THE OHIO STATE UNIVERSITY
COLLEGE OF PUBLIC HEALTH

Center for Health Outcomes, Policy & Evaluation Studies

The Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Evaluation Planning for Problem Gambling Demonstration Projects

June 2015

Center for Health Outcomes, Policy and Evaluation Studies
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Evaluation of Problem Gambling Demonstration Projects 2014-2015
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Submitted to: The Ohio Department of Mental Health and Addiction Services

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The Ohio Department of Mental Health and Addiction Services (OhioMHAS) supports a wide array of activities and programs to increase awareness about problem gambling and to build capacity within the behavioral health service delivery system to address individuals needing assistance with their problem gambling disorder.

The Ohio State University, College of Public Health, Center for Health Outcomes, Policy and Evaluation Studies (Center for HOPES) contracted with OhioMHAS to provide evaluation services for six organizations implementing problem gambling demonstration projects between October 2014 and June 2015.

Of the six entities, four proposed focusing on problem gambling prevention programs, one proposed focusing on an innovative treatment program and one proposed focusing upon the full continuum of care (prevention through recovery).

The various projects are diverse in structure and implementation. The demonstration project period was condensed from the anticipated twelve months to approximately nine months due to grant approval and distribution delays at the state level. These differences in timing and project orientation implied that outcomes would vary substantially from one entity to another. Therefore, it was not possible to compare results. For these reasons, the Center for HOPES focused on evaluating the processes that were employed among the six grantees to describe the various approaches, ascertain their progress and to identify relevant and distinctive features.

Through the evaluation efforts, the Center for HOPES sought to ascertain:
- The extent to which the demonstration projects met pre-established goals
- Common themes and experiences among the demonstration projects
- Common barriers experienced by the demonstration projects
- Possible "best practices" based upon grantee experiences

This report provides an overview of the programs and results for the process evaluation by demonstration project. The report also highlights common themes as reported by the demonstration project leads.

Overall, the results demonstrate that outcomes vary by grantee. However, all grantees are making some progress. Some prevention education activities have been underway through efforts to build community awareness, establish partnerships with local organizations or by holding problem gambling prevention education sessions such as *Stacked Deck*. In addition,

some individuals (primarily adults) have received problem gambling treatment as part of existing alcohol and other drug (AOD) treatment services.

Many grantees appear to be experiencing similar barriers. Of those providing prevention programs, barriers included items such as low community readiness or limited ability to add problem gambling education programming into already existing academic year schedules. Of those demonstration programs providing treatment programs, barriers related to the inability to either identify individuals with a potential problem gambling disorder; or, identifying individuals willing to participate in problem gambling treatment. All grantees reported that the lack of time to truly develop or implement their program was a barrier to their progress.

Most of the demonstration projects plan to continue their problem gambling prevention and treatment efforts moving forward into FY 2016-2017.

Background

A 2012 Ohio Gambling Survey estimated that 2.8% of Ohioans are at some level of risk to be problem gamblers. The Ohio Substance Abuse Monitoring Network examination of co-occurring substance abuse and gambling disorders estimated that approximately 25 percent of this population would have both disorders.[1]

In response to these data and health care trends, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) created the Bureau of Problem Gambling. The Bureau is responsible for overseeing problem gambling prevention, treatment and recovery services. In addition, the Bureau provides funds to support workforce capacity building and the development or implementation of evidence-based or promising practice demonstration projects.

The Ohio State University, College of Public Health, Center for Health Outcomes, Policy and Evaluation Studies (Center for HOPES) contracted with OhioMHAS to provide evaluation services for six organizations implementing problem gambling demonstration projects between October 2014 and June 2015. A delineation of the projects (as described in their funding proposals) is provided below:

Table 1: Problem Gambling Demonstration Projects

Awardee	Program Type	Program Name	Partners	Population
Bayshore Counseling Services	Prevention	Stacked Deck	Schools and Career Centers	Ages: 13-17
Clermont County MHR Board	Full Continuum	Integrated Approach	Clermont Recovery Center, Coalition for Drug Free Clermont County	Ages: 13+
Drug Free Action Alliance	Prevention	Smart Bet	Colleges and Universities	Ages: 18-24
Partnership for Violence Free Families	Prevention	Stacked Deck	Not specifically defined	Ages: 13-17
UMADAOP of Cincinnati	Prevention	Stacked Deck	Schools, Community Action Agency, SW Ohio Parole Authority	Ages: 13-17
Zepf Center (COMPASS)	Treatment	Manualized Treatment	Partner locations (Youngstown and Clermont)	Ages: 18+

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[1] 2014 Annual Report, 2015 Plan for Problem Gambling Services (p 8). Ohio Department of Mental Health and Addiction Services.

Program Descriptions

Stacked Deck

Stacked Deck is an evidence-based prevention curriculum typically provided in a school-based setting over a five to six week period. The curriculum is comprised of presentations and hands-on activities to engage the participants. It aims to educate youth about problem gambling risks and behaviors. Through such education the program attempts to prevent the on-set of such conditions. The program is geared towards high school students (13-17 year olds). The trained instructor distributes pre and post tests to gauge changes in participant's attitudes about problem gambling before the first educational session and after the last session.

Smart Bet

Smart Bet is a new prevention-based curriculum under development by the Drug Free Action Alliance (DFAA). Like *Stacked Deck* it is manual based with a combination of presentations and activities. However, this program is geared towards older adolescents and young adults (18-24 year olds). The initial structure of this program will be instructor-led in classroom type small group settings.   However, the longer-term goal is to develop web-based modules that can be accessed and completed on-line. DFAA plans to add a financial literacy component to the on-line curriculum and to collaborate with universities for implementation.

Manualized Treatment

Manualized treatment is a new 12 week curriculum based treatment model supported by the Zepf Center. The treatment model encourages a group therapy model; however, individual treatment is also supported. The curriculum also includes a pre and post test to gauge changes in participant's attitudes about problem gambling before the first therapy session and after the 12th session.

Methods

This section includes a description of the methods and process utilized as part of the problem gambling demonstration project evaluation.

Given the relatively short timeframe for project implementation and the variation in program structure and scope among grantees, the Center conducted a *process evaluation* with the goal of evaluating each grantee's progress towards pre-established objectives as stated in their grant applications. The Center worked with key staff from each location to gather necessary evidence pertaining to their progress.

Evaluation Framework and Plan

The Center for HOPES followed the framework for Public Health Evaluation supported by the Center for Disease Control and Prevention (CDC). The Center obtained information about each grantee through document reviews and through interviews with key staff at each demonstration project location.

Figure 1- Evaluation Framework
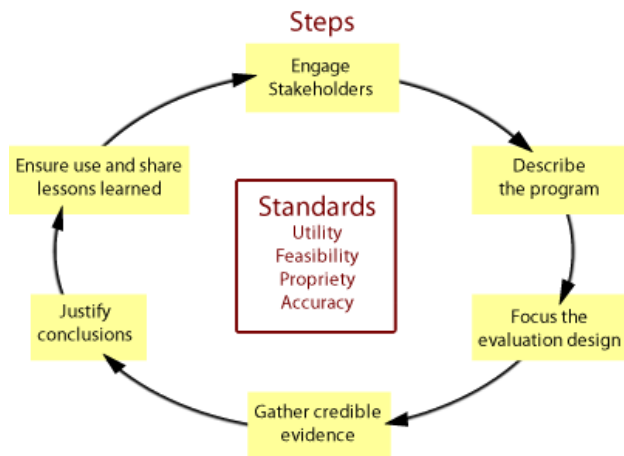
The results of this report will enable staff from the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to ensure that lessons learned and outcomes from the evaluation are shared with necessary stakeholders. An illustration of the Evaluation Framework is provided in Figure 1.

Steps

Engage Stakeholders

Describe the program

Ensure use and share lessons learned

Standards
Utility
Feasibility
Propriety
Accuracy

Justify conclusions

Focus the evaluation design

Gather credible evidence

As the projects included in this evaluation were diverse in scope and structure, the Center for HOPES created an evaluation plan that would be applicable to all grantees. An illustration of the Evaluation Plan is provided in Figure 2 below.

Table 2: Evaluation Plan

Problem Gambling Evaluation Plan	
Evaluation Questions	1. Did grantee follow a project implementation plan? 2. Did grantee meet pre-established timelines? 3. Did grantee have dedicated staff to the project? (FTE allocations) 4. Did grantee implement program changes mid-course? 5. Did grantee collect pre or post implementation data? 6. Did grantee evaluate progress as per their submitted framework? 7. What factors facilitated project success? 8. What factors hindered project success? 9. Did grantee reach pre-established targets or success measures? 10. What are grantees' next steps?

Reporting	Submission of qualitative and quantitative reporting forms on a monthly basis. The forms support reporting of grantee activities and provide summaries of factors that facilitated or hindered grantee progress. The forms are included in the appendix (Appendix A).
Interviews	Conduct telephonic interviews with grantees. Hold introductory calls with all six (6) grantees to obtain information on demonstration project scope and timelines. Hold "key informant" calls with three (3) of the grantees to obtain information on factors facilitating and impeding demonstration project progress.

Data Collection Procedures

As delineated in the Evaluation Plan, data were collected through a variety of sources including: documentation review, qualitative and quantitative reports submitted monthly by the Problem Gambling Demonstration Project grantees. Copies of the reporting forms can be located in Appendix A. In addition, all grantees submitted an Evaluation Template as part of their grant applications for Problem Gambling Demonstration Project funds. The template contained information such as the target population, the anticipated number of participants and the anticipated results. These templates were collected and reviewed as part of the evaluation analysis.

The Center for HOPES team also conducted telephone interviews with all six (6) grantees towards the beginning of the grant period to obtain detailed information about the proposed demonstration project, its related staff and timeline.

At the end of the project period, the Center for HOPES team conducted key informant interviews with three (3) of the demonstration project sites (selected in conjunction with OhioMHAS officials). The purpose of these interviews was to glean additional information about demonstration project staff experiences. The interviews were conducted with all three types of grantees (e.g., one prevention program, one treatment program, and one providing both prevention and treatment) to ensure the evaluators obtained a representative overview. Topics discussed included: factors facilitating successful completion of the project, perceived barriers and potential recommendations moving forward.

Data Consolidation and Analysis

As noted previously, the scope and implementation structure of the six (6) Problem Gambling Demonstration Project programs was somewhat diverse. Four programs focused upon Problem Gambling prevention, one program on treatment and one program on both prevention and treatment. There was variation among the sites in regards to resources available for and the types of partners engaged in the project.

For evaluation of each grantee's progress towards their respective objectives (as listed in their grant applications), the Center for HOPES consolidated and analyzed each sites documentation, reports and interview summaries separately.

However, in order to identify and synthesize common themes among all participating locations, the Center for HOPES analyzed the data collectively. If an issue or comment arose several times among a variety of grantees, it was considered a common theme.

Results

Bayshore Counseling Services

Overview: Bayshore Counseling Services proposed implementing the *Stacked Deck* curriculum to educate youths about the myths and realities of gambling. The overall goals were to educate young people about gambling facts and risks, encourage responsible decision-making and to prevent youth from becoming problem gamblers. Bayshore proposed working with schools and also reaching out to the juvenile justice system. Bayshore anticipated having 250 participants with 50% (*n=125*) achieving some level of change in their attitudes about problem gambling after participating in the *Stacked Deck* curriculum.

Progress Summary: As of early June 2015, Bayshore Counseling Services has been unable to secure partners that are willing to implement the *Stacked Deck* curriculum. Although several attempts were made to contact schools about providing the *Stacked Deck* curriculum, no *Stacked Deck* sessions came to fruition. Bayshore does provide a screening tool and a list of possible resources pertaining to problem gambling on their website.

Barriers: Factors reported as barriers included limited school availability due to inclement weather and testing (i.e. PARCC) requirements. Time was another factor reported as a barrier; the amount of time it takes (can take over a year) to develop and implement effective prevention programs.

Future Plans: Bayshore reported that they will start implementing the *Stacked Deck* curriculum at a local juvenile detention center in mid-July 2015. In addition, they will be distributing information about the program to local Chemical Dependency groups and to local summer Youth Leadership camps.

Clermont County Mental Health & Recover Board (CCMHRB), Clermont Recovery Center (CRC) and the Coalition for Drug Free Clermont County (Coalition)

Overview: The CCMHRB in partnership with the CRC and their local coalition proposed implementing prevention and treatment services for problem gambling. They also sought to

broaden the focus of their current coalition to include behavioral health prevention topics such as gambling risks and awareness.

The overall goals were to develop infrastructure to implement integrated and comprehensive prevention and treatment programs based upon the needs of Clermont County and to restructure their Drug Free Clermont County coalition.

Clermont proposed using the *Wanna Bet* or *Stacked Deck* curriculum as part of their prevention programming. In addition, the CRC considered use of the innovative 12-week manualized treatment model supported by the Zepf Center as part of their problem gambling treatment programming.

Clermont proposed working with individuals that self-identify as problem gamblers through prevention efforts and approach the CRC for treatment. Based upon their grant application, Clermont anticipated a 25% increase in community awareness about program gambling behaviors and risks.

Progress Summary: As of June 2015, CRC has provided the "*Playing it Safe*" prevention education presentation to over 200 participants in their outpatient programs. They also utilize the "*Until*" campaign to educate the public about problem gambling through a variety of means including: distribution of flyers through ValPak and "Meals on Wheels" and the development of a Public Service Announcement (PSA) which is played at a local theater. They also post information on social media sites.

The CRC has implemented the *Stacked Deck* curriculum in their outpatient day treatment program for adolescents. Roughly five (5) students completed all six (6) sessions. However, CRC only received one (1) matching set of pre and post-tests.

For treatment, the CRC has been providing individualized treatment to a few clients that were identified with a possible gambling disorder before the current demonstration project started in late 2014. Therefore, these individuals have not been involved with the manualized treatment curriculum and pre-test supported by the Zepf Center.

The Drug Free Clermont County coalition has been restructured and is currently comprised of several Work Groups/Task Forces; there is now a Task Force focused upon problem gambling education and prevention.

Barriers: Factors reported as barriers by CRC included: low community readiness, schools and other community organizations that do not view problem gambling as an issue in their county; inability to identify individuals with a problem gambling disorder through current screening tools, and the inability to require individuals screened as having a possible problem gambling disorder to participate in therapy.

Future Plans: CRC staff has been trained on *Risky Business* through their coalition and in "*Life Skills Training*". Staff reported that they hope to incorporate elements of *Stacked Deck* into the Life Skills Training. This reframing of the *Stacked Deck* curriculum may help the CRC enter into the school environment for the 2015-2016 academic year. The CRC is also considering implementing the *Risky Business* prevention programming with adolescents affiliated with their local juvenile detention center.

Drug Free Action Alliance

Overview: Drug Free Action Alliance (DFAA) proposed developing a web-based interactive learning curriculum that focused upon characteristics of problem gambling. The curriculum format would be based upon the *Stacked Deck* model and would also include components of financial literacy. The program would be geared towards 18-24 year olds who would be engaged through local universities and the Ohio College Initiative to Reduce High-Risk Drinking. Overall goals are to increase knowledge about the characteristics and impact of problem gambling at an individual and societal level.

Progress Summary: As of June 2015, the DFAA has developed a paper-based *SMART Bet* manual to be used in an instructor-led environment. DFAA held two statewide peer review sessions with health and wellness professionals during April and May 2015. Revisions were made to the curriculum based upon their feedback. DFAA plans to conduct pilot testing of the revised curriculum in June 2015. For example, they are holding a pilot session June 26, 2015 with the target population (18-24 year olds) at the Columbus Public Health Department. They have twelve individuals registered to attend. Work on the proposed e-based curriculum is currently on hold and will be addressed under a continuation grant during FY 2016.

Barriers: Factors reported as barriers by DFAA included primarily the time it took to develop the instructor-led curriculum and to schedule and conduct the various peer reviews and pilot testing sessions. Another factor reported as a barrier were delays related to the development on the e-based curriculum.

Future Plans: Under the continuation grant for FY 2016 DFAA plans to make additional revisions to *SMART Bet*. They also plan to conduct another review session with stakeholders. For both *SMART Bet* and the e-based version they are contracting with an evaluation firm. This firm will help them develop logic models, theory of change, and evaluation tools to help with the fidelity of the program.

Partnerships for Violence Free Families

Overview: Partnership for Violence Free Families (PVFF) proposed implementing the *Stacked Deck* prevention program. The overall goals were to change gambling attitudes and to improve decision making and problem solving skills. PVFF proposed working with roughly 250 youth ages 13-17 in Allen, Auglaize and Hardin counties. PVFF anticipated collaborating with groups involving: court involved youth, run-away shelters, YMCA-based groups, youth

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attending Lima UMADAOP programs, the Boy Scouts, Teen Advisory Boards and those enrolled in alternative schools or programs.

Progress Summary: As of June 2015, PVFF has offered the *Stacked Deck* curriculum to youth involved with the Allen County Juvenile Probation Department, Boy Scout Troops, a Teen Advisory Board, 2nd Baptist Church Youth Group and youth enrolled in Ada High School Health classes. Based upon reports submitted by PVFF a total of one-hundred and twenty-four (124) youth have started the *Stacked Deck* curriculum and roughly one hundred and five (105) have completed the curriculum.

Barriers: Factors reported as barriers by PVFF included the timing of the problem gambling demonstration project grant cycle. Many groups that were approached appreciated the content but simply ran out of time to implement the training before the end of June 2015. Another barrier involved the loss of several potential partner sites initially proposed in their grant application due to a variety of issues (one agency closed, one agency participated in the *Stacked Deck* training and are offering the program themselves and one school declined due to weather related or test related limitations). Another barrier was the loss of a trained staff member to assist with program implementation. And finally, a potential barrier was the length of the *Stacked Deck* program. Several sites shared concerns about implementing the program over five to six weeks.

Future Plans: PVFF plans to continue offering the program and has sessions scheduled throughout June 2015. The subsequent grant cycle offers timelines that better align with the academic school year. PVFF hopes to add additional school sites to their prevention education program in the future.

Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP) of Cincinnati

Overview: UMADAOP of Cincinnati proposed providing training in the use and implementation of the *Stacked Deck* prevention program. The overall aim of the project is to provide training and workforce development support to coalitions and other service entities who would be implementing the *Stacked Deck* curriculum. UMADAOP proposed working with those in their existing community network that are most likely to interact with at-risk youth. UMADAOP proposed obtaining feedback from training participants on knowledge gained as well as the implementation status of using *Stacked Deck* in their communities.

Progress Summary: As of June 2015, UMADAOP provided a three (3) day *Stacked Deck* training to over fifty adults representing over a dozen organizations (including: social service, mental health, religious, AOD and others). In addition, UMADAOP has provided the prevention curriculum at several schools. Thirty-one (31) students started the curriculum and twenty-eight (28) completed the curriculum. Based upon the pre and post tests, twenty-two (22) demonstrated attitude changes. UMADAOP has also started a community coalition to

address public health issues in this arena; there will be a specific task force to address problem gambling.

Barriers: The primary barrier impeding progress reported by the grantee was staff turnover. Their prevention specialist left the organization and it took time to locate and hire a new one. Once hired, it took a little time to bring that individual up to speed on the project scope and deliverables.

Future Plans: Continued work on the coalition and problem gambling task force development with community partners.

The Zepf Center

Overview: The COMPASS Corporation for Recovery Services and the Zepf Center proposed analyzing the effectiveness of a novel group-based 12 week manual-based curriculum to treat people with gambling disorders. Overall objectives included providing treatment to at least 50 individuals by June 2015 and increasing knowledge about problem gambling among participants. The investigators hypothesized that participants in the treatment group would score significantly higher from pre-test to post-test than control group (individual-level counseling) participants.

Progress Summary: As of June 2015, the Zepf Center staff has conducted presentations on problem gambling and use of the treatment manual with partnering agencies including: Maryhaven (Columbus), Clermont Recovery Center (Greater Cincinnati), The Counseling Center (Portsmouth) and Meridian Community Care (Youngstown).   Zepf Center staff has also provided several in-service sessions and provided one-on-one technical assistance to partner locations. The Zepf Center is awaiting data from several of their partners. However, as of late June 2015, twenty-three (23) individuals have been reported as starting the curriculum and only one (1) individual has completed the treatment. The majority have been male (16) and Caucasian (18).

Barriers: Actual utilization of the curriculum at the various collaborating locations has been minimal. Many have experienced issues identifying individuals with a problem gambling disorder. One collaborating site experienced billing issues which took a while to resolve and one entity was required to obtain Board approval for this pilot project which also took time to receive. Locations have lost seasoned clinicians which impacts the programs and the clients. In addition, Zepf Center had a residential component under COMPASS. After the merger that service option became very limited. Based upon experience, those in residential care appeared to be more willing to participate in the problem gambling treatment. Those receiving only outpatient services do not generally want to come back into the facility or stay longer to receive the problem gambling services.

Future Plans: The Zepf Center plans to continue to request data from collaborating organizations. As implementation was staggered, the data is also arriving in a staggered

manner from the project partner sites. They intend to conduct data analysis once all data are received. They received a FY 2016-2017 grant and will continue to move forward with their pilot program. They may consider reformatting the curriculum for some sites due to concerns about the length of the treatment (12 weeks). They will contact local jails and veteran's groups to provide education about problem gambling and to ascertain the feasibility of providing manualized treatment. For more consistent data collection in 2016, Zepf plans to set up a quarterly reporting document in Survey Monkey.

Grantee Evaluation Framework Overview

The Prevention and Wellness SFY 2015 Funding Opportunity that supported the Problem Gambling Infrastructure (prevention and treatment) projects requested that applicants follow the Strategic Prevention Framework (SPF). This framework requires that entities evaluate their efforts and outcomes.

Therefore, as part of the Center for HOPES review of problem gambling demonstration project activities and outcomes, staff reviewed the Evaluation Framework documents submitted by the grantees as part of their grant application. In addition, staff requested feedback on each grantee's use of various project management or program evaluation tools. Although a plethora of such tools exists, a select few examples were utilized for this exercise. A summary of the findings is provided in Table 2 below.

Table 3: Grantee Use of Program Management and Evaluation Tools

Grantee	Work Plan	Logic Model	Internal Progress Reports	Survey or Evaluation Forms*
Bayshore				
CRC		X	X	X
DFAA		X	X	
PVFF	X	X	X	
UMADAOP	X	X	X	X
Zepf Center	X		X	X

*Other than those included in prevention or treatment curriculum.

As delineated above, most of the grantees (83%) responded that they utilize internal reports to track their activities, progress and outcomes. Half (3) of the grantees stated that they used work plans to manage tasks and activities related to their demonstration project. About two-thirds (67%) responded that they use Logic Models and fifty percent (50%) stated they use Survey/Evaluation Forms to inform their internal evaluation or quality improvement efforts.

Interestingly, only one grantee responded that they used all 4 types of project management or program evaluation tools. And one grantee responded that they did not use any of the referenced tools.

Findings

Most of the demonstration projects have not been implemented to the extent described in their original proposals nor to the extent that pre and post data could be analyzed. Of those that have been able to collect and review such data findings appear to be somewhat mixed at this point in time. Some report that they are not seeing a lot of change between the pre and post test. However, other sites reported that they are seeing change. In addition, some were surprised at the number of youth indicating they may have a problem gambling issue.

Common Themes:
- Many grantees reported a lack of community awareness and readiness related to problem gambling. Individuals and organizations in the community do not see gambling as an issue.
- A few grantees reported difficulties identifying individuals with a potential gambling disorder. Of those providing treatment services, both reported that they have not been able to identify a lot of individuals with a possible disorder even amongst those with co-occurring conditions.
- Several grantees reported difficulties identifying or engaging partners. For those offering prevention programs, some potential partners were not able or willing to participate for a variety of reasons. For those offering treatment programs, time constraints and other variables appeared to make it difficult to be fully invested.
- Of those grantees providing treatment services, both reported treatment limitations due to lack of "requirements" for individuals to participate in problem gambling treatment services. For example, many individuals are required to participate in AOD services as part of their court ordered sentence. They are not required however to participate in the problem gambling component.
- Most grantees reported that timelines associated with the current grant cycle limited their ability to fully implement their demonstration project. For example, schools already had their curriculum and specialized educational sessions scheduled for the academic year.
- A couple of grantees reported that there are not enough clinicians trained to provide problem gambling treatment services. One specifically reported that there do not appear to be enough especially trained for the adolescent population.

Possible Best Practices:

Awareness:
- Develop creative advertising approaches to build community awareness. For example: advertise in local theaters via a public service announcement (PSA) or distribute problem gambling awareness pamphlets through Meals on Wheels type programs.

Collaboration:
- Use the partnerships that are already in existence to build programming schedules. For example, work with schools or other youth organizations for which prevention education relationships already exist.
- Identify agencies that are likely to interact with individuals who have a high likelihood of developing or who may currently have a gambling disorder. These organizations may have a vested interest in collaborating with the behavioral health community to prevent or address such conditions.

Instruction:
- In order to collaborate with entities that may have concerns about the timelines associated with implementing certain prevention or treatment programs, reformat the curriculum (e.g., condense the standard 6 week *Stacked Deck* curriculum or 12 week manualized treatment program).

Conclusions

Discussion

Results are intended to assist OhioMHAS and other relevant stakeholders in assessing problem gambling demonstration project grantee progress compared to their goals and objectives as submitted in their 2014 grant applications.

Overall, the results demonstrate that outcomes vary by grantee. However, all grantees are making some progress. Some prevention education activities have been underway through efforts to build community awareness, establish partnerships with local organizations or by holding problem gambling prevention education sessions such as *Stacked Deck*. In addition, some individuals (primarily adults) have received problem gambling treatment as part of existing alcohol and other drug (AOD) treatment services.

Many grantees appear to be experiencing similar barriers. Of those providing prevention programs, barriers included items such as low community readiness or limited ability to add problem gambling education programming into already existing academic year schedules. Of those demonstration programs providing treatment programs, barriers related to the inability to either identify individuals with a potential problem gambling disorder; or, identifying individuals willing to participate in problem gambling treatment. All grantees reported that the lack of time to truly develop or implement their program was a barrier to their progress.

While state-sponsored problem gambling treatment trainings have researched hundreds of Ohio professionals; there is still a lack of knowledge regarding problem gambling which may impact the likelihood of clinicians identifying problem gamblers.

As the state is currently working on capacity building and professional development initiatives to address the public health issue of problem gambling disorders; it may be somewhat premature to truly demonstrate the effectiveness of some prevention or treatment programs. Perhaps the state could consider funding and supporting pilot projects in a staged approach. For example, in areas where community readiness appears to be low, funding grants specifically targeting the development of community awareness. Once that is more established, fund and support programs aimed at prevention and treatment. With community readiness and awareness better established across the state, the provision of targeted funds for prevention and treatment programs may be more efficiently or effectively utilized by project partners.

Limitations

As noted previously, the Center for HOPES conducted a process evaluation due to the timelines associated with the grant cycle and the diversity among the various demonstration projects.

Although the Center for HOPES attempted to capture and provide a thorough overview of the status of each project as of June 2015; the summary is based upon the data and information as reported by each individual problem gambling demonstration project grantee.

The amount of qualitative information and quantitative data submitted to the Center for HOPES varied by grantee. Several demonstration project sites reported they would be engaging in project related activities throughout the summer. However, such activities are not captured in this summary report.

Recommendations
- Build upon the creative advertising approaches used by some demonstration project grantees. In addition to social media advertising, distribution of flyers or pamphlets at local organizations or through coalitions, also consider placement of awareness

building materials through already existing distribution mechanisms such as Val Pak or Meals on Wheels.

- To encourage more organizational participation, consider restructuring or reformatting the content of prevention or treatment programming. As several entities had concerns about a six week (*Stacked Deck*) or twelve week (manualized treatment) structure; shortening the timeframe may allow for more organizational support for or individual participation in such programs.

- Start planning with schools and other youth organizations earlier in the year (e.g., over the summer if not before for the upcoming academic year).

- Consider collaborating with the Ohio Department of Education (ODE) to link problem gambling and other adolescent prevention education topics to currently existing education standards (refer to Oregon model- Appendix B).

- Develop more resources for youth that may have a problem gambling disorder (e.g., other educational items besides handouts and the toll-free number. Work with providers and the community to establish better linkages to youth-friendly treatment services.

- Consider educating individuals involved with the court system about the co-occurring nature of problem gambling and other addictive behaviors. Such education may lead to the development of sentencing plans that require treatment for not only AOD but also problem gambling.

- Continue efforts at the state level to educate counselors and clinicians about the issues related to problem gambling addiction and to build capacity for the treatment of youth and adults with a gambling disorder.

- Consider a staggered or staged approach to problem gambling demonstration project funding to allow for more efficient and perhaps effective use of resources.

APPENDIX A: REPORTING FORMS

OhioMHAS Problem Gambling Project Pilot Evaluation – Qualitative Data

Program: _____

Contact: _____

Month: _____

Number of FTE's on the project:_____

Current Status – Narrative:

For example, current partner or participant recruitment status, current training status, current data collection status)

Factors Impeding Implementation (if applicable):

For example, time to recruit partner locations

Factors Facilitating Implementation (if applicable):

For example, support from School Board and Principals

Program Implementation or Timeline Changes Mid-Course

For example, describe any changes to pilot project plans and reasons for the change

☐ Participant demographic data attached

☐ Results from questionnaires or survey tools attached

APPENDIX A: REPORTING FORMS

OhioMHAS Problem Gambling Project Pilot Evaluation – Quantitative Data

Program: _____

Month: _____

Partners			
How Recruitment/Enrolled			
Number of Sessions (this month)			
Number Starting Curriculum/Treatment			
Number Completing Curriculum/Treatment			
Demographics			
Age 13-14			
Age 15-16			
Age 17-18			
Age 19+			
Caucasian			
African American			
Asian			
Other			
Female			
Male			

APPENDIX B: OREGON STANDARDS

6-8
Health Skills and Concepts Instruction aligned to the Oregon Health Education Standards
PROMOTION OF MENTAL, SOCIAL AND EMOTIONAL HEALTH

KNOWLEDGE	SKILLS → The filled in boxes below are skills that we felt are most appropriate to teach the concept on the left. Some concepts do not have a skill associated with it. That is because it is heavily based on knowledge. By no means do empty boxes signify no skill with its' associated concept. Feel free to add skills as needed.						
Promotion of mental, social and emotional health concepts	Accessing Information	Self Management	Analyzing Influences	Interpersonal Communication	Goal Setting	Decision Making	Advocacy
Identify how emotions change during adolescence.	Identify school, home and community resources for mental and emotional health concerns.						
Identify the causes, effects and symptoms of depression, including suicide.	Identify school and community resources that can help a person who is depressed or contemplating suicide.			Communicate to a peer ways of accessing help in a critical situation.			
Explain eating disorders and symptoms.			Identify how food choices are influenced by culture, family, media, technology, peers, body image and emotions.				
Identify different types of addictive behaviors, including drug use and problem gambling.	Identify school and community resources that provide support for addictive behaviors.		Identify the influences that may encourage young people to try addictive drugs and participate in addictive behaviors.			Use a decision making model to avoid or refuse addictive substances and/or behaviors.	