treatment to 37 problem gamblers (a 22% increase from 2012).

Tennessee does not have a designated affiliate to the National Council on Problem Gambling. In 2016, Tennessee ranked 38th out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; Tennessee's per capita public investment was 3 cents.

1 Based on a 2016 U.S. Census Bureau estimate of 5,141,373 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
901-678-3736

State Agency:
Department of Mental Health
& Substance Abuse Services
(DMHSAS)
tn.gov/behavioral-health/article/problem-gambling-program

Problem Gambling Prevalence

An estimated 2.2% of Tennessee adults (113,110) are believed to manifest a gambling problem in Tennessee.¹

Gambling Revenues

In 2016, approximately \$1.6 billion were spent on legalized gambling in Tennessee.²

The state collected \$347.8 million in taxes and fees from major types of gambling in 2015.³

TEXAS

Problem Gambling Services



As of FY 2016, the State of Texas was one of ten U.S. states that did not provide public funds specifically dedicated for problem gambling services; as such, there were no publicly funded programs specifically for problem gambling treatment or prevention. This lack of funding is in spite of Texas having one of the most profitable state lotteries in the United States. In 2016, the Texas Lottery had just over \$5 billion in sales, producing \$1.39 billion in state revenues.

Although the Texas legislature has not specifically assigned funding to address problem gambling, the Texas Department of Health Services (DHS) website has a page dedicated to problem gambling that provides the public with information and referral sources for help:
www.dshs.texas.gov/sa/FindingServices/ProblemGambling.shtm

The Texas Lottery also has a responsible gambling web page listing the National Problem Gambling Helpline along with local Gamblers Anonymous (GA) and GAM-ANON resources. The Texas Lottery promotes the National Problem Gambling Helpline number on their Play Responsibly brochures and offers responsible gambling trainings to their retailers.

The Texas Council on Problem Gambling (TCPG) was formed in January 2016. At the time of this survey, the TCPG was in the process of applying for federal non-profit status and was preparing their application to become the Texas affiliate to the National Council on Problem Gambling. The organization was operating on a strictly volunteer basis and had not yet obtained any sources of revenue.

1 Based on a 2016 U.S. Census Bureau estimate of 20,534,733 persons age 18+ and the average standardized past year problem gambling rate reported for Texas by Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.

Resources

National Problem Gambling Helpline: **800-522-4700**

State Agency:
Texas Health and Human Services
www.dshs.texas.gov/sa/FindingServices/ProblemGambling.shtm

State Affiliate (pending):
Texas Council on Problem Gambling
<http://txprobgambling.org>

Problem Gambling Prevalence

An estimated 2.2% of Texas adults (451,764) are believed to manifest a gambling problem in Texas.¹

Gambling Revenues

In 2016, approximately \$5.1 billion were spent on legalized gambling in Texas.²

The state collected \$1.4 billion in taxes and fees from major types of gambling in 2015.³

Resources

National Problem Gambling Helpline: **800-522-4700**

UTAH

Problem Gambling Services

As of FY 2016, the State of Utah was one of ten U.S. states that did not provide public funds specifically dedicated for problem gambling services; as such, there were no publicly funded programs specifically for problem gambling treatment or problem gambling prevention.

It is not surprising that Utah does not specifically fund problem gambling services, as Utah is one of just two U.S. states that does not offer any legal form of gambling (Hawaii is the other state). However, this lack of legal gambling does not mean that Utah has no residents with gambling problems. To the contrary, evidence of problem gambling in Utah is provided in the observation that there are active Gamblers Anonymous meeting in Salt Lake City and St. George.

Beginning in 2012, a non-profit existed that addressed problem gambling in Utah (the Utah-Idaho Council on Problem Gambling). However, at the time the 2016 National Survey of Problem Gambling Services was conducted, the research team found that the Utah-Idaho Council on Problem Gambling was not operational.

1 Based on a 2016 U.S. Census Bureau estimate of 2,120,596 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.

Resources

National Problem Gambling Helpline:
800-522-4700

Problem Gambling Prevalence

An estimated 2.2% of Utah adults (46,653) are believed to manifest a gambling problem in Utah.¹

Gambling Revenues

There was no spending on legal gambling in Utah in 2016.^{2,3}

VERMONT

Problem Gambling Services



In the absence of any legislation to create a distinct problem gambling service fund, the Vermont legislature has historically allocated \$150,000 in Vermont Lottery revenues to address problem gambling. The FY 2016 Appropriation Act (Sec. E.141) stated, “(a) ...The Lottery Commission shall utilize up to \$150,000 in consultation with the Department of Health, Division of Alcohol and Drug Abuse Programs, to support the gambling addiction program. (b) The Vermont Lottery Commission will continue to provide financial support and recommendations to provide and promote problem gambling services for Vermont’s citizens, to include production of media marketing, printed material, and other methods of communication.” The \$150,000 the Lottery Commission uses to support gambling addiction programs is reflected in a single contract with the Center for Addiction Recognition Treatment Education & Recovery (CARTER) based in Stowe, VT.

CARTER provides training to counselors who offer mental health and addiction services throughout Vermont, staffs a 24-hour helpline, and provides problem gambling public awareness services including maintaining a website (problemgambling.vermont.gov), distributing literature, and sponsoring events.

Additionally, in FY 2016 the Vermont Lottery allocated \$50,000 from their administrative budget toward problem gambling awareness and responsible gaming advertising, including producing TV and radio advertisements and printing the helpline phone number and website address on Lottery tickets.

Vermont uses the National Problem Gambling Helpline number. Calls that originate from Vermont are transferred to CARTER, where an answering service responds to the call and transfers callers in need of help to CARTER staff (primarily Rick Barnett, PhD, a Certified Problem Gambling Counselor). Persons using the text features are responded to by the National Problem Gambling Helpline’s operator, CORE, based in Louisiana. In FY2016, 27 calls for help were made from Vermont to the gambling helpline (a decrease of 88% from 2013). In 2016, Vermont did not offer publicly funded problem gambling treatment, and there is only one Nationally Certified Problem Gambling Counselor and one Gamblers Anonymous meeting in the state.

In 2016, Vermont ranked 17th out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; Vermont’s per capita public investment was 32 cents.

1 Based on a 2016 U.S. Census Bureau estimate of 504,672 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute’s Blinken Report.

Resources

Problem Gambling Helpline:
1-800-522-4700

State Agency:
Vermont Lottery
<http://problemgambling.vermont.gov>

Problem Gambling Prevalence

An estimated 2.2% of Vermont adults (11,103) are believed to manifest a gambling problem in Vermont.¹

Gambling Revenues

In 2016, approximately \$124.3 million were spent on legalized gambling in Vermont.²

The state collected \$22.8 million in taxes and fees from major types of gambling in 2015.³

VIRGINIA

Problem Gambling Services

As of SFY 2016, the State of Virginia did not have any legislative language in place for public funding dedicated for problem gambling services. However, the Virginia Lottery used \$24,000 of their administrative budget to contract for problem gambling helpline services and provided sponsorship to the Virginia Council on Problem Gambling (\$5,000) and the National Council on Problem Gambling (\$1,750). Additionally, Virginia Lottery staff time was provided to support responsible gambling messaging, such as sending public service announcements to media outlets, printing helpline number on lottery tickets, and placement of a “play responsibly” tab on the Virginia Lottery website.

The Virginia Council on Problem Gambling (VCPG), a non-profit organization, is the state’s affiliate to the National Council on Problem Gambling. The VCPG’s entire FY2016 operating budget was the \$5,000 in support from the Virginia Lottery. As such, the VCPG operates as an all-volunteer organization with a working five-person Board of Directors. The VCPG works to increase awareness of problem gambling through maintaining their website, distributing materials, providing informational talks and, notably, meeting with legislators and staffers to advocate on behalf of problem gamblers and their families.

The Virginia Lottery contracts with Morneau Shepell for answering the Virginia Problem Gambling Helpline (888-532-3500). Morneau Shepell provides gambling helpline services to several states; as such, their professional call staff are well trained in problem gambling and crisis calls. In 2016, they received a total of 215 calls for help from Virginia residents. As there are no formal problem gambling treatment services available in Virginia, the helpline mainly refers callers to Gamblers Anonymous (GA) groups. In 2016, the GA website listed 10 GA meetings in Virginia. Although this is a larger number of meetings than many other states, the locations of these meetings tend to be concentrated in urban areas which creates a barrier to help for persons living in rural areas.

In 2016, Virginia ranked 40th out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; Virginia’s per capita public investment was less than one cent.

1 Based on a 2016 U.S. Census Bureau estimate of 6,535,975 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute’s Blinken Report.

Resources

Problem Gambling Helpline:
888-532-3500

State Agency:
Virginia Lottery
[www.valottery.com/
play_responsibly.aspx](http://www.valottery.com/play_responsibly.aspx)

State Affiliate:
Virginia Council on Problem
Gambling
www.vacpg.org

Problem Gambling Prevalence

An estimated 2.2% of Virginia adults (143,791) are believed to manifest a gambling problem in Virginia.¹

Gambling Revenues

In 2016, approximately \$2.0 billion were spent on legalized gambling in Virginia.²

The state collected \$533.8 million in taxes and fees from major types of gambling in 2015.³

WASHINGTON

Problem Gambling Services



In 2005, ESHB 1031 was passed, setting aside funds from the lottery, horse racing commission, and privately-owned card rooms for the prevention and treatment of problem gambling. In FY 2016, these funds totaled \$724,500, with an additional \$25,000 added through tribal contributions. The Washington State Department of Social and Health Services' Division of Behavioral Health and Recovery (DBHR) has administrative responsibility over these funds and programmed them toward problem gambling public awareness, counselor training, treatment, and prevention.

In addition to efforts by DBHR, the Evergreen Council on Problem Gambling (ECPG), a non-profit organization, also provides problem gambling services in the state and serves as the state affiliate to the National Council on Problem Gambling. In 2016, the ECPG operated on a budget of \$1,026,088, where 72% of the revenues were provided by donations and grants from tribal governments and/or tribal casinos. This operating budget supported an array of problem gambling services, including a helpline, research, public awareness programs, counselor and industry training, residential treatment, recovery supports, prevention activities, counselor certification, counselor and industry training, and advocacy. The ECPG is one of the largest state affiliates to the NCPG in terms of budget, number of staff, and scope of services provided. The ECPG has received national awards and other forms of recognition for their innovative programs, quality trainings, and advocacy work.

Washington has two helplines for problem gamblers. One is a problem gambling-specific helpline funded by the Evergreen Council on Problem Gambling, and the other is the Washington Recovery Help Line, which is DBHR's new consolidated help line for substance abuse, problem gambling and mental health. The problem gambling-specific helpline, the one most widely advertised for problem gambling help, received 553 calls for help. Help seekers have access to both outpatient and residential gambling treatment. In FY2016, DBHR funded a system of outpatient gambling treatment programs that served 455 problem gamblers and 8 significant others, while the ECPG supported residential gambling treatment for 9 individuals. Overall, the numbers of persons who received state supported treatment for problem gambling decreased 12% from 2012.

In 2016, Washington ranked 26th out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; Washington's per capita public investment was 10 cents.

¹ Based on a 2016 U.S. Census Bureau estimate of 5,648,200 persons age 18+ and the average standardized past year problem gambling rate reported for Washington by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

³ Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
1-800-547-6133

State Agency:
Division of Behavioral
Health and Recovery
(DBHR)
[www.dshs.wa.gov/bha/
division-behavioral-health-
and-recovery](http://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery)

State Affiliate:
Evergreen Council on
Problem Gambling
www.evergreencpg.org

Problem Gambling Prevalence

An estimated 2.1% of Washington adults (118,612) are believed to manifest a gambling problem in Washington.¹

Gambling Revenues

In 2016, approximately \$3.1 billion were spent on legalized gambling in Washington.²

The state collected \$142.7 million in taxes and fees from major types of gambling in 2015.³

WEST VIRGINIA

Problem Gambling Services



The West Virginia Bureau for Behavioral Health & Health Facilities (BBHFF) obtains \$1.5M in Lottery funds annually to administer problem gambling services. They pass 100% of those funds to First Choice Health Systems to operate a problem gambling service system. The First Choice program that carries out these services is the “Problem Gamblers Help Network of West Virginia.” Services provided include a problem gambling helpline, gambling treatment, program evaluation, workforce development, and problem gambling prevention and public awareness.

First Choice invests approximately 30% of its problem gambling services budget into public awareness activities, including television ads, print media, billboards, web advertising, and providing informational sessions to various groups. The West Virginia Lottery also promotes the helpline number by printing it on their lottery tickets, website, and print material made available at lottery retail locations.

The Problem Gamblers Help Network of West Virginia operates a 24/7 problem gambling helpline (1-800-GAMBLER) staffed by certified gambling counselors, some of whom are bi-lingual in Spanish, who answer phones and respond to text messages. In FY 2016 the helpline received a total of 564 calls for help, a decrease of 11% from 2012. Callers may be referred to one of 70 networked problem gambling counselors within the state. All West Virginia residents qualify to have their initial assessments paid for with state funds. After that First Choice will pay for continued services if the consumer does not have insurance coverage or other ways to pay. In FY 2016, 96 individuals completed a face-to-face assessment and began the treatment process. Additionally, 167 callers were referred to free counselor-led support groups (paid for by First Choice) or Gamblers Anonymous. Self-help materials were also mailed to 178 callers.

West Virginia does not have an organization designated as an affiliate to the National Council on Problem Gambling (NCPG). First Choice is a member of the Association of Problem Gambling Services Administrators.

In 2016, West Virginia ranked 7th out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; West Virginia’s per capita public investment was 82 cents.

1 Based on a 2016 U.S. Census Bureau estimate of 1,453,895 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). *State Revenues from Gambling*. Rockefeller Institute’s Blinken Report.

Resources

Problem Gambling Helpline:
1-800-GAMBLER

State Agency:

The West Virginia Bureau for Behavioral Health & Health Facilities (BBHFF)

State Proxy for Gambling Services:

Problem Gamblers Help Network of West Virginia
www.1800gambler.net

Problem Gambling Prevalence

An estimated 2.2% of West Virginia adults (31,986) are believed to manifest a gambling problem in West Virginia.¹

Gambling Revenues

In 2016, approximately \$1.8 billion were spent on legalized gambling in West Virginia.²

The state collected \$563.9 million in taxes and fees from major types of gambling in 2015.³

WISCONSIN

Problem Gambling Services



In 2009, the State of Wisconsin enacted Act 28s.20.435(5), which designated how monies from the Wisconsin Lottery were to be allocated to address problem gambling. The act assigned the Department of Health Services (DHS) to administer that fund. In FY2016, DHS received \$396,000 in Lottery funds for a problem gambling public awareness campaign which included funding a problem gambling helpline, problem gambling prevention activities, counselor training, and other activities to increase problem gambling awareness. Most of these funds are budgeted to a contract with the Wisconsin Council on Problem Gambling.

The Wisconsin Council on Problem Gambling (WCPG) is a non-profit organization that serves as the state affiliate to the National Council on Problem Gambling. In SFY 2016, the Council operated on a budget of \$450,000, with 90% sourced from the DHS contract and the rest from tribal and non-tribal casino donations. These funds support a problem gambling helpline, public awareness activities, counselor training, problem gambling prevention programs, and advocacy.

The Wisconsin Council on Problem Gambling operates a 24-hour in-house problem gambling helpline, offering crisis intervention, information and referral services, follow-up services, web-based chat services, and texting services. The helpline reported they received a total of 8,500 calls for help in FY2016. This figure is four times higher than the one they reported in 2012, and over 10 times the 2016 national average of 40 other state gambling helplines reported “calls for help;” it is likely the WCPG classifies or counts “calls for help” differently than other gambling helplines, so this figure should be viewed with caution.

As of SFY 2016, there were no publicly funded treatment services for problem gambling in Wisconsin. Callers to the gambling helpline are referred to Gamblers Anonymous and/or clinicians on a list of gambling treatment providers compiled by the WCPG. The Council website states, “Our records indicate that the resources we are giving you are sometimes able to provide help to qualifying applicants. We would suggest to you that you contact several of these and determine which best meets your needs.”

In 2016, Wisconsin ranked 30th out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; Wisconsin’s per capita public investment was 7 cents.

1 Based on a 2016 U.S. Census Bureau estimate of 4,484,277 persons age 18+ and standardized past year problem gambling rate reported for Wisconsin by Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute’s Blincken Report.

Resources

Problem Gambling Helpline:
1-800-GAMBLE-5

State Agency:
WI Department of Health
Services
[www.dhs.wisconsin.gov/
aoda/gambling-awareness.htm](http://www.dhs.wisconsin.gov/aoda/gambling-awareness.htm)

State Affiliate:
Wisconsin Council on
Problem Gambling
<http://wi-problemgamblers.org>

Problem Gambling Prevalence

An estimated 1.3% of Wisconsin adults (58,296) are believed to manifest a gambling problem in Wisconsin.¹

Gambling Revenues

In 2016, approximately \$1.9 billion were spent on legalized gambling in Wisconsin.²

The state collected \$167.5 million in taxes and fees from major types of gambling in 2015.³

Resources

Problem Gambling Helpline:

WYOMING

Problem Gambling Services

With the creation of the newest state lottery, Wyoming joined 39 other states with public funding dedicated to problem gambling services. The 2013 Wyoming Lottery Act designated a portion of unclaimed prize money, not to exceed \$200,000 annually, be transferred to a Problem Gambling Fund. In FY 2016, the newly created Problem Gambling Fund had accrued \$338,283. These funds are available for use by Wyoming Lottery Corporation (WLC) and the Wyoming Department of Health (DOH) with every dollar designated to problem gambling and responsible gaming efforts. However, DOH and WLC believed more preliminary work was needed prior to utilizing these dollars so most of those funds were carried forward into FY2017. Only a small portion (\$27,902) of the available funds were used in FY2016 to help develop a Problem Gambling Committee, including providing training opportunities for committee members, and supporting the registration costs for six Wyoming clinicians to enroll in an on-line problem gambling counselor certification course. At the time of this survey, plans were underway to utilize the available problem gambling funds to offer an on-line certification course to more clinicians in Wyoming and to gather information that can be used to develop problem gambling services in the state. For example, there are plans to conduct focus groups, gather information about other state problem gambling programs, and utilize this and other information for planning purposes.

In FY2016, there was no state supported specialty treatment for problem gamblers, no state affiliate to the National Council on Problem Gambling, and no problem gambling prevention programs offered in the state. The WLC and DOH offers information about problem gambling and available resources on their websites, and the WLC prints the National Problem Gambling Helpline number on their lottery tickets, on billboards, and on materials displayed at lottery retail locations.

Although Wyoming does not have a state supported problem gambling helpline, the National Problem Gambling Helpline accepts calls from Wyoming and directs callers in need to Gamblers Anonymous (only one meeting in Wyoming was identified on the GA website in 2016) and/or to Wyoming Certified Problem Gambling Counselors (three were identified on the DOH website in 2016).

In 2016, Wyoming ranked 31st out of the 50 U.S. states in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 40 states with publicly funded services was 37 cents; Wyoming's per capita public investment was 5 cents.

1 Based on a 2016 U.S. Census Bureau estimate of 446,737 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2016); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

3. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.

Resources

Problem Gambling Helpline:
1-800-522-4700

State Agency:
Wyoming Department of Health
<https://health.wyo.gov/behavioralhealth/mhsa/initiatives/problem-gambling>

Problem Gambling Prevalence

An estimated 2.2% of Wyoming adults (9,828) are believed to manifest a gambling problem in Wyoming.¹

Gambling Revenues

In 2016, approximately \$33.4 million were spent on legalized gambling in Wyoming.²

The state collected \$2.5 million in taxes and fees from major types of gambling in 2015.³

Appendix C:

APGSA Survey Instrument

2016 Survey of Problem Gambling Services in the United States

SECTION A: CONTACT INFORMATION (STATE EMPLOYEE – GOVERNMENT CONTACT)

- A1. **State:** A2. **Date:**
- A3. **Name of individual completing the survey:**
- A4. **Position Title:** A5. **Department/Division/Bureau of Government:**
- A6. **Address:** Street/PO Box: City: State: Postal Code:
- A7. **Phone:** A8. **FAX:**
- A9. **Email:** A10. **Web Site:**
- A11. **Who referred you to this survey:**

A.C. **Comments (Contact Information):**

SECTION B: STATE GAMING BACKGROUND

B1. **Types of legalized gambling in the state:** *(check all that apply)*

a. Traditional Lottery (scratch-offs, draw games, raffles)	b. Lottery operated Keno	c. Video Lottery (Poker, Line Games / Video Slots)
d. Online lottery sales	e. Legal Internet Gambling (play restricted to in-state)	f. Daily Fantasy Sports (legal / not prohibited in state)
g. Stand Alone Commercial Casinos	h. Tribal Casinos	i. Racetrack Casinos
j. Slot parlors (excluding Video Lottery retailers)	k. Stand-alone Bingo Parlors	l. Pari-Mutuel Wagering (horse tracks, dog tracks, off track betting)
m. Commercial Card Rooms	n. Charitable Gaming (charity raffles, gambling event sponsored by non-profits)	o. Other - Please describe:

B.C. Comments (Section B, State Gaming Background):

SECTION C: LEGISLATION & FUNDING

C.1. Since January of 2013 has the state enacted any legislation that pertains to the prevention or treatment of problem gambling? No (0) Yes (1)

If yes, please describe:

C.C.1. Describe your state’s legislative history that pertains to the prevention or treatment of problem gambling):

C.2. Budget

a. In SFY 2016, did your state have any active legislation that specifically designated funds for programs to address problem gambling? No (0) Yes (1)

b. In SFY 2016, did a state governmental department or agency have a budget line item specifically for funding one or more problem gambling services that was not legislatively mandated? (For example, used discretionary general funds) No (0) Yes (1)

i. If yes, please name the governmental body or bodies that had a problem gambling line item within its budget. 1. 2. 3.

If you answered “no” to the questions above, you have indicated your state does not specifically set aside public funds to address problem gambling. Skip to Section F: Policy Issues.

C.3. Source(s) of SFY 2016 problem gambling services budget & annual amount:

Source. E.g., lottery funds, tribal gaming tax/fees, state general fund, donation, other gaming industry fee (please specify)	Amount	Legislatively Mandated?
a.	i. \$	ii. <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
b.	i. \$	ii. <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
c.	i. \$	ii. <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)

C.4. Change in budget.

a. Please indicate the direction of change to the problem gambling services budget from SFY 2016 to the current fiscal year (SFY2017): (check only one)

Increased (1) Decreased (2) Stayed about the same (3)

C.C.2. If funding changed, please tell us about it (e.g., what do you attribute change to?).

C.5. **Percent of SFY 2016 problem gambling services budget allocated to:**

Please complete your responses so the column on the right totals to 100%

a. Administration (Indirect services, FTE, etc.)	%
b. Service Evaluation (client data, service outcomes, etc.)	%
c. Research (prevalence studies, issue research, surveillance, etc.)	%
d. Helpline	%
e. Training/Workforce Development	%
f. Treatment	%
g. Prevention (excluding information dissemination)	%
h. Media / Public Awareness (print, radio, outdoor, web, TV)	%
i. Other (please describe)	%

D.C. Comments (Section D, Funding):

SECTION D: SERVICES PROVIDED
(PUBLICLY FUNDED ONLY, FUNDS MUST PASS THROUGH STATE AGENCY)

D.1. **Services provided** (check all that apply):

- a. Helpline d. Public Awareness g. Prevention
 b. Research e. Counselor Training h. Counselor Certification
 c. Program evaluation f. Treatment: i. Other:

D.C.1 Comments (Section E, Services Provided):

D.2. **Helpline Services**

a. Is a gambling helpline service: (check only one)

- Not available (0) Performed by government employees (2)
 Contracted out (1) Available but not paid for by state-funds (3)

If contracted, please provide the following:

b. Name of organization:

c. Is the organization based within your state: No (0) Yes (1)

d. Who are the phones staffed by? (check only one)

- Volunteers (1) Paid staff (2) Mix of volunteers and paid staff (3)

e. What qualifications do the helpline call responders have? (check only one)

- Certified Gambling Counselors (1) Mix of certified and non-certified PG counselors (2)
 Professional counselors (not certified in PG) (3) Other (4)

f. Services provided by the helpline organization: (check all that apply)

- i. Information
ii. Crisis Intervention
iii. Referral to professional counseling
iv. Follow-up services (routine call-backs to check on referral status)
v. Helpline staff provides structured counseling (beyond initial call for help and follow-up call)
vi. Helpline staff mail/email/administer self-change guide
vii. Warm transfer services (caller immediately connected with treatment provider)
viii. 24/7
ix. Public Awareness
x. Referral to GA/self help
xi. Web-based live chat services
xii. Texting services
xiii. Other:

g. Are the problem gambling helpline services:

- Stand-alone/dedicated PG helpline? (1)
 Embedded with an A&D/MH/Other crisis helpline? (2)

h. Does the PG helpline make accommodations for non-English speakers? (check only one)

- No (0) Yes, bi-lingual or multi-lingual staff (1)
 Yes, multi lingual staff + language line (2)
 Yes, use of language line (third-party service) (3)

i. How is the Helpline number promoted? (check all that apply)

- i. Television v. Newspaper vii. Billboard x. Phonebook
ii. Brochure vi. Poster viii. Radio xi. Website

- iii. Signage in gaming venue
- ix. Printed on Lottery tickets
- iv. Other:
- j. Total calls (SFY 2016):
- k. Calls for help, including calls for problem gambling information (SFY 2016):

D.C.2 Comments (Section E, Helpline):

D.3. For Public Awareness & Prevention Services:

- a. Are problem gambling public awareness services: *(check only one)*
 - Not available (0)
 - Performed by government employees & contractors (2)
 - Performed by government employees (1)
 - Contracted out (3)
- b. Are problem gambling prevention services: *(check only one)*
 - Not available (0)
 - Performed by government employees & contractors (2)
 - Performed by government employees (1)
 - Contracted out (3)
- c. Do prevention professionals in your state use SAMHSA's Strategic Prevention Framework (SPF) to plan, implement, and evaluate problem gambling prevention problems? No (0) Yes (1)
- d. Is the topic of gambling or problem gambling formally integrated into the administrative rules or other written policies governing statewide behavioral health prevention? No (0) Yes (1)
- e. Do you include problem gambling prevention in your Block Grant application? No (0) Yes (1)
- f. What problem gambling public awareness and prevention activities are being conducted in your state? For those "Prevention" choices, please only endorse if activity is aimed at preventing the onset of the problem. *(check all that apply)*
 - i. Television ads
 - ii. Print media
 - iii. Outdoor (billboards)
 - iv. Web advertising
 - v. Advertising at gaming venue
 - vi. Advertising on gaming products
 - vii. Dissemination of printed materials (brochures)
 - viii. Website containing problem gambling info
 - ix. Social media (Facebook, Twitter, etc.)
 - x. Informational sessions
 - xi. Problem identification and referral for at-risk groups
 - xii. Prevention: Middle school programming(gambling-specific)

- xiii. Prevention: Middle school programming (integrated with ATOD/health curriculum)
- xiv. Prevention: High school programming (gambling-specific)
- xv. Prevention: High school programming (integrated with ATOD/health curriculum)
- xvi. Prevention: College student interventions
- xvii. Prevention: Coalition building / community-based process
- xviii. Prevention: Parent education
- xix. Prevention: Policy change
- xx. Other:

g. Are there specific populations that problem gambling prevention and/or awareness efforts target?
(check all that apply)

- i. No
- ii. Youth
- iii. College students
- iv. Older adults
- v. Homeless
- vi. Military & Veterans
- vii. Lesbian, gay, bisexual, and transgender (LGBT)
- viii. Health care community
- ix. People of color
- x. People in criminal justice system
- xi. People with mental health history
- xii. People with addictions history

D.C.6. Comments. What are your state's largest gaps or needs around problem gambling public awareness and prevention?

D.4. Counselor Training - Only those activities directly supported by state funding:

a. Are counselor training services: (check only one)

- Not available? (0) Contracted out? (2)
- Performed by government employees? (1) Performed by government employees & contractors? (3)

b. Did your organization sponsor problem gambling education at a conference: No (0)
(if yes, check all that apply)

- State conference specific to problem gambling (1)
 - 1.a. Percent (%) of conference budget supported by your organization excluding fund raising obtained from a state agency, including a state lottery
- A regional problem gambling specific conference (2)

2.a. Percent (%) of conference budget supported by your organization excluding fund raising obtained from a state agency, including a state lottery

A track or session on problem gambling within a broader addictions or behavioral health conference (3)

3.a. Percent (%) of conference budget supported by your organization excluding fund raising obtained from a state agency, including a state lottery

c. Were problem gambling service funds used to sponsor online trainings, live trainings, or courses: (check all that apply)

No (0)

Online trainings (e.g., webinars) (1)

Live trainings (e.g., workshops, session at larger training event) (2)

College course specific to problem gambling counseling (for college credit) (3)

Certification course specific to problem gambling counseling (10+ hour course to meet certification or approved provider problem gambling specific educational requirement) (4)

D.C.7. Please provide a narrative of the training activities provided in SFY 2016 (only those activities directly or partially paid by state)

D.C.8. Counselor Training Comments.

D.5. Counselor Certification

a. Does the state require specialized problem gambling counselor certification, licensure, or approval for practitioners delivering treatment services to problem gamblers?

no (0) certification (1) licensure (2) (3) approval (problem gambling certification or licensure not required but to be approved provider must meet state education and/or licensing requirements and obtain problem gambling specific education)

b. Does a state agency provide cert. or licensure for problem gambling counselors? No (0) Yes (1)

c. Does a non-governmental organization in your state provide problem gambling counselor certification? No (0) Yes (1)

d. Are the certification criteria available via the internet? No (0) Yes (1)

E.C.9. If yes, please provide the URL:

e. Number of certified or state approved problem gambling counselors in the state:

f. Number of certified or state approved problem gambling counselors that provided state funded gambling treatment in SFY 2016 (reimbursed from a gambling treatment specific fund)?

D.C.10. Counselor Certification Comments.

D.6. Treatment Service System:

- a. 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):
- i. Level 0.5 Minimal/Early Intervention
 - ii. Level I Outpatient Therapy (1-8 hours wk)
 - iii. Level II Intensive Outpatient Therapy (≥ 9 hrs/wk)
 - iv. Level III Residential/Inpatient Treatment
 - v. Level IV Medically-Managed Intensive Inpatient Treatment
- b. Recovery Oriented Systems of Care (ROSC) is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of addiction problems.
- i. Is the gambling treatment system based on ROSC principles as specified in service agreement, regulations, or strategic plans? No (0) Yes (1)
 - ii. Are recovery oriented approaches funded? No (0) Yes (1)
 - iii. What ROSC operational elements are currently funded (check all that apply):
 - 1) Peer mentoring or peer coaching services
 - 2) Telehealth / distance treatment / e-Therapy
 - 3) Providers allowed flexible spending on wide range of recovery-oriented service
 - 4) Housing options (respite housing, transitional housing, housing assistance, etc.)
 - 5) Other: _____
- c. Is your state making a concerted effort to integrate problem gambling screening, education, or treatment into behavioral health programs? No (0) Yes (1)
- d. In which setting is screening for gambling disorder mandated? (check all that apply):
- i. None, screening not required anywhere in the publicly funded service system
 - ii. Substance Use Disorder treatment programs
 - iii. Behavioral health / mental health treatment programs
 - iv. Corrections Department inmate intakes
 - v. Other: Please describe:
- e. Approximately what percent of publicly funded behavioral health programs, either Substance Use Disorder (SUD) and/or Mental Health Disorder treatment programs, fall into the following categories of **Problem Gambling Integration**?

Please complete your responses so the column on the right totals to 100%

<p>a. Not Gambling Integrated Services. They do not provide any screening, assessment or referral to treatment for gambling disorder or address the impact of gambling on SUD or MH recovery.</p>	<p>%</p>
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<p>b. Problem Gambling Capable. Programs that are capable of addressing gambling as a co-occurring disorder among clients admitted for SUD or MH and may address the impact of gambling on recovery in some aspects of their program and/or for some individuals, but have a greater focus on SUD and MH.</p>	%
<p>c. Problem Gambling Enhanced. Programs that have developed programming that routinely addresses the impact of gambling on recovery for all clients and of providing services to any individual who presents with a primary or co-occurring gambling disorder. The program can address gambling disorder fully and equally with SUD and/or MH.</p>	%

f. Is Gambling Disorder a covered diagnosis under your state's Medicaid program?

No (0) Yes: (check only one)

Covered under substance use disorder services (1)

Covered under mental health services (2)

Covered under combined plans such as behavioral health services (3)

g. Are funds specifically designated to address problem gambling being used to fund your state's Medicaid program? No (0) Yes (1)

h. Do you include problem gambling treatment in your Block Grant application? No (0) Yes (1)

D.C.11. Treatment System Comments.

D.7. Outpatient Treatment:

a. Outpatient treatment is: (check only one)

not funded (0)

state funded, contracted out (1)

state funded, performed by government employees (2)

state funded, performed by government employees and contracted out (3)

available at no to low cost through non-state subsidies (4)

b. How are treatment services paid (if contracted): (check only one)

Fee for service (1) Expense Reimbursement (2) Capitated Rate (3)

Other (4):

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

Service Type	\$ per Hour	Caveats
i. Assessment	ia. \$	ib.
ii. Individual	iia. \$	iib.
iii. Family/Couples	iiia. \$	iiib.

iv. Group	iva. \$	ivb.
v. Other	va. \$	vb.
vi. Other	via. \$	vib.
vii. Other	ia. \$	ib.

- d. In general, how do problem gambling treatment service rates compare to mental health and other addiction treatment service rates?
- i. Alcohol and drug treatment rates higher (1) lower (2) same (3)
 - ii. Mental health treatment rates higher (1) lower (2) same (3)
- e. Are contracts/grants for services awarded to:
- Agencies (1) Individuals (2) Both (3)

D.C.12. Outpatient Treatment Comments.

D.8. Therapist eligibility requirements:

- a. Formal Education (*minimum degree*): HS Diploma (1) AA (2) BA (3) MA (4)
- b. Certified Problem Gambling Counselor: Required? No (0) Yes (1)
- c. Alcohol and Drug Abuse Certification: Required pre-requisite if not Mental Health Professional
 No (0) Yes (1)
- d. Mental Health Professional as defined through licensure:
 Required if not Certified/Licensed Alcohol and Drug Abuse Counselor (1)
 Required for all counselors regardless of A&D or Gambling Certification (2)
 Not required (3)
- e. Are problem gambling peer mentors certified?
 No (0) Yes, as addiction recovery peer mentors (2)
 Yes, as gambling specific peer mentors (1) Not applicable (3)
- f. Do most (50%+) gambling treatment providers offer peer mentoring services No (0) Yes (1)

D.C.13. Therapist Eligibility Comments.

D.9. Treatment consumer eligibility requirements:

- a. Minimum Age:
- b. Must have Gambling Disorder diagnosis: No (0) Yes (1)
- c. Sub-clinical Gambling Disorder eligible (does not meet diagnostic threshold): No (0) Yes (1)
- d. Concerned/Significant Other: No (0) Yes (1)
- e. Is Significant Other eligible without gambler in treatment? No (0) Yes (1)

- f. Means Test: Client must be at or below Federal Poverty Level (FPL): No (0) Yes (1)
- g. Means test: Client must be below-income by criteria other than 100% FPL: No (0) Yes (1)
- h. Is the state the payer of last resort for consumers entering state funded gambling treatment?
 No (0) Yes (1)

D.10. Service restrictions:

- a. Is there a maximum number of sessions? No (0) Yes (1)
- b. If yes, specify the maximum number of sessions:
- c. Maximum treatment duration? Not specified (0) Less than one year(1)
 One year (2) Over one year (3)
- d. Maximum benefit amount? Not specified (0) Less than \$500(1)
 \$500-\$1000 (2) \$1000-\$2000 (3) \$2000+ (4)

D.C.14. Service Restriction Comments.

D.11. Treatment Capacity Issues:

- a. Have there been waitlists for problem gambling services during the SFY 2016 for any state funded treatment providers in your state? No (0) Yes (1)
- b. Does your system collect data on time between first contact and treatment entry? No (0) Yes (1)
- c. If yes, how is wait time/access measured? Time between:
 Helpline call to treatment entry (1) Helpline call to first available appointment (2)
 Call to treatment provider & treatment entry (3) Call to treatment provider and first available appointment (4) Other (5)
- d. If yes, what is the average number of days between first contact and treatment entry?

D.C.15. Capacity Issues Comments.

D.12. Treatment System Performance:

- a. Number of consumers receiving outpatient publicly funded treatment (SFY 2016):
- b. Number of gamblers treated:
- c. Number of significant others treated:
- d. Average number of sessions:
- e. Average cost per client treatment episode:

- f. Over the past year, has the number of consumers receiving outpatient publicly funded gambling treatment: Increased (1) Decreased (2) Stayed about the same as the prior year (3)

D.C.16. Treatment System Performance Comments.

D.13. State-Funded Residential Treatment (structured program, more than subsidized housing):

- a. Is the service: not publicly funded (1) funded, provided within state (2)
 funded for state residents but services contracted to out-of-state provider (3)
- b. Is the residential gambling treatment program(s):
 A stand-alone gambling treatment program? (1)
 A gambling treatment program embedded within a substance use disorder treatment facility (most groups are attended by only problem gamblers)? (2)
 A track within a substance use disorder treatment facility (most groups shared with non-problem gamblers)? (3)
- c. How are residential treatment services paid (if contracted)?
 Fee for service (1) Expense Reimbursement (2) Capitated Rate (3)
 Other (4):
- d. If fee for service, what is the daily reimbursement rate paid by public funds for residential treatment?
\$ _____ per bed-day.
- e. Does your state-supported residential gambling treatment centers accept out-of-state clients?
 Yes No
- f. Average length of stay:
- g. Maximum length of stay:
- h. Number of consumers receiving publicly funded residential gambling treatment (SFY 2016):
- i. Over the past year, has the number of consumers receiving residential publicly funded gambling treatment;
 Increased (1) Decreased (2) Stayed about the same as the prior year (3)

D.C.17. Residential Gambling Treatment Comments.

D.14. Treatment Evaluation Services:

- a. Treatment evaluation services are:
 not publicly funded (0)

- state funded, performed by government employees of service administration agency (1)
- state funded, contracted out to university (2) Specify:
- state funded, contracted out to private company (3) Specify:
- b. Does your state use a formal data measurement system for gambling treatment services?
 No (0) Yes (1)
- c. If yes, is the system integrated with larger behavioral health service evaluation data (either drug and alcohol, mental health, or combined behavioral health)? No (0) Yes (1)
- d. What elements are included? (check all that apply)
- | | | |
|---|---|--|
| i. <input type="checkbox"/> Intake data | ii. <input type="checkbox"/> Discharge data | iii. <input type="checkbox"/> Utilization data |
| iv. <input type="checkbox"/> Follow-up data | v. <input type="checkbox"/> Other: | |

D.C.18. Evaluation Services Comments.

D.15. Research & Surveillance Systems:

- a. Does your state ask any gambling related questions on youth risk behavior surveys(YRBS)?
 No (0) Yes (1) If yes, please specify: E.C.15. **YRBS Questions.**
- b. Does your state ask any gambling related questions on youth risk behavior surveys other than YRBS?
 No (0) Yes (1)
- If yes, name of survey and gambling questions: E.C.16. **Youth Survey Questions.**
- c. Does your state ask any gambling related question on the Behavioral Risk Factor Surveillance System (BRFSS)? No (0) Yes (1)
- If yes, please specify: D.C.17. **BRFSS Questions.**
- d. Does your state ask any gambling related questions on adult risk or health behavior surveys other than BRFSS? No (0) Yes (1)
- If yes, name of survey and gambling questions: E.C.18. **Adult Survey Questions.**
- e. Has your state funded a problem gambling prevalence survey?
 no (0) yes, more than one (1) yes, within the past 5 years (2) yes, over 5 years old (3)

D.C.19. Surveillance System Comments.

- f. Last fiscal year (SFY 2016), has your state funded any gambling related research that does not fall under "treatment evaluation services" and "surveillance research"? No (0) Yes (1)

D.C.20. If problem gambling related research is funded, other than evaluating funded services or conducting surveillance research, then please describe. **Research Comments.**

SECTION E: ADMINISTRATIVE STRUCTURE

- a. The State agency with funding authorization for problem gambling services:
- outsources the administration of services (1)
 - manages multiple contracts for service provision and does not use state employees for provision of services (2)
 - manages multiple contracts for service provision and uses state employees for provision of services (3)
 - directly provides the majority of services with state employees (4)
- b. Administrator Name: (state agency position who manages the problem gambling contracts) Name:
 Title (Note: This person will be listed in APGSA directory)
- c. Is the position assigned 0.5 FTE or greater to problem gambling services? No (0) Yes (1)
- d. Responsible Department/Division/Bureau:
- e. Please characterize the function of the responsible Department by choosing one of the below:
- Human Services, Problem Gambling under addiction services (1)
 - Human Services, Problem Gambling under mental health / behavioral health services (2)
 - Human Services, Problem Gambling under combined mental health and addiction services (3)
 - Human Services, Problem Gambling under public health services (4)
 - Gaming Services, regulatory agency (5)
 - Gaming Services, operator (i.e., state lottery) (6)
 - Gaming Services, other (7): _____
 - Other (8): _____
- f. Are problem gambling services designated to a problem gambling specific office, unit, or program team? No (0) Yes (1)
- If yes, name of program/service:
- g. State Agency Staff with problem gambling service duties in job description:

Name	Title	FTE	Phone/Email/Contact
a.	ai.	a.ii.	a.iii.
b.	bi.	b.ii.	b.iii.
c.	ci.	c.ii.	c.iii.
d.	di.	d.ii.	d.iii.
e.	ei.	e.ii.	e.iii.

f.	fi.	fii.	fiii.
----	-----	------	-------

- h. Private sector staff or contracted help to assist State Agency with the administration of one or several problem gambling services: No (0) Yes (1)

FTE Equivalent of all such positions:

E.C. Administrative Structure Description & Comments.

SECTION F: POLICY ISSUES

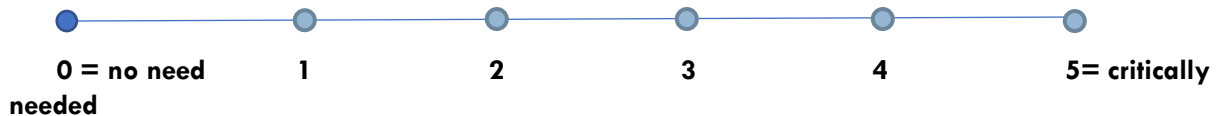
- a. On an 0 to 5 scale, please rate the following **strengths** of your state's problem gambling service system:



- i. Adequate funding
- ii. Protected funding (set-aside funds not diverted)
- iii. Treatment access
- iv. Problem gambling prevention efforts
- v. Public awareness
- vi. Attention to problem gambling within behavioral health system
- vii. Collaboration with state affiliate to the National Council on Problem Gambling
- i. Collaboration with state lottery
- ii. Collaboration with one or more non-lottery gaming operators
- iii. Support from Single State Agencies (SSA) for Substance Abuse Services
- iv. Other _____

F.C.1. Strengths Comments.

- b. On an 0 to 5 scale, please rate the following **needs** for your state's problem gambling service system:



- i. Increased funding designated for problem gambling services
- ii. Increased attention and priority of problem gambling among agency administration
- iii. Increased attention and priority of problem gambling among policy makers
- iv. Increased number of dedicated staff to administer problem gambling programs
- v. Increased number of qualified problem gambling treatment providers
- vi. Increased number of qualified problem gambling prevention providers
- vii. Improved information management / treatment evaluation system
- viii. Improved problem gambling helpline and website
- ix. Improved administrative structure to more effectively manage program funds
- x. Improved collaboration with gaming operators within your state
- xi. Improved collaboration & coordination between state and state affiliate to NCPG
- xii. Improved coordination of efforts/programs at national level
- xiii. Federal involvement (e.g., funding, policy, technical assistance programs)
- xiv. National guidance on best practices to address daily fantasy sports and other forms of internet-based-gambling
- xv. Inclusion of problem gambling treatment for Medicaid reimbursement
- xvi. More health insurance programs covering Gambling Disorder treatment
- xvii. Improved integration of problem gambling into behavior health services
- xviii. Other _____

F.C.2. Gaps Comments. What are your state's largest gaps or needs around problem gambling services?

- c. Is your state a member of the Association for Problem Gambling Services (APGSA)?
 No (0) Yes (1)

F.C.3. What do you believe are the top problem gambling service priorities the APGSA should identify to SAMHSA for assistance?

F.C.4. How can the APGSA better assist your efforts?

F.C.5. Are there other things you would like to tell the APGSA or the survey researchers?

Thank you for completing this survey.

Please email the completed survey to: problemgamblingsolutions@comcast.net or FAX to 503 892-3492

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 D:

NCPG Survey Instrument

2016 Survey of Problem Gambling Services in the United States

SECTION A: CONTACT INFORMATION

A1. **State:**

A2. **Name of Organization:**

A3. **Year founded as Affiliate to National Council on Problem Gambling:**

A4. **Name of individual completing the survey:**

A5. **Position Title:**

A6. **Address:** a. **Street/PO Box:** b. **City:** c. **State:** d. **Postal Code:**

A7. **Phone:**

A8. **FAX:**

A9. **Email:**

A10. **Web Site:**

A11. **Date:**

A.C. **Comments (Contact Information):**

Note:

Unless otherwise specified, the survey questions are in reference to State Fiscal Year (SFY) 2016; for most states, this refers to July 1, 2015 through June 30, 2016. If you are from one of the four states whose fiscal year does not end on June 30th, please use your state's most recently completed fiscal year when responding to questions.

if your accounting methods do not easily allow for reporting on a SFY then you may use the 2016 calendar year.

SECTION B: STATE GAMING BACKGROUND

B1. Types of legalized gambling in the state: (check all that apply)

b. Traditional Lottery (scratch-offs, draw games, raffles)	b. Lottery operated Keno	c. Video Lottery (Poker, Line Games / Video Slots)
e. Online lottery sales	e. Legal Internet Gambling (play restricted to in-state)	f. Daily Fantasy Sports (legal / not prohibited in state)
h. Stand Alone Commercial Casinos	h. Tribal Casinos	i. Racetrack Casinos
p. Slot parlors (excluding Video Lottery retailers)	q. Stand-alone Bingo Parlors	r. Pari-Mutuel Wagering (horse tracks, dog tracks, off track betting)
s. Commercial Card Rooms	t. Charitable Gaming (charity raffles, gambling event sponsored by non-profits)	u. Other - Please describe:

B.C. Comments (Section B, State Gaming Background):

SECTION C: FUNDING

C.1. Operating Budget (actual expenditures)

- What was your operating budget during SFY 2016? \$
- If your accounting methods do not easily allow for reporting on a SFY then please use 2016 calendar year. You are reporting based on: Calendar year (1) SFY (2)
- What was the dollar amount of funds contributed from your state's lottery during SFY 2016? \$ (funds directly provided from lottery and lottery funds passed through agency)

D.2. **Service area level of effort:**

Thinking about your organization as a whole, please estimate your organization's level of effort for each of the following service categories as a ratio of 100%. Please complete your responses so the column on the right totals to 100.

a. Administration (time spent on general business activities that are not directly related to the below project areas)	%
b. Service Evaluation (client data, service outcomes, etc.)	%
c. Research (prevalence studies, issue research, surveillance, etc.)	%
d. Helpline	%
e. Training/Workforce Development	%
f. Treatment	%
g. Prevention (excluding info dissemination and advocacy)	%
h. Media (print, radio, outdoor, web, TV)	%
i. Advocacy	%
j. Fundraising	%
k. Other (please describe)	%

D.C.1 **Comments (Section D, Services Provided):**

D.3. **Helpline Services**

a. Do you utilize the National Helpline Number (800.522.4700) as your primary helpline number?

No (0) Yes (1)

b. If not, what is the primary helpline number used in your state?

c. Is gambling helpline service: (*check only one*)

not available? (0)

available in state, paid for by state-funds and NOT administered through your organization? (1)

available in state, paid for by state-funds and administered through your organization? (2)

available in state, NOT paid for by state funds and provided by your organization? (3)

available in state, NOT paid for by state funds and paid for and contracted out by your organization? (4)

If helpline services are NOT funded or administered by your organization, then skip to section D.4 (Public Awareness / Prevention Services).

If funded or administered by your organization, please provide the following:

d. Name of organization providing helpline service (helpline operator):

e. Is the organization based within your state? No (0) Yes (1)

f. Who are the phones staffed by? (check only one)

Volunteers (1) Paid staff (2) Mix of volunteers and paid staff (3)

g. What qualifications do the helpline call responders have? (check only one)

Certified Gambling Counselors (1) Mix of certified and non-certified PG counselors (2)

Professional counselors (not certified in PG) (3) Other (4)

h. Services provided by the helpline operator: (check all that apply)

i. Information

ii. Crisis Intervention

iii. Referral to professional counseling

iv. Follow-up services (routine call-backs to check on referral status)

v. Helpline staff provides structured counseling (beyond initial call for help and follow-up call)

vi. Helpline staff mail/email/administer self-change guide

vii. Warm transfer services (caller immediately connected with treatment provider)

viii. 24/7

ix. Public Awareness

x. Referral to GA/self help

xi. Web-based live chat services

xii. Texting services

xiii. Other:

i. Are the problem gambling helpline services:

Stand-alone/dedicated PG helpline? (1)

Embedded with an A&D/MH/Other crisis helpline? (2)

j. Does the PG helpline make accommodations for non-English speakers? (check only one)

No (0)

Yes, bi-lingual or multi-lingual staff (1)

Yes, multi lingual staff + language line (2) Yes, use of language line (third-party service) (3)

k. How is the Helpline number promoted? (check all that apply)

- i. Television ii. Newspaper iii. Billboard iv. Phone book
v. Brochure vi. Poster vii. Radio viii. Web
ix. Signage in gaming venue x. Printed on lottery tickets
xi. Social Media xi. Other:

l. Total calls (SFY 2016): (In most cases SFY = July 1-June 30)

m. Calls for help, including calls for problem gambling information (SFY 2016):

n. Total text conversations (SFY 2016):

o. Total web-based chat conversations (SFY 2016):

[D.C.2 Comments \(Section D, Helpline\):](#)

D.4. Public Awareness & Prevention Services:

a. Are public awareness and/or prevention services (check all that apply):

- not provided (0)
 Performed by contractors of your organization (1)
 Performed by employees of your organization (2)
 performed by volunteers of your organization (3)

If your organization does not provide public awareness or prevention services, please skip to the next section D.5. Counselor Training.

b. Did you participate in Problem Gambling Awareness Month (PGAM) this year?

- No (0) Yes (1)

c. Does your organization use SAMHSA's Strategic Prevention Framework (SPF) to plan, implement, and evaluate problem gambling prevention problems? No (0) Yes (1)

d. What problem gambling public awareness and prevention activities is your organization providing? For those "Prevention" choices, please only endorse if activity is aimed at preventing the onset of the problem. (check all that apply)

- i. Television ads
- ii. Dissemination of printed materials (brochures)
- iii. Print media
- iv. Website containing problem gambling info
- v. Outdoor (billboards)
- vi. Social media (Facebook, Twitter, etc.)
- vii. Web advertising
- viii. Informational sessions
- ix. Advertising at gaming venue
- x. Advertising on gaming products
- xi. Prevention: Middle school programming (gambling-specific)
- xii. Prevention: Middle school programming (integrated with other Alcohol Tobacco and other Drug (ATOD)/health curriculum)
- xiii. Prevention: High school school programming (gambling-specific)
- xiv. Prevention: High school programming (integrated with other ATOD/health curriculum)
- xv. Prevention: College student interventions
- xvi. Prevention: Parent education
- xvii. Prevention: Coalition building / community-based process
- xviii. Prevention: Policy change
- xix. Problem identification and referral for at-risk groups
- xx. Other:

e. Are there specific populations that prevention and/or awareness efforts target? (check all that apply)

- i. No
- ii. Youth
- iii. College students
- iv. Older adults
- v. Homeless
- vi. Military & Veterans
- vii. Lesbian, gay, bisexual, and transgender (LGBT)
- viii. Health care community
- ix. People of color
- x. People in criminal justice system
- xi. People with mental health history
- xii. People with addictions history

D.C.3. Comments: Please describe efforts your organization has engaged to advocate to state and/or federal decision makers to increase attention to problem gambling related issues.

D.C.4. Comments. What are your state's largest gaps or needs around problem gambling public awareness and prevention?

D.5. Counselor Training - Only those activities directly provide by your organization or contracted through your organization:

a. Are counselor training services: (check only one)

Not available? (0) Contracted out? (2)

Performed by employees? (1) Performed by employees & contractors? (3)

b. Do you use NCPG Education Committee CEUs? No (0) Yes (1)

c. Did your organization sponsor, host, or offer problem gambling education at a conference: No (0)
(if yes, check all that apply)

State conference specific to problem gambling (1)

1.a. percent (%) of state conference budget supported by your organization (Excluding funds obtained from a state agency, including a state lottery)

A regional problem gambling specific conference (2)

2.a. Percent (%) of regional conference budget supported by your organization excluding fund raising obtained from a state agency, including a state lottery

A track or session on problem gambling within a broader addictions or behavioral health conference (3)

3.a. Percent (%) of conference budget supported by your organization excluding fund raising obtained from a state agency, including a state lottery

d. Did your organization sponsor online counselor trainings, live trainings, or courses: No (0)
(if yes, check all that apply)

Online trainings (e.g., webinars) (1)

Paid for by state funds: In part (1i) In full (1ii)

Live trainings (e.g., workshops, session at larger training event)

Paid for by state funds: In part (2i) In full (2ii)

College course specific to problem gambling counseling (received college credit)

Paid for by state funds: In part (3i) In full (3ii)

Certification course specific to problem gambling counseling (10+ hour course to meet certification or approved provider problem gambling specific educational requirement)

Paid for by state funds: In part (4i) In full (4ii)

D.C.7. Counselor Training Comments. Please provide a narrative of the training activities provided in SFY 2016 (only those activities directly or partially paid by your organization):

E.6. Certification

- a. Does the state **require** specialized problem gambling provider certification, licensure, or approval for practitioners billing for treatment services for problem gamblers?

No (0) Certification (1) Licensure (2) Approval (3) (problem gambling certification or licensure not required but to be approved provider must meet state education and/or licensing requirements and obtain problem gambling specific education)

- b. Does a state agency provide certification or licensure for problem gambling counselors? No (0) Yes (1)

- c. Does a non-governmental organization in your state provide problem gambling provider certification? No (0) Yes (1)

- d. Are the certification criteria available via the internet? No (0) Yes (1)

E.C.8. If yes, please provide the URL:

- e. Number of certified or approved problem gambling counselors in the state:

- f. Number of certified or state approved problem gambling counselors that provided gambling treatment? *If your organization does not fund problem gambling treatment, leave blank*

D.C.9. Counselor Certification Comments.

D.7. Treatment Service System (skip if your organization does not directly fund treatment):

- a. Using the ASAM defined levels of treatment service, indicate which levels of care are either directly provided by your organization or contracted out by your organization (check all that apply):

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

D.C.10. Treatment System Comments.

D.8. Treatment System Performance (skip if your organization does not directly fund treatment):

- g. Number of consumers receiving therapy funded by your organization (SFY 2016):
- h. Number of gamblers treated:
- i. Number of affected others treated:
- j. Average number of sessions:
- k. Average cost per client treatment episode:
- l. Over the past year, has the number of consumers receiving your outpatient gambling treatment;
 Increased (1) Decreased (2) Stayed about the same as the prior year (3)

D.C.11. Treatment System Performance Comments.

SECTION E: ADMINISTRATIVE STAFF

E.1. NCPG Affiliate's Staff and Volunteer Staff

- a. Is the Executive Director position a paid position? No (0) Yes (1)
- b. Number of paid staff including Executive Director (if paid):
- c. Paid staff full time equivalent (FTE): 0.5
1.0 FTE = 40 hours. Add FTE ratio of all paid staff. For example, two employees where one is 30 hours a week (.75 FTE) and one is 20 hours a week (.5 FTE) = 1.25 FTE
- d. Number of volunteers, including unpaid/volunteer board members:
- e. Volunteer staff full time equivalent (FTE): 0.05

E.C. Administrative Structure Description & Comments.

SECTION F: Policy Issues

Responses to this section, policy issues, and the next section, advocacy, will only be reported in aggregate. Your responses to these sections will not be linked to you in public reports.

Note: For the following questions, think of the state as a whole, more than just what your organization does.

- d. On an 0 to 5 scale, please rate the following **strengths** of your state's problem gambling service system:



e. Please rate the following **strengths** of your state's problem gambling service system:

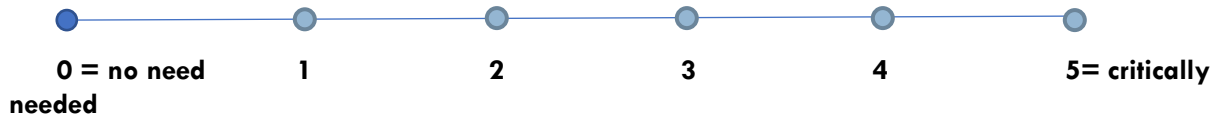
0 = not a strength, 3=somewhat of a strength, 5=significant strength

- viii. Adequate funding
- ix. Protected funding (set-aside funds not diverted)
- x. Treatment access
- xi. Problem gambling prevention efforts
- xii. Public awareness
- xiii. Attention to problem gambling within behavioral health system
- xiv. Collaboration with state agency administering problem gambling services
- xv. Collaboration with state lottery
- xvi. Collaboration with one or more non-lottery gaming operators
- xvii. Support from Single State Agencies (SSA) for Substance Abuse Services
- xviii. Other _____

F.C.1. Strengths Comments.

Note: Think of the state as a whole, more than just what your organization does.

a. On an 0 to 5 scale, please rate the following **needs** for your state's problem gambling service system:



- xix. Increased funding designated for problem gambling services
- xx. Increased attention and priority of problem gambling among state agency administrations
- xxi. Increased attention and priority of problem gambling among policy makers
- xxii. Increased number of dedicated state staff to administer problem gambling programs
- xxiii. Increased number of qualified problem gambling treatment providers
- xxiv. Increased number of qualified problem gambling prevention providers
- xxv. Improved information management / treatment evaluation system
- xxvi. Improved problem gambling helpline and website
- xxvii. Improved administrative structure to more effectively manage state PG program funds
- xxviii. Improved collaboration with gaming operators within your state

- xxix. Improved collaboration & coordination between state and your organization (NCPG affiliate)
- xxx. Improved coordination of efforts/programs at national level
- xxxi. Federal involvement (e.g., funding, policy, technical assistance programs)
- xxxii. National guidance on best practices to address daily fantasy sports and other forms of internet-based-gambling
- xxxiii. Inclusion of problem gambling treatment for Medicaid reimbursement
- xxxiv. More health insurance programs covering Gambling Disorder treatment
- xxxv. Improved integration of problem gambling into behavior health services
- xxxvi. Other _____

F.C.2. Gaps Comments. What are your state's largest gaps or needs around problem gambling services?

SECTION G: ADVOCACY

- a. Have you contacted your state legislators and/or executive branch on a gambling-related bill or issue this year? No (0) Yes (1)
- b. Has a state legislator or member of the executive branch contacted you on a gambling-related bill or issue this year? No (0) Yes (1)
- c. Was there a bill(s) to expand gambling in your legislature this year? No (0) Yes (1)
 - a. Did the state bill(s) pass? No (0) Yes (1) Both (please describe)
- d. Have you contacted your Federal representatives on a gambling-related bill or issue this year? No (0) Yes (1)

G.C.1. How can the NCPG better assist your efforts?

G.C.2. Are there other things would like to tell the NCPG or the survey researchers?

Thank you for completing this survey.

Please email the completed survey to: problemgamblingsolutions@comcast.net or Fax: 503 892-3492

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