

# Ohio Mental Health & Addiction Services Problem Gambling Services



## Improving Problem Gambling Services in Ohio Consultancy Report

June 2015



This project has been funded by Ohio Mental Health and Addiction Services (OhioMHAS) with revenues from the Ohio's Casino Problem Gambling and Addictions Fund.

For further information about OhioMHAS Problem Gambling Services, contact:

Stacey Frohnafel-Hasson, MPA  
Chief, Bureau of Problem Gambling  
Office of Prevention & Wellness  
OhioMHAS  
30 East Broad St. 8<sup>th</sup> Floor  
Columbus, OH 43215  
614/644-8456  
stacey.frohnafel@mha.ohio.gov

For further information about this consultancy, contact the Senior Consultant:

Jeffrey Marotta, Ph.D., NCGC-II  
Problem Gambling Solutions, Inc.,  
(503) 706-1197  
problemgamblingsolutions@comcast.net

The views and conclusions expressed in this report are the author and do not necessarily represent those of the Ohio Mental Health and Addiction Services.

**Suggested Citation:**

Marotta, J. (2015). *Improving Problem Gambling Services in Ohio: Consultancy Report*. Columbus, OH: Ohio Mental Health and Addiction Services.



The project was conducted under contract between:

Ohio Mental Health and Addiction  
Services  
&  
Problem Gambling Solutions, Inc.

## Acknowledgements

### Survey, Interview & Forum Participants:

We are grateful to all the problem gambling service stakeholders that participated in this project's surveys, interviews, and workshops for providing their time, insights, and knowledge.

### OhioMHAS Project Executive Team:

Stacey Frohnafel-Hasson, MPA  
Problem Gambling Services  
Administrator

Scott Anderson, AS, LCDC II  
Problem Gambling Treatment  
Coordinator

Shemane Marsh, MA  
Problem Gambling Prevention  
Coordinator

# Table of Contents

Introduction .....	1
Project Tasks .....	3
I. Review and analyze state efforts that address awareness, prevention, and treatment of problem gambling.....	3
II. Analyze the use of state resources for the prevention and treatment of problem gambling.....	7
III. Review gambling related policy and recommend changes, if needed .....	11
IV. Analyze mechanics of service delivery and compensation and make recommendations.....	12
V. Review service system from a consumer perspective .....	21
VI. Address service gaps for special populations: youth, young adults, seniors, veterans, etc. ....	23
VII. Address service gaps and suggest potential ways to address.....	25
VIII. Analyze workforce capacity and make recommendations .....	26
IX. Look at Ohio’s research agenda and suggest modifications.....	29
Additional Recommendations .....	31
Conclusion.....	33
Consultant Background.....	33
Appendix A. OhioMHAS Problem Gambling Services Evaluation: Interview Guide.....	35
Appendix B. OhioMHAS Problem Gambling Services Stakeholder Survey - SUMMARY REPORT .....	36
Appendix C. OhioMHAS Problem Gambling Services Consumer Survey - SUMMARY REPORT .....	52
Appendix D. Problem Gambling Services Meeting Proceedings: System Improvement Forum .....	68
Appendix E. Statewide/Regional Problem Gambling Conferences Cost Comparison based on Reports for 2015 Annual Conferences.....	91

# Ohio Mental Health & Addiction Services Problem Gambling Services

**Consultancy Report  
Prepared by Problem Gambling Solutions, Inc.**

**June 2015**

## **Introduction**

This document describes findings and recommendations from a problem gambling program consultation conducted by Problem Gambling Solutions, Inc. for the Ohio Department of Mental Health and Addiction Services (OhioMHAS), the cabinet agency responsible for providing problem gambling prevention, treatment, recovery services, and research on behalf of Ohio citizens and the Ohio Casino Control Commission pursuant to ORC 3772.062(A-B).

The objective of the project was to analyze and evaluate OhioMHAS supported problem gambling services and explore initiatives to improve these services. The consultancy agreement consisted of the following tasks:

- Review and analyze state efforts that address awareness, prevention, and treatment of problem gambling;
- Analyze the use of state resources for the prevention and treatment of problem gambling;
- Review gambling related policy and recommend changes, if needed;
- Analyze mechanics of service delivery and compensation and make recommendations;
- Review service system from a consumer perspective;
- Address service gaps for special populations: youth, young adults, seniors, veterans, etc.;
- Address service gaps and suggest potential ways to address;
- Analyze workforce capacity and make recommendations;
- Look at Ohio's research agenda and suggest additions/deletions/modifications.

In order to accomplish the project tasks, in close collaboration with the OhioMHAS Bureau of Problem Gambling, Problem Gambling Solutions, Inc. conducted a situational assessment during the Fall and Winter of 2014. The assessment consisted of five central components: (a) A one-week on-site consultation where community programs were visited and key stakeholder interviews took place; (b) a survey of consumers of Ohio problem gambling treatment services; (c) a survey of Ohio problem gambling service stakeholders; (d) an in-person meeting of stakeholders where a "System Improvement Forum" took place; and (e) a review of documents, reports, and regulations. Each of these assessment components are described in greater detail within this report's method section.

The organization of this report is based upon the above consultancy task list where each task is followed by a synopsis of assessment findings and analysis. Embedded within each section are a number of suggestions to address identified system challenges. The volume of potential system improvement initiatives, along with the scope and complexity of some of the suggestions, will not be achievable in their entirety. Rather, the challenge for OhioMHAS will be to develop a long range work plan where plausible improvement initiatives can be rolled out over several years to correspond with department priorities and available resources. As these next steps may benefit from a larger vision of future problem gambling services, the report concludes with a discussion of long range planning along with an OhioMHAS problem gambling system concept to help guide continued improvement.



Two percent of gross casino revenues are earmarked for treatment and prevention of problem gambling and substance abuse, along with relevant research. These resources support a comprehensive service system to reduce gambling-related harm among Ohio citizens.

# Consultancy Task List

## Assessment findings and analysis

### I. Review and analyze state efforts that address awareness, prevention, and treatment of problem gambling

#### 1. Background.

The State of Ohio began addressing issues related to problem gambling over a decade ago. In 2002, the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) partnered with the Ohio Lottery Commission (OLC) to address the treatment needs of those individuals experiencing alcohol and other drug addiction along with the co-occurring disorder of pathological gambling. The partnership funded four pilot projects located in Athens, Hamilton, Mahoning, and Lucas Counties, with each receiving \$35,000. In 2003, Cuyahoga County was added as a fifth pilot project site, and funding for the previously established pilot projects was increased to \$50,000 each. Two years later the Cuyahoga County program received an additional \$25,000 to provide a dual focus for prevention/early intervention and treatment programming for the adolescent population (General Assembly of Ohio Fiscal Note, 2004). State funding to address problem gambling remained relatively stable from 2003 to 2012, averaging approximately \$335,000 each fiscal year. When Ohio passed the 2009 constitutional amendment legalizing casino development, the legislation included a 2% tax on gross casino revenue to be earmarked for treatment of problem gambling and substance abuse, along with relevant research. In 2013, the Ohio Departments of Alcohol and Drug Addiction Services (ODADAS) and Mental Health (ODMH) were consolidated into a new Ohio Department of Mental Health and Addiction Services or OhioMHAS. This department is the cabinet agency responsible for providing problem gambling prevention, treatment and recovery services on behalf of Ohio citizens and the Ohio Casino Control Commission (OCCC), pursuant to ORC 3772.062(A-B). That same year, revenues from the first casinos to open began to stream in resulting in \$1.95 million allocated to problem gambling services. With each new casino and racino opening, gaming revenues dramatically increased along with a corresponding investment in problem gambling services. In SFY 2015 the State Problem Casino Gambling and Addictions Fund (2% tax) increased to \$5,399,962. The OhioMHAS problem gambling services budget also received \$68,235.04 in forfeited winnings from players on the casinos' Voluntary Exclusion Program plus an additional \$435,000 contribution from the Ohio Lottery Commission budget. Together these funds supported a problem gambling helpline, research, evaluations, public awareness, counselor trainings and certifications, and treatment and prevention services. The average per capita allocation for problem gambling services in the 39 states with publicly funded services was 32 cents in 2013; Ohio's per capita public investment in SYF 2013 was 17 cents, for SFY 2014 that investment increased to 42

cents, and in SFY 2015 spending on problem gambling services tripled from 2013 levels to 53 cents per Ohio adult.

In May 2012, an initiative named the Ohio for Responsible Gambling (ORG) was launched that created a formal partnership between four state agencies in Ohio aimed at promoting responsible gambling. OhioMHAS serves as the resource partner for the initiative and the lead agency responsible for prevention and treatment of problem gambling. The other agencies involved in this effort are The Ohio Lottery Commission (OLC), the Ohio Casino Control Commission (OCCC), and the Ohio State Racing Commission (OSRC). The primary purpose of the ORG is to facilitate coordinated state agency efforts to promote responsible gambling.

For the problem gambling treatment and prevention system, OhioMHAS is the body that develops statewide strategies, related policies, purchases services, and evaluates system performance. OhioMHAS distributes the majority of the problem gambling funds to Ohio's 51 county Alcohol, Drug Addiction and Mental Health (ADAMH) boards that in turn contract with local prevention and treatment provider agencies. By distributing resources to local governing bodies it is hoped community needs can be better identified and addressed through established inter-related agencies within each community.

OhioMHAS has developed several programs and services to support community problem gambling treatment and prevention services. These include a problem gambling helpline, a robust workforce development system, surveillance and evaluation systems to monitor problem gambling prevalence and service provider activities, technical assistance programs for providers, and funding for treatment research projects.

## **2. Method**

In order to review and analyze state efforts to address awareness, prevention, and treatment of problem gambling, Problem Gambling Solutions conducted a situational assessment during the Fall and Winter of 2014. The assessment consisted of five central components: (a) A one-week on-site consultation where community programs were visited and key stakeholder interviews took place; (b) a survey of consumers of Ohio problem gambling treatment services; (c) a survey of Ohio problem gambling service stakeholders; (d) an in-person meeting of stakeholders where a System Improvement Forum took place; and (e) a review of documents, reports, and regulations. Each of these assessment components are described in greater detail below.

### **a. On-site Program Visits**

During the week of October 20, 2014, the project Lead Consultant, Dr. Marotta, met with OhioMHAS problem gambling service staff and was provided the opportunity to tour facilities and meet with several community OhioMHAS service partners. The interviews and program reviews were arranged by OhioMHAS staff to provide Dr. Marotta with a sample of service partners representing different geographical areas, different communities, and differing services. Over the course of the site visits Dr. Marotta utilized a semi-structured interview guide to collect information about the problem gambling services offered, program strengths, program challenges, and suggested areas to improve the broader system (see Appendix A for

the “OhioMHAS Problem Gambling Services Evaluation: Interview Guide”). The following list of cities was traveled to in order to provide program reviews and in-person stakeholder interviews. Provided below each city is a list of participating agencies and organizations.

- Columbus
  - OhioMHAS executive team
  - OhioMHAS problem gambling services team
  - Drug Free Action Alliance (statewide prevention and training partner)
  - Maryhaven (gambling treatment and prevention provider)
  - Pacific Institute for Research and Evaluation continuous quality improvement contractor
  
- Toledo
  - Compass/Zepf (merger) (gambling treatment provider)
  - Lucas County ADAMHS Board
  
- Cincinnati/Dayton
  - Center for Chemical Addictions Treatment (gambling treatment provider)
  - Urban Minority Alcoholism and Drug Abuse Outreach Program
  - Butler County ADAMH Board
  - Wright State problem gambling pilot project researcher
  - Center for Alcoholism and Drug Addiction Services
  
- Trumbull County
  - Trumbull ADAMH Board and representatives from area providers
  - Meridian (gambling treatment provider)

#### **b. Consumer Survey**

A survey designed for consumers of problem gambling treatment services was emailed on October 16, 2014, to administrators and counselors of every OhioMHAS funded gambling treatment program with a request to distribute the survey to their active problem gambling treatment clients and to provide clients with the option to complete and submit the survey anonymously. Within the OhioMHAS gambling treatment system, persons eligible to obtain subsidized services are anyone with a gambling related problem, including concerned others of problem gamblers (family members, etc.), persons meeting criteria for a Gambling Disorder, and persons whose gambling behaviors are problematic without raising to the severity required to meet the criteria for a DSM-5 Gambling Disorder diagnosis. The original survey closing date was set for November 10 then in an effort to increase the response rate the survey period was extended to November 24th. The total number of surveys collected during the survey period was twenty-six (26), representing consumers from five different treatment programs. Survey findings are provided in Appendix B, “Client Survey Report”.

#### **c. Stakeholder Survey**

Information from stakeholders was gathered in part by utilizing a “Stakeholders Survey” for

distribution to OhioMHAS problem gambling service partners. A three page Stakeholders Survey was distributed to individuals representing a wide range of stakeholder groups including representatives from state agencies, county agencies and boards, treatment and prevention providers, and others involved in the OhioMHAS problem gambling service system. The survey was fielded between October 16, 2014 and November 24, 2014. The survey was emailed to persons on the OhioMHAS problem gambling services listserve with a cover message to further distribute the survey to anyone within their organization that may be interested in participating in the survey. Survey participants were provided the option to complete and submit the survey anonymously to the principle investigator. The total number of surveys collected during the survey period was forty-seven (47), representing stakeholders from 36 different service regions or cities. Survey participants were instructed to endorse all stakeholder categories that applied to them, resulting in several respondents endorsing more than one stakeholder category type. Completed surveys were submitted by individuals categorizing themselves as prevention providers (68%), treatment providers (64%), County ADAMH board members (13%), individuals within an Ohio for Responsible Gambling Partner agency (13%), and “other” (11%). Survey findings are provided in Appendix C, “Stakeholder Survey Report”.

#### **d. System Improvement Forum**

OhioMHAS partnered with Problem Gambling Solutions, Inc. to facilitate a 4-hour workshop entitled Problem Gambling Services System Improvement Forum. The Forum was designed to solicit input and ideas for improving the problem gambling services system in Ohio. The Forum organizers identified a limited number of individuals to invite to the workshop. Development of the workshop invitee list began by identifying stakeholder groups and organizations that were either providing problem gambling services or serve populations with heightened risk for problem gambling. Next, individuals in leadership positions within groups and organizations were identified and invited. Invitations resulted in 45 workshop participants representing various organizations and stakeholder groups including higher education, social service agencies, treatment agencies, advocacy groups, and consumers. Stakeholders at this event were tasked with addressing five program areas, accompanied by questions designed to facilitate the discussions to identify system challenges and brainstorm possible solutions. The small group discussion topics were: Community Readiness, Treatment, Prevention, Collaboration, and Capacity Development. As a final workshop exercise, participants were provided with several adhesive dots and asked to review all the identified issues and possible solutions/strategies/tasks then place an adhesive dot next to those statements they viewed as a “priority item”. For a more detailed description of the Forum, materials presented at the Forum, and the Forum proceedings see Appendix D, “Problem Gambling Services Meeting Proceedings: System Improvement Forum”.

#### **e. Review of Written Materials**

In addition to the above mentioned materials produced for this project, several archival documents were reviewed to capture data from past projects and review program history and policy. These included:

- The OhioMHAS 2015 Plan for Problem Gambling Services
- 2012 Survey of At-Risk and Problem Gambling Prevalence Among Ohioans
- Gambling Behaviors, Beliefs and Motives among College Students in Ohio: A Targeted Response Initiative January-June 2014
- Problem Gambling Grants Plan for Problem Casino Gambling and Addictions Fund SFY 2015
- Problem Gambling Services Workforce Capacity Survey Findings: October 2014
- Methodology for Problem Gambling Fund Allocations to the Community

## II. Analyze the use of state resources for the prevention and treatment of problem gambling

### 1. SFY 2014-15 OhioMHAS Methodology for Problem Gambling Fund Allocations to the Community.

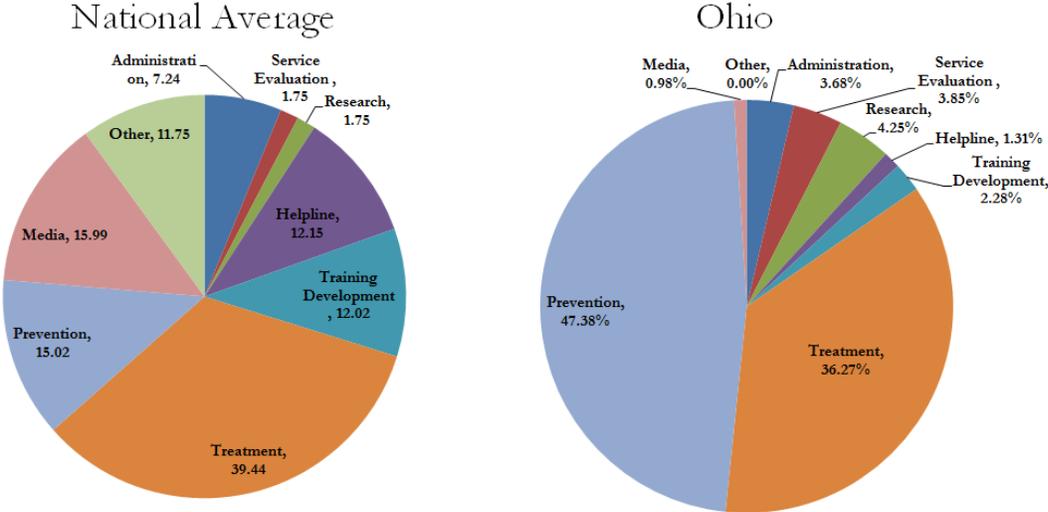
ADAMHS (Alcohol, Drug Addiction and Mental Health Services) Boards were established by Ohio statute in the 1980s, and now there are 51 ADAMHS Boards serving all 88 counties. The purpose of the Boards are to plan, fund, and evaluate local mental health and addiction recovery services. OhioMHAS views the Boards as their community partners and as such distributes the majority of mental health and addiction service funds to them. OhioMHAS allocates funds for community services to ADAMH Boards based on each Board's catchment area population. This funding system was chosen "to allow for the greatest flexibility at the community level where local needs assessments may determine any number of impacted demographics and correlated factors". Furthermore, "while the 2012 statewide survey provided baseline data and useful information on the factors related to at-risk and problem gambling, it did not provide board-area data specific enough to drive a funding formula other than per capita". OhioMHAS sets policies, program priorities, and reporting requirements, however, the Boards are left with a large degree of discretion as to how they choose to program the funds.

### 2. Review of OhioMHAS SFY 2015 Problem Gambling Program Administration & Allocation Budget

A review of the SFY 2015 Problem Gambling Program budget was undertaken by the project consultant that included interviews with OhioMHAS staff, review of budgeting documents, and a comparative analysis with other state problem gambling service budgets. As a means to analyze the macro OhioMHAS problem gambling program budget, Ohio's

allocations were compared to problem gambling service allocations made by other U.S. states with dedicated funding for problem gambling services. As noted in Figure 1, OhioMHAS problem gambling service program allocations deviated from the national average in several areas. The most notable difference is the relatively large allocation to prevention services compared to the national average. When taking Ohio’s gambling landscape and problem gambling services historical funding into consideration, OhioMHAS SFY2015 problem gambling service allocations are appropriate to context. That is, although OhioMHAS has implemented a problem gambling service system for over a decade, that system was underfunded until very recently. Correspondingly, legalized gambling in Ohio has only recently been expanded into casino and racino gambling. As access to legalized casino style gambling increases, so should the number of persons impacted by problem gambling unless strong prevention programs are first developed. The need to develop prevention programs to get in front of Ohio’s gambling expansion combined with few problem gamblers seeking treatment justifies greater funds going into prevention relative to other program areas. As community awareness and readiness to address problem gambling increase, so will demand for gambling treatment. Changes to community readiness may take a number of years as will building a well-developed gambling treatment system. As the community becomes more aware and engaged in addressing problem gambling, greater resources will be needed for the gambling treatment system, and the OhioMHAS program allocation will likely change to respond to changing dynamics and needs.

**Figure 1. Problem Gambling Services Budget Allocations by Service Category**



As an indicator of program budget efficiency, the SFY2015 Ohio Problem Gambling Conference budget was compared to problem gambling conference budgets from four other states/regions. As can be noted in Appendix E, the Ohio Conference on Problem Gambling had among the lowest costs based on a per attendee per conference day

calculation. Using this program component as a proxy for how efficiently problem gambling funds are being managed, OhioMHAS administration appears to be taking strong consideration into how to get the most from the limited resources under their authority.

### **3. Stakeholder Observations**

Stakeholders were surveyed on the use of state resources for the prevention and treatment of problem gambling. When asked, “How much need is there to improve upon the way state resources are used for the prevention and treatment of problem gambling?”, the average rating on a 6-point Likert scale was 2.29 suggesting that most stakeholders were relatively satisfied with the way OhioMHAS was managing funds invested into problem gambling services. When asked for suggestions on how to more effectively and efficiently use state resources for the prevention and treatment of problem gambling, several suggestions were offered and included the following:

- Increase problem gambling prevention and awareness funding.
- Create a regional approach to gambling prevention rather than seeking to fund all the Boards.
- Incentivize drug prevention coalitions to include problem gambling into the areas of addiction they presently address.
- Fund treatment using a fee for service system rather than the current grant based system.
- Increase the number of eligible providers able to bill for gambling treatment services.
- Mandate that the boards have to use the funds for prevention & for treatment as it relates to problem gambling- not A&D treatment .

### **4. Critical Issues Related to Problem Gambling Allocations to Communities**

As previously noted, the majority of problem gambling treatment and prevention funds are allocated to the ADAMHS Boards based on a per-capita formula. Persons living within the catchment area of a Board, typically based on county lines, are eligible to receive problem gambling treatment services from the Board funded provider(s). This system has some advantages when it comes to managing substance abuse and mental health treatment services as a common challenge within most publicly funded mental health and addiction treatment systems is capacity or the ability to meet consumer demand. By limiting treatment access to only those residents residing within the Boards catchment area, the system can better accommodate those within the catchment area.

Unlike other mental health and addiction services, very few individuals present for gambling treatment leading to treatment capacity outstripping treatment demand. This difference, and others, contributes to a number of critical issues within the current funding system to purchase problem gambling services.

- Significant variability in services across state.

- As funding is tied to population, persons living in more populous Ohio counties have access to a greater array of services.
- As individual Boards have discretion on the use of problem gambling funds, the types and quality of problem gambling services vary from county to county.
- Some counties have too few funds to provide meaningful programs.
- County service boundaries create obstacles for persons seeking help.
  - Some gambling treatment programs report they are only able to serve persons living within their county.
  - At times the closest or most convenient gambling treatment center for a person in need is not the one in the county they reside in.
  - A person may be seeking a specific service or provider that is not available in their county but may be in a neighboring county, e.g. gender specific counselor or service provided in discrete location.
- Developing gambling treatment programs in small counties may either be not feasible or not conducive to developing best practice treatment programs.
  - The 2012 Ohio problem gambling prevalence survey found only 0.2–0.6 percent of adult Ohioans are estimated to meet DSM-5 diagnostic criteria for Gambling Disorder. Out of that group, based on experience from other states, only 1 to 3 percent of those who need treatment will seek treatment in a given year, suggesting that counties with 100,000 residents may expect to enroll an average of one new client a month, if that.
  - Best practice gambling treatment programs offer group, family/couples, and individual counseling. For problem gambling therapy groups to take place, treatment programs need to maintain sufficient enrollment numbers to support consistent group attendance of four to twelve clients. A single well developed program may be more effective and impactful than several small programs serving the same geographic region.

### III. Review gambling related policy and recommend changes, if needed

Ohio has had a long and turbulent history with gambling. Within decades of Ohio gaining statehood, corruption related to gambling prompted Ohio officials to join a nationwide anti-gambling movement, adding a permanent gambling ban into the 1851 constitution. Then in the midst of the Great Depression, Ohio legislators approved wagering on horses in 1933 to create jobs and raise revenue. Ohio's first revision of its constitutional ban on gambling came in 1973, when 64 percent of voters approved a state lottery. It took more than 30 years and four failed initiatives for Ohioans to approve four casinos in 2009. Promises of millions in tax revenue, concerns about competition from surrounding states and a lessened concern about the morality of gambling all contributed to the slim victory. In 2011, the legislature amended Revised Code 3770.03 to clarify the lottery commission's authority to regulate video lottery terminals and Governor Kasich authorized the operation of video lottery terminals at Ohio's seven horse race tracks. Today Ohio permits charitable gaming (bingo, instant bingo, raffles and festivals), horse racing, a state-operated lottery, and four land-based casinos.

At the time legislation was drafted that allowed the expansion of legalized gambling to include casino gambling and operation of video lottery terminals within horse race tracks, several clauses were included to help reduce public harm related to expanded gambling. Perhaps most importantly, when Ohio amended its constitution to legalize casino development, the legislation included a 2% tax on gross casino revenue to be earmarked for treatment and prevention of problem gambling and substance abuse, along with relevant research. Other Ohio laws and rules established responsible gambling measures to be taken by gaming operators and the Casino Control Commission (see ORC Chapter 3772 on Casino Gambling). Within the years following Ohio's passage of expanded gambling legislation, several other states have joined the movement to allow or expand casino gambling. These states include Maryland, New York, and Massachusetts. Within the evolution of new laws permitting and regulating gambling, responsible gambling components have significantly increased in number, complexity, and restrictiveness. One example is the Massachusetts Gaming Commissions Responsible Gaming Framework. This framework represents the most contemporary approach to reducing gambling related harm that is imposed by a U.S. gaming regulatory body. Legislation to strengthen responsible gambling practices isn't confined to casino gaming, new legislation is emerging within the U.S. lottery industry as well. One such example is recent legislation passed in Oregon that mandates its lottery to adhere to a Responsible Gambling Code of Practice. While outside the scope of OhioMHAS, other governmental bodies within Ohio may consider strengthening the gaming operator standards to reduce gambling related harm by emulating policies adopted in Massachusetts, Oregon, and elsewhere that sets new standards for operator responsible gambling practices.

## IV. Analyze mechanics of service delivery and compensation and make recommendations

Information obtained to review the service system from the stakeholder perspective came from three activities; interviews while conducting on-site visits during the week of October 20<sup>th</sup>, 2014, fielding an anonymous survey during the period between October 16, 2014 and November 24, 2014, and collecting comments during a Problem Gambling Services System Improvement Forum on December 16, 2014. Between these methods, over 100 individuals representing various stakeholder groups were asked for their observations and opinions about OhioMHAS administered problem gambling services.

### **Discoveries from Obtaining Information from Stakeholders and Consultant Recommendations**

Public Awareness of Problem Gambling. Public awareness of problem gambling issues and treatment options were commonly described as low by survey responders and those interviewed throughout the state. Most stakeholders believe more should be done to promote services and reduce treatment stigma through the use of mass media. While this solution may be ideal for reaching broad segments of the general population, media buys of sufficient size and duration to impact general levels of awareness are cost prohibitive. Options to raise public awareness include focusing media buys on specific geographic areas of the state to assess for impact, targeting high risk or underserved populations, or working with various providers via small grants to raise awareness through traditional prevention or public health activities and initiatives.

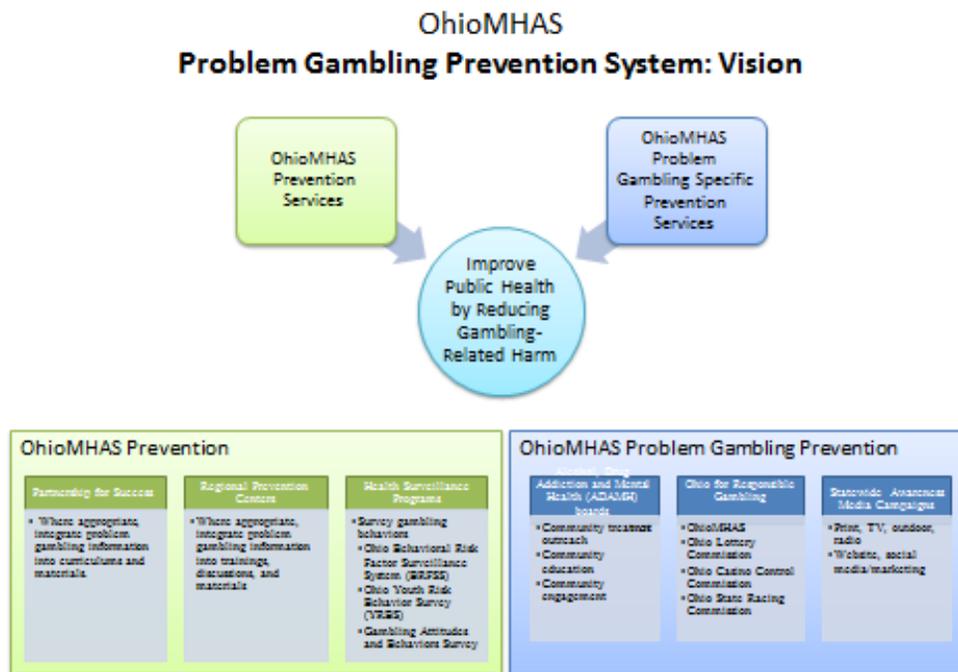
Community Readiness. Community readiness theory, as described by Plested, Edwards, & Jumper-Thurman (2006), is based on the premise that interventions are only effective if they are tailored to the community's current level of readiness. Readiness, within this theory, reflects how engaged and important the issue at hand is perceived by the community as reflected by the actions and perceptions of leaders within identified communities such as educators, faith based populations, cultural groups, and so forth. In regard to problem gambling, if a community places a low priority on addressing problem gambling, relative to other community concerns, then the likelihood of gaining community support and cooperation for initiatives to address problem gambling is low. Many stakeholders believed that community readiness to address problem gambling within their counties is low and this thwarted their efforts to increase gambling treatment referrals and gain high rates of participation in problem gambling prevention efforts. This observation, which is supported by community readiness assessments in Cuyahoga and Franklin counties, suggests greater efforts need to take place to raise community readiness. Several strategies that can be taken to increase community readiness to address problem gambling include:

- Conducting community readiness assessments within targeted communities and follow-up with indicated awareness raising initiatives.

- Forming community coalitions to address problem gambling and/or supporting problem gambling service ambassadors to sit on existing community coalitions where problem gambling is likely to play a role in the issue they are addressing.
- Improving problem gambling impact surveillance measures to better reveal where and how problem gambling is related to indices of community health. Below are examples:
  - Coroner's office to track gambling related suicides.
  - Police/Sherriff to track how many offenses are gambling related.
  - Department of Job and Family Services to assess if gambling is related to cases within Child Protective Services, Adult Protective Services, etc.
- Capitalizing on opportunities to insert problem gambling related stories into mass media outlets. This can be done though contracting with a publicist or media relations professional.
- Systematically educate and remind targeted groups on how problem gambling impacts populations they serve, support, or represent.

Conceptualizing Prevention Services. Under the current system, OhioMHAS distributes problem gambling funds to Boards with guidance to program 60% of those funds into prevention activities. Some counties contract with providers to administer problem gambling specific awareness campaigns and other problem gambling prevention programming. Other counties integrate the topic of gambling and problem gambling into existing ATOD prevention activities. The result of this system where Boards are provided differing funding levels and utilize different approaches to their programming results in a patchwork problem gambling prevention system with difficult to measure effectiveness. A better approach may involve a two pronged strategy that shares the common goal to improve public health by reducing gambling related harm. One side of this strategy is to more fully integrate the topic of gambling and problem gambling into all relevant prevention efforts. Integrating gambling into an established prevention system, while sounding straightforward, represents a conceptual shift that will require a prolonged effort including policy changes, workforce education, and technical assistance. Even with better integration of gambling and problem gambling being addressed in broader health promotion and harm prevention efforts, problem gambling specific efforts will need to take place to target needs specific to reducing gambling related harm such as developing prevention education and awareness initiatives within gaming venues, as part of a gaming marketing effort, and on gaming products. Figure 2 represents a vision of the problem gambling prevention system concept described above.

Figure 2. Problem Gambling Prevention System: Vision



Sharing Information and Guidance. Respondents frequently noted that the OhioMHAS problem gambling services staff was friendly, easy to work with, responsive to requests, and effective in keeping those in the field aware of upcoming events. Where communication appeared to lack was between problem gambling treatment and prevention program. Fostering increased networking or communication between and among the various providers by the administration is encouraged based on responses indicating little knowledge of services in some areas of the state. The evaluator noted that programs often struggled with similar issues, some were more successful than others in addressing issues, and little cross program learning was taking place. Several stakeholders also expressed the need for greater guidance and technical assistance to successfully implement problem gambling programs. OhioMHAS initiatives to improve information sharing between stakeholders and to better support providers may include:

- Implement an Independent Peer Review (IPR) program for problem gambling treatment. The purpose of the IPR review is to identify innovations and best practices in programs; share resources and ideas to help improve the field of treatment and recovery; and for continued improvement in quality, appropriateness and efficacy of services.
- Continue to support and develop the Continuous Quality Improvement Field Agent initiative launched in SFY15. Consider focusing immediate efforts to assist problem gambling prevention efforts as several counties are using staff not certified as prevention specialist to implement problem gambling prevention and/or awareness programs.
- Host discussion groups for problem gambling treatment providers and separately for problem gambling prevention providers.

- Intensify training and hands-on support in how best to develop regional/county problem gambling plans.
- Offer trainings specifically designed for local boards where strategies are presented that will address how they may best develop or support problem gambling services within their jurisdiction.
- Within the OhioMHAS strategic plan, provide benchmarks, targets, and goals, and detail evaluation methods to measure progress toward meeting those goals.

Doors to Problem Gambling Treatment. The problem gambling helpline is often thought of as the primary “front door” for persons accessing problem gambling treatment. However, only 20% of consumers that participated in the gambling treatment consumer survey called the problem gambling helpline and research in other jurisdictions found most gambling treatment consumers do not access treatment by calling a helpline. While helplines used to be the primary way persons discovered treatment resources, their utility as an information source is quickly becoming a thing of the past driven by the public’s ability and comfort with accessing information through the internet. However, helplines still play an important role as a point of service for crisis counseling. Stakeholders who participated in this project’s surveys and interviews reported they were generally pleased with the problem gambling helpline and did not view changes to the helpline as a priority. Rather, the greater need is to enhance information about problem gambling treatment found on the internet. A search for “gambling help in Ohio” among other search terms used, generally directs users to either the OhioMHAS website or the Ohio for Responsible Gambling website. Neither of these sites provided easy to locate information about where treatment is available or descriptions of gambling treatment. Developing and marketing an improved problem gambling website could be viewed as a priority area. A recent trend among problem gambling service administrators has been to develop new problem gambling websites combined with web search optimization, key search term marketing, and social media methods to increase web traffic with very good results (e.g., Kansas and Oregon).

Other doors to treatment that could be expanded upon are development of word of mouth referral strategies from allied community professionals, former gambling treatment clients, and the broader recovery community. OhioMHAS could assist community gambling treatment providers in developing these strategies through training opportunities, technical assistance visits, and/or developing print materials with tips on how to successfully engage the community to promote gambling treatment services. The final door to treatment that needs further development is the hallway door or in other words, strategies to successfully identify and engage persons that may benefit from problem gambling treatment or education services from within all clinical populations being served by an agency that provides problem gambling treatment. This final strategy to increase gambling treatment enrollments can be driven by OhioMHAS through initiatives focused on service integration and/or improving agency’s problem gambling capabilities. An example program can be found within the DiGIn Project. The DiGIn Projects works to increase the capacity of substance use disorder and mental health treatment programs to address problem gambling through enhanced screening, assessment, awareness, intervention, and relapse prevention strategies: To make problem gambling a relevant topic of conversation within the broader substance use disorder (SUD) and mental health (MH) community.

Problem Gambling Treatment. Treatment providers reported the greatest challenge to providing problem gambling treatment was maintaining sufficient enrollment to support an optimally functioning program. Ideally, gambling treatment volume should be sufficient to support at least two full time gambling treatment counselors so that their time and energy can be devoted to best meet client needs while growing and nurturing the program. However, in most cases counseling staff serving problem gamblers have their time divided between programs. As treatment demand for substance abuse and mental health services typically exceed an agency's capacity (as evidenced by wait lists), the problem gambling counselor's time is pulled into serving other clinical populations. When a problem gambler presents for treatment, the gambling counseling staff may have a full schedule which may interfere with their ability to meet the problem gambling treatment seeker within the brief timeframe they are most likely to follow-through with an initial appointment. Low enrollment numbers also interfere with the ability of a treatment center to offer therapy groups or limit group offerings to only daytime hours or certain days of the week. Throughout this document several initiatives were described that have the ability to **increase enrollments into problem gambling treatment**. Below is a summary list:

- Develop sentencing reform legislation aimed at diverting gambling related criminal offenders from prison and into treatment.
- Increase the Problem Gambling capability of all OhioMHAS funded agencies so that they develop programming that addresses the impact of gambling on recovery for all individuals they serve. Develop formal linkages between these agencies and specialized gambling treatment programs to increase gambling treatment referrals.
- Assist providers with the development of targeted treatment outreach campaigns. Targeted treatment outreach is aimed at populations at high-risk for manifesting gambling related problems. The concept rests on the belief that the most efficient way to reach persons in need of treatment is to reach into places they are more likely to be and message to them in a manner most relevant to their particular population. Messaging typically consists of problem gambling trends and data within each target audience, providing information on the benefits of recovery, effectiveness of prevention and treatment, along with a description of what treatment looks like and how and where it may be obtained. Targeted treatment outreach is often most effective when done in partnership with an organization serving the targeted population. These types of efforts fall into the outreach category of Targeted Education to Gatekeepers. Examples include collaborative programs with local casinos, addiction treatment agencies, and the criminal justice system. Importantly, providers should be provided the technical assistance and resources to apply evidence based treatment outreach processes and approaches when preparing for and implementing an outreach program. The most effective outreach programs are those that systematically utilize a set of enabling strategies and evidenced supported principles. Utilize the Treatment Outreach Program Scale (TOPS) when designing and evaluating outreach efforts.
- Train outreach workers on proven sales techniques. Generate leads through prospecting, qualifying leads, and making the sale to those qualified leads. Apply a sales approach that is in concert with Motivational Interviewing and relationship building. Such approaches focus

on establishing meaningful relationships that are focused on problem solving, relevancy, and assisting with decision making.

- Bring problem gambling treatment and education services into prisons and jails, and to other incarcerated and paroled criminal offender populations within the state corrections system.
- Expand upon the types of treatment settings to better fit consumer preferences. Problem gamblers often do not identify as users of community mental health and addiction services, are not comfortable within a community agency setting, and come from a different socio-economic stratum than typical community service consumers. By expanding treatment settings, gambling treatment user groups may correspondingly expand.
- Continue to support a comprehensive system of gambling treatment services utilizing a stepped care treatment approach to increase system efficiency. Explore developing services to fill gaps within a stepped care treatment system. This includes the development of non-traditional treatment approaches such as distance treatment.
- Set the stage for increasing treatment referrals from the recovery community. This could be accomplished by educating and incentivizing gambling treatment providers to: (a) encourage clients to participate in GA and Gam-Anon and/or other community peer support groups, (b) empower former clients to begin a new GA and/or Gam-Anon meetings by providing meeting space within agencies that offer gambling treatment, (c) conduct outreach to recovery centers within the community, and (d) develop programs for peer recovery support specialists. Recovery support specialists can serve as outreach workers to the recovery community and fill other important recovery support roles.
- Enhance the marketing of gambling treatment services (see above sections on “problem gambling awareness”, “community readiness”, and “doors to problem gambling treatment”).
- Remove artificial barriers to treatment such as creating a policy where an Ohio resident may obtain state subsidized gambling treatment within any OhioMHAS funded gambling treatment program.
- Empower change seekers to make informed choices about where to obtain services by providing consumers with easy to access information describing programs, program personnel, and service availability.

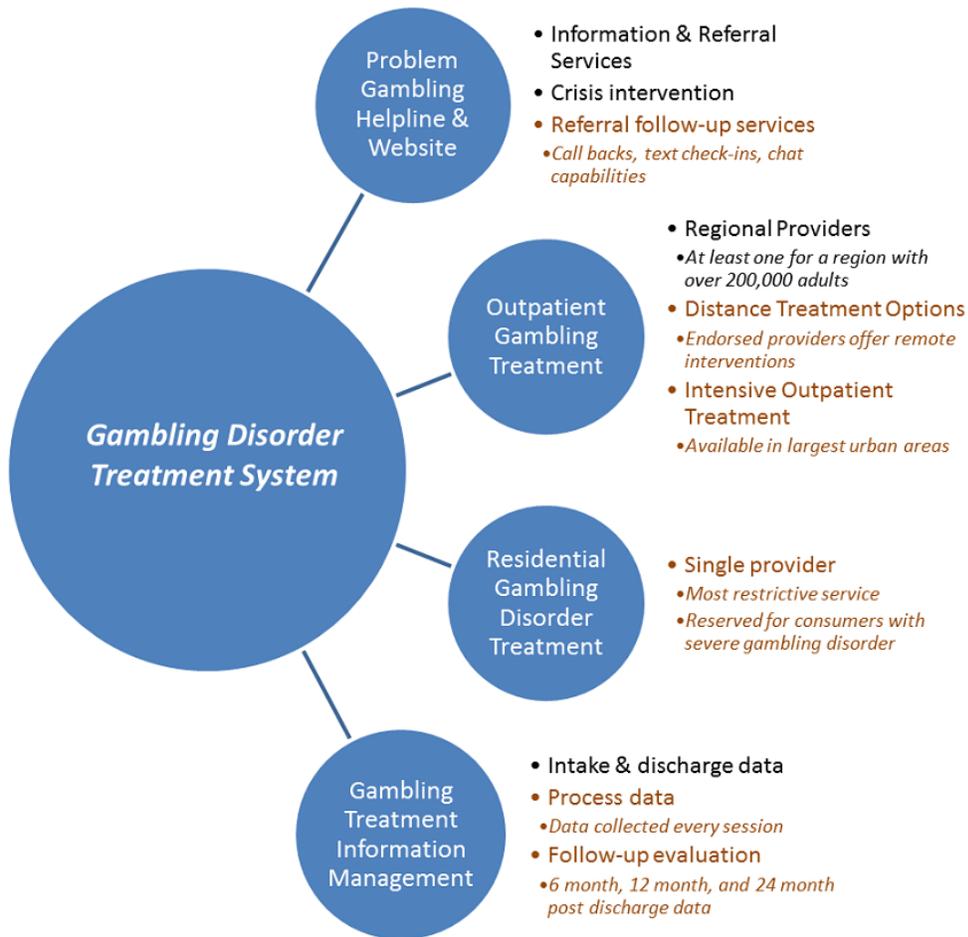
While the first task of a successful gambling treatment program is to enroll clients, the task of successfully engaging and retaining clients is equally critical to obtaining optimal outcomes. Several stakeholders expressed the need for more resources to assist them in developing their treatment program to be most effective. The following are gambling treatment improvement initiatives to consider:

- Develop “A Guide to Evidence Based Problem Gambling Treatment Programs” that is consistent with what is known about successful recovery-oriented treatment and provides evidence supported processes and practices for programs specifically designed to treat problem gamblers and their family members.

- Encourage and assertively promote agencies to adopt the use of feedback informed treatment and outcomes management to deliver effective problem gambling treatment services through participation in ACORN (A Collaborative Outcomes Resource Network). ACORN is a tool used by some gambling treatment programs outside of Ohio with very good success. The developers of ACORN have developed a gambling treatment module specifically for a problem gambling clinical population. ACORN is described by the developers as “information, collaboration, and support for forward looking organizations employing best practices of outcomes management to deliver highly effective mental health and substance abuse services of proven value to patients, employers, and health plans.”
- Establish expectations for ongoing measurement and improvement of business and clinical processes, and treatment outcomes among treatment providers.
- Encourage and enable gambling treatment programs to engage process improvement activities such as implementing the NIATx model. NIATx is an easy to use model of process improvement designed specifically for behavioral health.
- Continue to offer gambling treatment pilot grants and provide technical assistance for the adoption and implementation of innovative empirically supported treatment methods and protocols.
- Evaluate the effectiveness of select treatment methods and protocols so as to distinguish those most effective in facilitating recovery and improvement of functioning.
- Seek new methods to enhance collaborative relationship with agencies providing problem gambling services in order to identify state-level changes and improvements that will improve access, engagement and retention of individuals in gambling treatment.
- Explore and implement the use of information technologies and new mobile technologies to supplement traditional interventions.

Within this section on problem gambling treatment, a long list of potential initiatives to further improve Ohio’s problem gambling treatment system have been described. The treatment system concept depicted in Figure 3 may be used to help frame these initiatives within a broader problem gambling treatment system structure.

Figure 3. Problem Gambling Treatment System: Vision



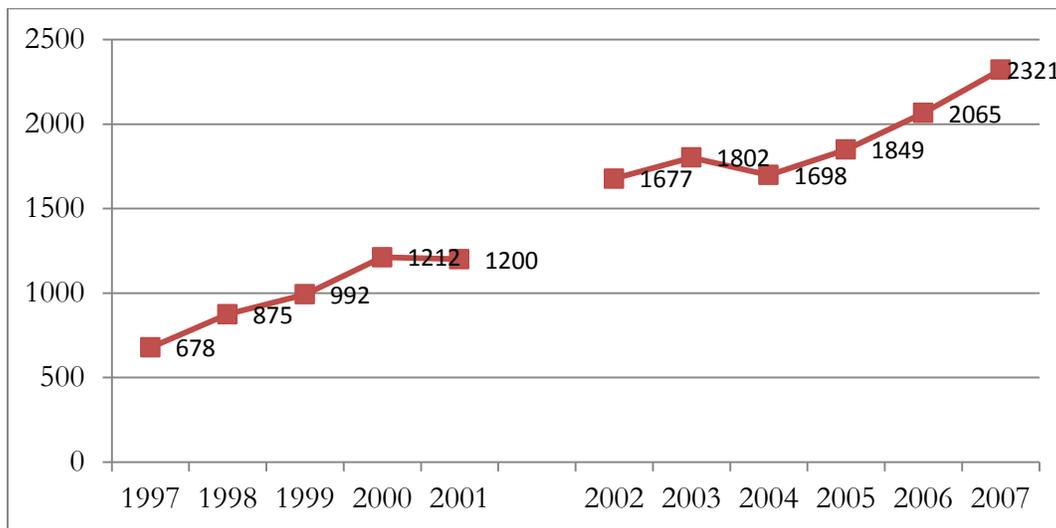
**Note:**  
 Services described in orange text not available in SFY 15.

Funding and Procurement. A number of concerns were raised by stakeholders regarding the allocation and management of problem gambling funds. These included:

- Increase allocations for prevention, outreach and education programs.
- Develop a more integrated prevention system where gambling is included as a risky behavior in discussions traditionally focused on alcohol, tobacco, and other drugs (ATOD).
- Develop stronger stipulations as to how boards distribute funds and provide greater oversight to insure funds are programmed efficiently and effectively.
- Implement a regional approach to funding problem gambling prevention and treatment programs.
- Entice drug prevention coalitions to take up the issue of problem gambling.
- Expand the treatment system by creating a fee for service system for qualified providers to offer problem gambling treatment.
- Differentially fund regions by factors that extend beyond population such as awarding greater funds to areas with casinos or racinos.
  - Note: this strategy is utilized by New York State where a gambling treatment program is funded within each city or county that hosts a casino. Kansas employs a similar allocation strategy for problem gambling prevention funding.

Several of the above stakeholder recommendations have been implemented in other states with encouraging results. For example, when Oregon and Nevada switched from a grant based funding system to a fee-for-service funding system, treatment enrollments dramatically jumped within the first year of implementation and have since more than doubled (see Figure 4). Correspondingly, treatment cost efficiency was greatly improved.

**Figure 4. Oregon Gambling Treatment Enrollments Pre and Post 2002 Switch to Fee for Service**



## V. Review service system from a consumer perspective

Information obtained to review the service system from a consumer perspective came from two sources; (a) interviews with gambling treatment consumers and addiction education participants during onsite program visits and from (b) fielding an anonymous survey among all clients enrolled in one of Ohio's publicly funded gambling treatment programs during the period between October 16, 2014 and November 24, 2014. Between these two methods, over fifty individuals obtaining gambling treatment or addiction education participated in the information gathering effort.

### **Discoveries from Obtaining Information for Consumers**

Increasing Gambling Treatment Enrollments. When clients were asked about why so few problem gamblers sought treatment they overwhelmingly identified denial or lack of personal awareness of their problem. Under a Stages of Change model, these individuals would be considered pre-contemplators. Shame and embarrassment were also identified as barriers to treatment suggesting these emotions may be influencing people to hold in a Contemplation stage. Interestingly, lack of awareness of available treatment was not commonly viewed as a primary reason for so few people entering treatment. These findings suggest more attention is needed to change the public's perception of problem gambling and recovery in the direction of lowering the bar as to what a gambling problem looks and feels like and normalizing treatment and recovery.

Responses to the client survey put forward the idea that one of the most important aspects of treatment is forming a sense of community. This suggests that active problem gamblers may feel isolated, lost, misunderstood, and conversely may be thirsting for social connectivity and support. If problem gamblers experience an unmet need for connectivity then this may be a "hook" to consider when developing outreach and media efforts. One such example is through the use of testimonials, as one client suggested, or messaging to the effect "you're not alone".

The client survey responses suggest that developing programs and messages to family members may be another way to increase enrollments. Consideration should be given to focus more attention specifically on family members or concerned others as a target clinical population.

Marketing. Several respondents mentioned it would be helpful to provide more information about treatment, specifically that it is free and confidential. Consideration should be given to develop a problem gambling helpline tag line such as treatment is free, confidential, and effective and/or directing people to a website that provides more detailed information, including client testimonials, treatment options, and specific information about each treatment site.

Treatment System Processes. Overall, client survey responses were very positive. Most of the clients did not report strong negative reactions to the paperwork or other aspects of the intake process. This is not to say improvements should not be considered as the clients surveyed do not include the large proportion of clients that did not show up for a second or third appointment. From the client suggested improvements, a checklist of good practices can be developed that include: encourage and facilitate family involvement; inform the client of their rights and what to expect; streamline the intake process by avoiding duplicate questions or tools; conduct intakes in an environment that shows respect for the clients privacy; when possible the treating counselor should conduct the intake; collaborate with the client in developing a treatment plan that is flexible enough to meet the client's needs; counselors should have a back-up in the event they are unavailable so that a client's treatment course can proceed as designed.

Problem Gambling Helpline. Interestingly, only 20% of clients surveyed entered treatment by first calling the helpline. For those that did call the helpline, survey responders overwhelmingly provided positive statements and several praised the services and efforts of the helpline staff. The main area of improvement suggested by clients was doing more to inform callers seeking help of their options and doing more to sell treatment as a good option.

Education and Integration. The evaluator had the opportunity to sit in an addiction education group and two professionally facilitated addiction recovery groups. Clients enrolled into these services were primarily court ordered due to substance abuse related offenses. When the evaluator asked participants about gambling, several group members acknowledged that gambling has created problems in their life. One member reported his best friend was shot and killed over a gambling debt, another stated their child's father was a problem gambler, and the gambling led to arguments that resulted in child protective services getting involved, and several members stated their gambling went hand in hand with their drug use. When asked if gambling was ever talked about during their treatment or in their education classes, they stated it has not but thought it should be. When asked why they didn't bring gambling up as an issue during group or intake, the most common response was that drugs were the primary problem and that was why they were there. They also didn't want to introduce new problems as many appeared to want to satisfy the court rather than address complex issues and embrace recovery. Others stated they didn't understand the connection between gambling and their issues until we started talking about it, so they didn't realize gambling was a credible issue to bring up in group. These comments suggest more can and should be done to integrate the discussion of gambling and problem gambling into substance abuse treatment and education programs.

Screening and Referral. All clients enrolled into substance abuse programs within the visited groups were assessed for problem gambling during their intake session using a brief screen that is part of the visited agency's standard intake; however, none of the interviewed consumers reported being referred for problem gambling treatment. During discussion with the consumers of substance abuse services, it became apparent a number of them had issues related to gambling, either their own gambling or the gambling of a person close to them. This observation is consistent with those from other program reports that problem gambling screening questions do not typically result in appreciable

referrals to gambling treatment. Within substance abuse treatment programs a better approach for addressing gambling behaviors is to integrate discussions of gambling within curriculum and group discussion to assist consumers to better understand the links between the two and to repeatedly probe for possible gambling problems that should be addressed with further evaluation and possibly referral to specialized problem gambling treatment. After a consumer has been engaged in a substance use treatment program for a number of weeks they may be more willing and able to embrace recovery and accept the need to address gambling behaviors as part of their recovery plan. For other clinical applications, such as within mental health or primary health settings, rather than simply including a problem gambling screen within written intake materials, a more effective approach may be to incorporate gambling into established SBIRT programs where clinicians are trained on how to look for and address addiction issues (using techniques such as motivational interviewing). Using this approach, clinicians ask patients what they do with their time (brief leisure activity inquiry) and ask about stressors, such as financial stress or relationship stress, then press further to understand contributing behaviors. Such an approach works much better than problem gambling screens as a person has to be motivated to respond honestly to those screens (positive endorsement requires self-acknowledgement which may present an existential threat that inhibits insight/recognition of behavior or they may just prefer to simply conceal their gambling involvement to avoid discussion).

## VI. Address service gaps for special populations: youth, seniors, veterans, etc.

During the information gathering phase of this system improvement project, stakeholders specifically noted a number of special populations for which service gaps existed. These population subgroups included: Older teenagers and young adults, older adults, African American men ages 18-24, mentally ill population, rural populations, and religious populations. As each of these population sub-groups and many others have differing risk profiles and other group characteristics, there is growing demand for the workforce to provide culturally appropriate assessment, treatment and preventive services.

For the problem gambling service system to better fill service gaps for particular subgroups, choices will need to be made as to which populations to target for special initiatives. Often those decisions are based on need, opportunity, and resources. Need may be determined through community assessments and/or through information derived from the broader literature on problem gambling. Opportunities arise when partners are identified that are ready to collaborate on efforts to address problem gambling within communities they serve. Resources include problem gambling providers that hold particular interests, knowledge, affiliation, and skills to increase the chance of success in addressing problem gambling within a population subgroup.

Initiatives most commonly formed by state agencies overseeing problem gambling services that are aimed at addressing special populations include forming special advisory groups, funding special projects that target specific communities, and developing workforce development strategies to

increase cultural awareness and sensitivity. If OhioMHAS expects the problem gambling workforce to reach out to diverse population, then the workforce will need guidelines on how to be most successful. The Practice Research and Policy Staff and Communications Staff of the American Psychological Association offer the following guidelines to reach out to diverse populations:

- Learn about cultural values and related factors that affect demand for services. Developing awareness of cultural values — such as reliance on family support systems, collective decision making, spirituality and respect for peers — is paramount in reaching out to diverse populations. The ability to understand and respect a prospective client's belief system is crucial. Cultural factors shape perceptions of illness as well as the process of seeking help for emotional difficulties and other health-related issues. Cultural values that may inhibit help seeking include encouragement to deal with emotional distress on one's own. Some groups affirm that family members rather than "outsiders" have a duty to care for a family member who needs help. Members of certain cultural backgrounds are likely to respond better when positive terms like "happiness" and "well-being" are used rather than terms that relate to pathology or problems.
- Identify community needs and how best to reach prospective clients. Identifying community characteristics and needs is an important early step in planning outreach to ethnically and racially diverse populations. Contact local government agencies and business associations to find out what demographic data they can provide for the geographic area served. Seeking the assistance of community leaders in assessing community needs is essential. To begin building professional relationships, one should first ask for help from community leaders in understanding a culture.
- Recognize potential obstacles to accessing services. The potential barriers to accessing services can be formidable. Potential obstacles include cultural stigma associated with seeking professional help and concerns about confidentiality, lack of knowledge about available services, and reliance on nonprofessional sources of support, especially family members and friends.
- Cultivate opportunities for community outreach. One highly visible way for providers to get involved with target communities for their services is to speak to local groups in a variety of settings - businesses, schools, nursing homes, places of worship and community organizations. Look for opportunities to partner with representatives of such facilities and to suggest ways problem gambling service can help address community needs and concerns.
- Tools for making community connections. Providers targeting services to population subgroups should be aware of tools that can assist practitioners with establishing and building community connections. Various toolkits or information guides about problem gambling for specific populations exist and can be found through internet searches. These include resources for different Asian communities, seniors, military service personnel, college aged youth, adolescents, and others. Visit the following websites for population specific problem gambling educational tools:
  - <http://www.ncpgambling.org/programs-resources/resources/>
  - <http://www.youthgambling.com/>

- <http://www.oasas.ny.gov/gambling/SchoolDistrictResources.cfm>
- <http://problemgambling.securespsites.com/ccpgwebsite/resources.aspx>
- <http://pgfnz.org.nz/library/>
- <http://www.ncrg.org/>
- <http://www.problemgambling.ca/Pages/Home.aspx>
- Other tool kits and resources can be found on cultural competency and strategies to address specific populations:
  - <http://www.samhsa.gov/specific-populations>
  - <https://www.magellanprovider.com/MHS/MGL/education/culturalcompetency/resourcekit.pdf>
  - <https://captus.samhsa.gov/prevention-practice/strategic-prevention-framework/cultural-competence>

## VII. Address service gaps and suggest potential ways to address

During the information gathering phase of this system improvement project, stakeholders were asked, “How much need is there to better address service gaps in the current problem gambling treatment and prevention system?”, the average rating on a 6-point Likert scale was 2.64 suggesting that on average, stakeholders perceived moderate levels of need in addressing service gaps. When asked where the greatest service gaps existed, the most common responses included the following:

- Lack of awareness of problem gambling issues within broader mental health and addiction treatment system leading to inadequate motivation, services, and systems to effectively assess for and address problem gambling within community agencies.
- Limited access to problem gambling treatment.
- Low problem gambling treatment enrollment.
- Insufficient data to understanding how much problem gambling is affecting our communities.
- Too few problem gambling prevention resources including funding and lack of technical assistance.

When stakeholders were asked for suggested ways to address these gaps, the following strategies were mentioned:

- Increase community education and engage in active outreach.

- Infuse the topic of problem gambling into relevant professional conferences. Contract with speakers to actively seek out opportunities to present at trade conferences.
- Greater use of social media to advertise services and increase awareness.
- Form relationships with coordinators, directors, etc. of organizations that provide services to high risk populations. Generate messages that are relevant to the audience while being careful not to disrespect partners or the target population.
- Engage primary care clinics to assess for gambling and/or related financial problems.
- Increase accessibility of services.
  - Bring services to colleges
  - Regionalize treatment so agencies have sufficient clients to support a problem gambling treatment professional.
  - Offer tele-counseling for gambling specific treatment.
  - Offer culturally appropriate services with accompanying materials in native languages and access to interpreter services.
- Increase data collection efforts
  - More research to identify what each community's specific needs are.
  - Collect more qualitative data to better understand special populations.

The service gaps identified by stakeholders, as well as suggested actions to address those gaps, echo those presented in earlier sections of this report. Refer to Sections I through VI for a fuller discussion of potential strategies and methods to address identified gaps within specifically addressed system components.

## VIII. Analyze workforce capacity and make recommendations

In addition to OhioMHAS contracting for a consultancy to assess their problem gambling service system, in SFY15 OhioMHAS, in partnership with the state's professional licensing and credentialing boards, fielded a Problem Gambling Workforce Capacity Survey to assess the state's behavioral health professionals' capacity to provide prevention and treatment services related to problem gambling. The surveys – one for practitioners and one for certified provider agencies – include questions related to the new gambling treatment endorsement for Licensed Chemical Dependency

Counselors. Although the study's sample size was substantial (n= 993), the response rate was estimated at less than one percent therefore the findings may not generalize to the larger mental health and addictions treatment community. If a bias exists, it is most likely in the direction of over-estimating workforce capacity to address problem gambling as individuals are more likely to participate in a survey if they perceive the survey's subject relevant to them, including holding an interest in the topic. Therefore, if the survey was introduced to potential responders as a problem gambling workforce capacity survey, there may be a self-selection participant bias suggesting the survey results should be viewed with caution. Even with a low response rate and potential respondent self-selection bias, the survey produced a set of interesting and insightful findings. These include:

- 35% of practitioners screen for gambling disorders.
- In the past year for gambling diagnosis: 80% reported treating 10 or fewer clients; 29% reported no patients; and only 4% reported seeing more than 20 patients for gambling addiction.
- 357 participants reported offering treatment to persons with gambling disorder.
- 37% reported attending gambling addiction training.
- Just over 2/3 of the practitioners (67.6%, n = 550) did not include treatment with family members within their scope of practice.
- Approximately one quarter of respondents (n = 250) reported they plan to apply for the Problem Gambling Treatment Endorsement in the next 12 months.

These findings support initiatives aimed at increasing the capacity of the provider community to address problem gambling. The following strategies are recommended:

- Increase capacity of OhioMHAS funded providers to become more problem gambling capable.
  - Develop and implement initiatives focused on service integration and/or improving OhioMHAS funded agencies' problem gambling capabilities. An example program can be found within the DiGIn Project. The DiGIn Project works to increase the capacity of substance use disorder and mental health treatment programs to address problem gambling through enhanced screening, assessment, awareness, intervention, and relapse prevention strategies. Incentivizing participation may be important to the initiative's success. For example, offer no-cost technical assistance to agencies to meet standards and reward certified problem gambling capable agencies with recognition and annual grants to maintain certification standards. Other example programs include SBIRT initiatives where providers are reimbursed for screening and referrals or mini-grant programs where agencies are provided funding for infusing problem gambling screening, discussions, and referrals into their assessment and intervention process.
  - Contract with an entity or individuals to actively market problem gambling service integration by developing stories for trade magazines and newsletters, seeking out

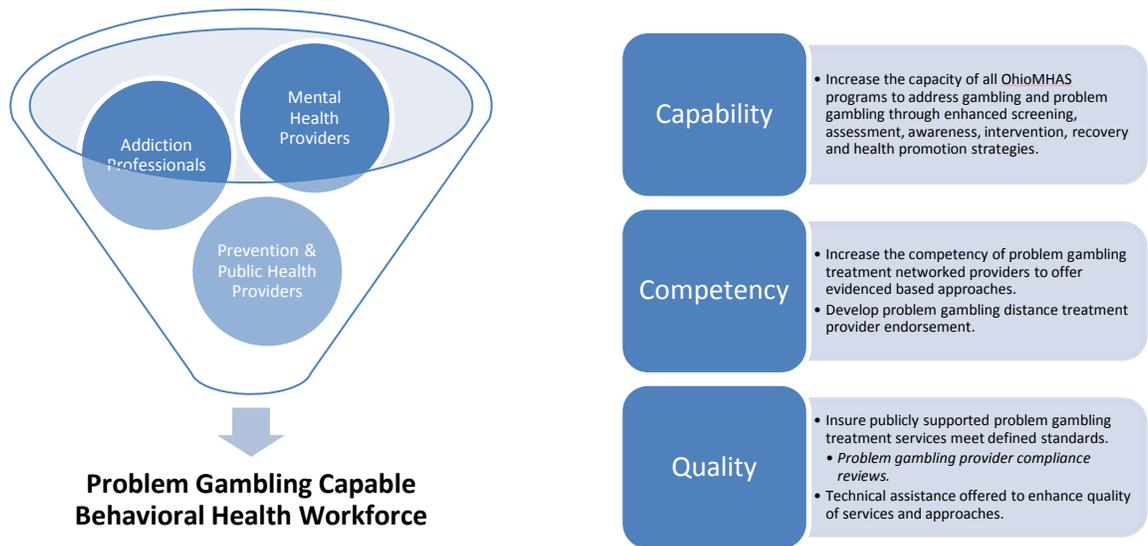
and presenting at relevant professional conferences, and providing agencies and boards with no-cost in-service trainings.

- Recruit and prepare a qualified entry-level problem gambling treatment workforce
  - Provide incentives and contracts for the development and maintenance of a pre-service training curriculum that conforms to the known elements of effective gambling disorder treatment.
  - Establish standards for student placements and internships focused on developing competence in problem gambling prevention, early intervention and treatment services.
  - Develop technical assistance services to offer support and training to new problem gambling treatment staff working within OhioMHAS funded problem gambling treatment programs.
  - Provide incentives for colleges and institutions to offer specialty education and training in the knowledge, skills and attitudes essential to effective gambling disorder prevention and treatment.
  
- Continued development of a sustainable and qualified workforce
  - Form a Problem Gambling Workforce Development Advisory Committee to provide ongoing input and recommendations for meeting workforce development needs.
  - Revise clinical supervision standards within the OhioMHAS outpatient services rule to increase qualifications for providing clinical supervision to problem gambling treatment counselors.
  - Expand web accessible resources for problem gambling treatment providers through the creation of a specific tab on the OhioMHAS and/or Ohio for Responsible Gambling websites for treatment providers.
  - Develop and support the utilization of problem gambling counselor consultation groups where newer counselors are paired with more experienced gambling counselors and/or linked to other gambling counselors within their region.
  - Improve and make available continuing education events on a regular schedule throughout the state that enhances the knowledge and skills of program directors, supervisors, direct service staff, and staff of allied health and human services. Train attendees to deliver services that are evidence-based and culturally appropriate for problem gamblers with and without co-occurring disorders.
  - Maintain an ongoing annual schedule of continuing education events for a variety of professionals who specialize in working with youth and families.
  - Assure that input from the Problem Gambling Workforce Development Advisory

Committee are considered and acted upon when feasible.

Figure 5, below, depicts a vision of a problem gambling capable behavioral health workforce. Within this concept, the capacity of all OhioMHAS programs to address gambling and problem gambling are increased through enhanced screening, assessment, awareness, intervention, recovery and health promotion strategies. The competency of the workforce and quality of services are continually being addressed through training, reviews, and through offering technical assistance.

**Figure 5. Problem Gambling Workforce Development System: Vision**



## IX. Look at Ohio’s research agenda and suggest modifications

As stated under Ohio Revised Code 5119.47, money in the Problem Casino Gambling and Addictions Fund support gambling addiction services, alcohol and drug addiction services, other services that relate to gambling addiction and substance abuse, and research that relates to gambling addiction and substance abuse. In SFY 2015, 4.25% of this fund (\$260,000) was programmed toward research. While the research proportion of the funds appears low, compared with other states that have dedicated problem gambling funds or problem gambling and addictions funds, it is more than double the national average (1.75%).

Research projects supported by the Problem Casino Gambling and Addictions Fund include 2012 Ohio Gambling Survey which provided baseline measures for statewide problem gambling prevalence tied to general demographic factors. Additionally, this survey provided a number of attitudinal measures that will be useful in tracking community perceptions over time. In SFY 2014, a College Student Gambling Targeted Response Initiative (TRI) was conducted to provide epidemiological descriptions of gambling behaviors and patterns of problem gambling among a segment of Ohio's youth population: college-aged individuals 18 - 25. In SFY 2015, a Problem Gambling Workforce Capacity Survey was conducted in partnership with the state's professional licensing and credentialing boards to assess the state's behavioral health professionals' capacity to provide prevention and treatment services related to problem gambling. The second statewide survey on problem gambling activity and attitudes was developed in SFY 15 and will be launched in SFY 16 to generate county-level estimates of at-risk and problem gambling prevalence. Findings from this survey will be compared to the 2012 survey to track changes in community gambling behaviors and attitudes. The final PCGAF research agenda initiative underway is the Statewide Youth Gambling Survey where \$30,000 is being set aside each year, SFY 2014 – SFY 2016, to support the inclusion of problem gambling questions on a statewide survey of youth related to risk factors for multiple problem behaviors. This will provide a baseline of attitudes and practices related to problem gambling for youth ages 14-18. In addition to the formal list of research agenda items, the PCGAF supports local research on problem gambling such as community readiness assessments, targeted surveys, and service evaluation.

The above research agenda represents one of the most comprehensive state efforts to collect public health data specific to problem gambling. There are a number of research agenda additions and modification that could be considered:

- Include gambling and problem gambling questions on existing surveys to expand surveillance efforts and where already collected, conduct special analyses on gambling and problem gambling related items.
  - The American College Health Association's National College Health Assessment II. It is possible to add additional questions to the end of a campus ACHA-NCHA survey.
  - Behavioral Risk Factor Surveillance System (BRFSS). Several states have added gambling questions to their BRFSS survey allowing for between state comparisons.
  - Ohio Youth Risk Behavior Survey (YRBS). Ohio was an early adopter of adding gambling questions to the YRBS. Additional work can be done to conduct between state comparisons, trend analysis of past survey results, and exploration into developing an expanded set of questions.
  - Community Health Needs Assessment. Several Ohio communities conduct a community health needs assessment. Cuyahoga County includes problem gambling questions within their assessment; it is suggested that all Ohio Counties that conduct community health needs assessment include problem gambling within the assessment and report those findings to OhioMHAS.
  - Ohio Substance Abuse Monitoring Network conducts surveillance of drug abuse

trends in the State of Ohio. In the Spring 2011 study they started including variables related to problem gambling, which has since been collected twice yearly along with other data. This effort should continue with special analysis completed to better understand correlates of problem gambling and longitudinal trends.

- Expand program evaluation research to better assess problem gambling treatment and prevention processes and outcomes.
  - Conduct problem gambling treatment follow-up outcome research to assess for change post-treatment.
  - Conduct annual problem gambling consumer satisfaction surveys.
  - Link university partners with problem gambling prevention programs to design program evaluation methods, analyze data, and report on findings.
- Collaborate with gaming providers on research and evaluation projects.
  - Obtain and analyze player card data.
  - Investigate self-exclusion program impact and effectiveness.
  - Work with the Ohio Lottery and Casino Control Commission to gain access to player survey data and engage in discussions on adding or modifying existing player survey questions to better identify problem gambling correlates within player groups.
  - Collaborate with the Ohio Lottery to investigate retailer compliance with rules that prohibit underage sales and any responsible gambling signage requirements.
- Consolidate surveillance data on gambling and problem gambling on a regular basis (e.g., annual, every other year).
  - Contract with a research group to gather various points of data on gambling and problem gambling in Ohio, synthesize data and findings from individual studies, and report on statewide trends and observations.

## Additional Planning Recommendations

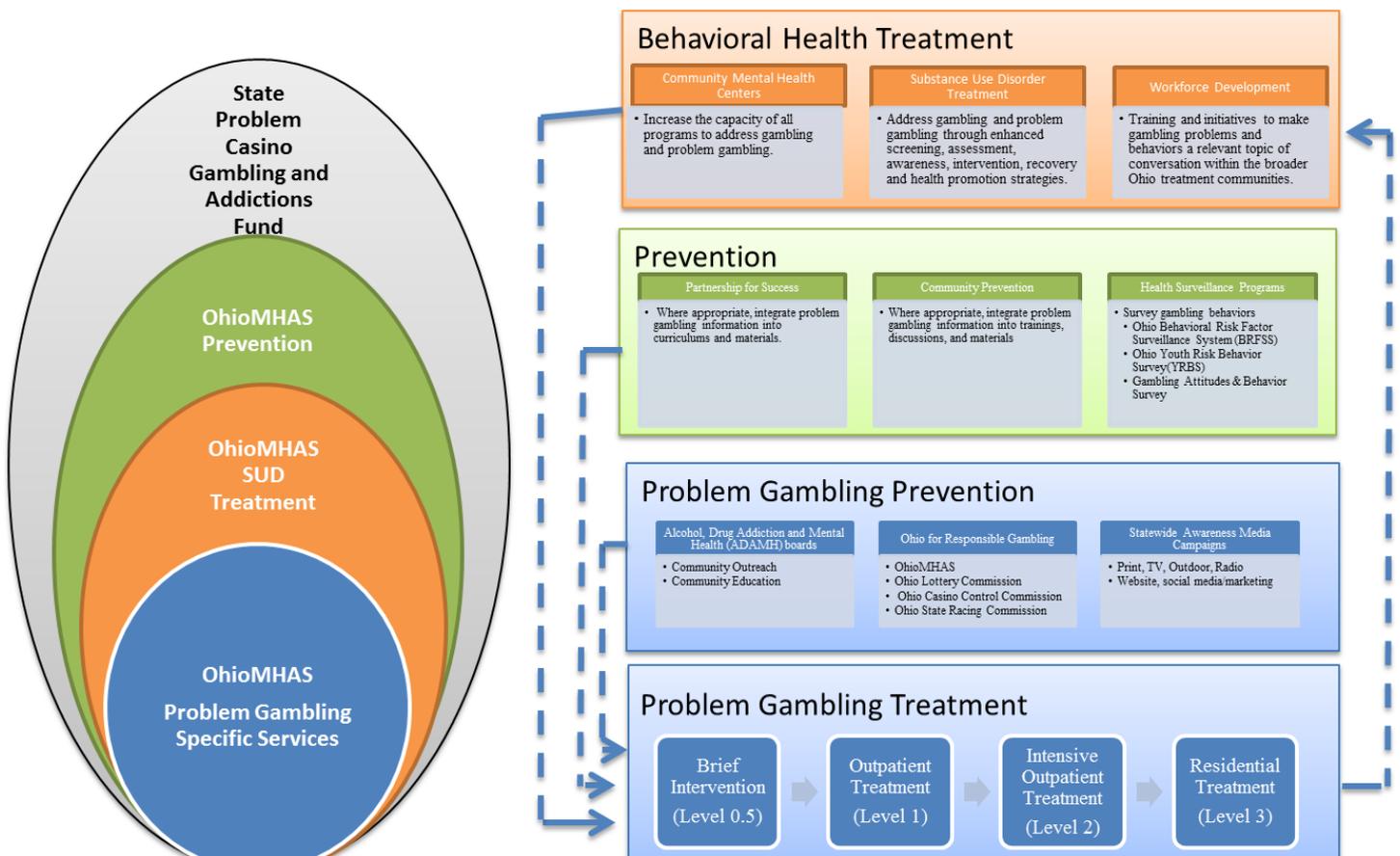
Ohio's problem gambling service system has a number of strengths to build upon including: dedicated funding; strong administrative leadership over problem gambling services; structures for interagency collaboration; data from surveillance systems; collaborative relationships forged between OhioMHAS, universities, and community service providers; and energetic and engaged professionals around the state making problem gambling a priority.

To most effectively capitalize on the current problem gambling services system assets, OhioMHAS should consider developing a long range work plan to systematically launch a number of service improvement initiatives described within this report. Such a plan would benefit from refining the

mission and vision of the problem gambling service system; identifying guiding principles; and developing key strategic initiatives to meet new and existing goals, to deliver on the mission, and to realize the vision.

Although the service structure that will result from the planning process is unknown, it may be useful to consider a number of different concepts. Figure 6 offers a schematic depicting one possible problem gambling treatment and prevention service system. Under this concept there are both specialty problem gambling services (depicted in blue) and enhancements to broader mental health and addiction services in which service agencies become more problem gambling capable (depicted in green and orange). As symbolized by the nested ovals within Figure 6, initiatives to support the service concept would be funded by the State Problem Casino Gambling and Addictions Fund. Under this system concept, a broader range of individuals will obtain problem gambling services, due in part to the enhanced referral paths to gambling treatment.

**Figure 6. Potential Problem Gambling Services System**



## Conclusion

The OhioMHAS administered problem gambling service system has undergone a period of rapid growth over the past three years with a program budget increasing from \$335,000 in SFY 2012 to \$6,111,298 in SFY2015. The majority of the responsibility for expanding the problem gambling service system over this period fell upon the three OhioMHAS staff assigned to the department's Bureau of Problem Gambling. Considering the limited staffing and need to quickly expand services, OhioMHAS has made tremendous progress in developing problem gambling services and orchestrating a number of accomplishments, most notably in the areas of training, research, and laying the foundation for continued system improvement. Not surprising for a service system that has undergone rapid expansion, this system improvement project revealed a number of program areas that would benefit from further development.

Under each task heading within this report there are a number of suggestions to address identified system challenges. The volume of potential system improvement initiatives, along with the scope and complexity of some of the suggestions, will not be achievable in their entirety. Rather, the challenge for OhioMHAS will be to develop a long range work plan where plausible improvement initiatives can be rolled out over several years to correspond with department priorities and available resources. The Ohio problem gambling system is well poised to become a model of excellence.

## Consultant Background

Jeff Marotta, the Senior Consultant and founder of Problem Gambling Solutions, Inc., is a internationally recognized authority in the area of problem gambling service development with 100 related publications and invited presentations. Jeff brings a unique knowledge and skill set to his problem gambling consultancy from his doctoral education in Clinical Psychology and experience as a: Nationally Certified Problem Gambling Counselor; Clinical Associate Professor; and former Director of Oregon Problem Gambling Services. He has been the Primary Investigator in a number of studies including; evaluating the social impacts of gambling on communities, evaluation of problem gambling outreach services, national surveys of problem gambling services, evaluation of problem gambling prevention programs, and evaluation of responsible gaming programs. He has 20 years of experience in the problem gambling field and has either developed or assisted with the development of over fifty problem gambling service programs nationally and internationally.

# APPENDICES

# APPENDIX A

## *OhioMHAS Problem Gambling Services Evaluation: Interview Guide*

### **I. Participant Information.**

- a. Grantee/Program/Stakeholder:
- b. Participants:

### **II. Brief description of stakeholder's role in OhioMHAS PGS system.**

### **III. System and program strengths.**

What is going well? What aspects of the system do you want to see continue?

### **IV. Suggested Changes to Assist Program Success.**

Thinking specifically about your program/role, what modifications can be made to the current Strategic Plan or OhioMHAS administration of the PGS system to better support your program's success?

### **V. Suggested Areas to Improve the Broader System.**

Thinking about the larger OhioMHAS supported gambling treatment system, what areas do you believe need the most development? Any ideas on how to address these needs?

### **VI. Other Comments or Suggestions?**

## APPENDIX B

### OhioMHAS Problem Gambling Services Stakeholder Survey

#### SUMMARY REPORT

December 8, 2014

#### Introduction

In September of 2014, Ohio Department of Mental Health & Addiction Services (OhioMHAS) launched an initiative to analyze and evaluate OhioMHAS supported problem gambling services and explore initiatives to improve these services. Critical to the development of this improvement project was gathering input from a wide range of stakeholders. Information from stakeholders was gathered utilizing in-person and telephone semi-structured interviews, reviewing reports and program documents, and fielding two surveys; a survey designed specifically for consumers of problem gambling treatment services and a “Stakeholders Survey” for distribution to OhioMHAS problem gambling service partners. The present report describes summary findings exclusively from the “Stakeholders Survey.”

A three page Stakeholders Survey (see Attachment A) was distributed to individuals representing a wide range of stakeholder groups including representatives from state agencies, county agencies and boards, treatment and prevention providers, and others involved in the OhioMHAS problem gambling service system. The survey was emailed on October 16, 2014, to persons on the OhioMHAS problem gambling services listserve with a cover message to further distribute the survey to anyone within their organization that may be interested in participating in the survey. Survey participants were provided the option to complete and submit the survey anonymously to the principle investigator. The original survey closing date was set for November 10, then in an effort to increase the response rate the survey period was extended to November 24th. The total number of surveys collected during the survey period was forty-seven (47), representing stakeholders from 36 different service regions or cities. Survey participants were instructed to endorse all stakeholder categories that applied to them, resulting in several respondents endorsing more than one stakeholder category type. Completed surveys were submitted by individuals categorizing themselves as prevention providers (68%), treatment providers (64%), County ADAMH board members (13%), individuals within an Ohio for Responsible Gambling Partner agency (13%), and “other” (11%).

The contents of this report are organized according to the survey tool. To reduce response repetitiveness, participant responses have been consolidated according to theme. The survey responses are presented in rank ordered according to theme popularity. Most often, the top two or three responses immediately following the survey question represent common viewpoints.

# OhioMHAS Problem Gambling Services

## Stakeholder Survey Responses

Fielded October 16, 2014 through November 24, 2014

### I. Background

<b>Service Region or City</b>	
Auglaize, Adams, Akron, Allen, Austintown, Central Ohio, Cincinnati, Clermont, Cleveland, Darke, Eaton, Geauga, Hamilton, Hardin, Jefferson, Knox, Lake, Lawrence, Logan, Mahoning, Miami, Portage, Sandusky, Scioto, Seneca, Shelby, Steubenville, Summit, Toledo, Zanesville, North Central, Northwest, South/Southwest, Statewide	72% (2% each)
Cuyahoga, Holmes, Licking, Lucas, Trumbull, Union, Wayne	14% (4% each)
Youngstown	8%
Franklin	6%
<b>Stakeholder Group</b>	
Prevention Providers	68%
Treatment Providers	64%
County ADAMH Board Members	13%
State Employee/Ohio for Responsibility Gambling Partner Agency	9%
OhioMHAS Employee	4%
Other	11%

## II. Strengths

**Thinking about the larger OhioMHAS supported problem gambling system, what do you view as the system strengths?** *(Listed in order of popularity)*

- Comprehensive and varied training opportunities which are widely available on a local level (20)
  - In 2013 the state offered two trainings locally that helped educate local service providers on gambling and problem gambling. We didn't have to send people to Columbus, the trainers came here.
  - Training counselors in recognizing/treating problem gambling
  - Training and encouraging individuals to promote gambling education
- Knowledgeable, supportive, and accessible staff committed to the problem and willing to work collaboratively (14)
  - I believe one major strength of the system is that everyone is on the same page. There seems to be very few to no questions regarding what the objectives, methods, and goals of OHMAS and its partner agencies are. There is a common interest and a common goal that is very visible across the state.
  - Having OhioMHAS staff available to answer questions is extremely helpful. They have good ideas and they let us know if we were moving in the right direction. They also share information that I do not have. They save me time and energy.
  - I think the biggest strength is the people who work in the field. There is a such a wide variety of expertise and experience.
  - There are many people throughout the state with extensive experience in gambling treatment and prevention. This is a huge asset to the state.
- Availability of resources and funding (13)
  - Shared resources.
  - Funding from the casinos has increased capacity to address the problem.
  - Having the funding available to address prevention in our communities has been beneficial.
  - Supporting the idea of totally free services for treatment and prevention – and reminding county board of that issue.
  - Encouraging keeping the money to gambling- not letting it be diverted to AOD
  - Fair distribution of funds
- Awareness and education campaigns (5)
  - I liked the statewide awareness campaigns. There are simple, consistent, and they are in a lot of visible places (billboards, newspapers)
  - The ability to educate workers/public on gambling issues.

- Recognition of the issue (5)
  - More open recognition that a problem exists.
  - Their interest/enthusiasm in advocating for treatment & prevention programs.
  - Increased action(s) and specific attention to problem gambling, e.g. state conference, and accessibility of chief and president when asking questions, etc.
- Organization and planning (4)
  - We have developed a plan and strategy along with trainings before the casinos came.
  - The OhioMHAS problem gambling system started early (like prevention), planned and seems very organized. Collected general pre-intervention assessment.
  - Board continuously explores opportunities for improvement of the system.
- Services (3)
  - Large scope of services that allows boards to provide both prevention & treatment services
  - The flexibility to use [funding] to provide treatment for addiction related issues is seen as a strength.
  - Appears to be strong investment into treatment and prevention.
- State Conferences (3)
  - The state conferences were extremely beneficial to our system. Gambling prevention is new to many people and the conference offered intelligent speakers and ideas.
- Regional Alliances (2)
  - We have strong alliances with Casino, Lottery and Racing commissions and are mobilizing at a state and regional level.
- State Survey
  - The state survey from 2012 helped identify who the target populations are in my county. We would have spent a lot of time, energy, and dollars putting a survey together. Fortunately we have a county survey that asked additional gambling questions. And I am a believer in the SPF process, so assessment is a must.

### III. State Resources

<i>0= No changes needed; 3= Moderate Needs; 5= Critical Needs</i>	Rating Average
<b>How much need is there to improve upon the way state resources are used for the prevention and treatment of problem gambling?</b>	<b>2.29</b>

#### **What suggestions do you have as to how to more effectively and efficiently use state resources for the prevention and treatment of problem gambling?**

- Increase prevention, outreach and education programs (12)
  - Change the 60/40 prevention/treatment ratio of funds to potentially 70/30 prevention/treatment. Very few disordered gamblers seek treatment. Many estimates are less than 10%. This makes prevention all the more critical. Certainly it is nice that the treatment funds are malleable and can be applied to AOD treatment if needed, however, the work prevention practitioners are doing in our state could be amplified with more funding.
  - I suggest more money should be invested in awareness campaigns. A lot of people in [my] County do not perceive problem gambling to be an issue. Through an expanded marketing campaign people can learn the warning signs and know where to seek treatment.
  - Our initial local assessment seems to indicate that problem gambling is not much of a problem. That would suggest to me that the resources continue to slant towards prevention or other non-gambling prevention or treatment needs.
  - Assertive Outreach (funds needed), assist in community education, require school participation, etc.
  - We'd like to have more resources available for early prevention with middle school/high school students that are relevant (less focused on casinos). There should be another way to address ATOD and gambling together as being risky behaviors.
  - Evidence based prevention techniques and practices should be used to maximize dollar-spent outcomes.
  - Increased marketing/advertising re: LOCAL treatment providers (state & local): Billboards, fliers to be placed in areas where problem gamblers might see them (with state phone # & a space for local info)
  - It is my understanding that OhioMHAS awards the funding to the county boards with little stipulation. The county boards then distribute the funding. In [my] County, the amount of treatment dollars is awarded for direct care only. The funding could have been utilized to promote awareness of the problem and the availability of treatment CCRS has had a small program for several years, however given the lack of funding, it was never a priority. The available funding now should be utilized to promote awareness and provide services for this specific population.

- Allocate fund differently (6)
  - I suggest there be a regional approach to gambling prevention. Smaller Boards cannot afford to assign a full-time staff person to gambling prevention nor allocate all of the prevention resources to one media, so combining regional efforts and resources (with shared oversight) can be more effective. And I would entice drug prevention coalitions to take up this issue. They know more about the SFP than treatment providers.
  - Always wondered about fee for service or something like that so people outside the 6 funded agencies could deliver services to make the services more available
  - I think the money needs to be distributed throughout the counties and not awarded to one agency. Especially the larger counties.
  - Mandate that the boards have to use the funds for prevention & for treatment as it relates to problem gambling- not AOD treatment
  - Ability to offer funding based on the scale of the problem identified (particularly those communities where casinos are located). As much advance notification when additional funding opportunities are available in order to have time to prepare proposal.
  - If possible, the state should make the available funding more accessible to meet the needs of specific regions.
  - Funding should not be funneled through certain designated providers, but rather able to be provided by any willing and certified individual or agency in an integrated fashion with any other addiction or mental health services. That way individuals can be treated at any provider of their choice.
- Training and certification (6)
  - Counselor certification will be a big step.
  - Get more people licensed; offer more hands on training options
  - Provide more training opportunities.
  - Difficult to obtain credentialing as a gambling treatment provider; process could be expedited while still expecting skills demonstration
  - Need more certified gambling counselors
- Sharing information and guidance (5)
  - Sharing local ideas across all board areas
  - Provide more training to those of us implementing the gambling plan as to what you would like us to be doing in regards to prevention.
  - Offer trainings and strategies that will bring local boards to a better realization of how to deal with gambling problems in their communities.
  - Clarify what to do when no clients present or are identified, at least 3 counties have this. More prevention guidance/direction
  - Make public record specifics pertaining to how dollars are spent- itemized list.

- Improve screening and data collection (2)
  - Need for more Data
  - We have been screening our Alcohol and Drug clients for gambling but have not found any. It appears that this net is not catching any referrals for treatment.
- Provide money to those who need treatment and cannot afford to pay (1)
- Develop programming and services that are more cognizant of the type of community and its needs. (1)

#### IV. Services: Level of Need

<i>0= No changes needed; 3= Moderate Needs; 5= Critical Needs</i>	Rating Average
<b>How much need is there to improve upon the service delivery system for prevention and treatment of problem gambling?</b>	<b>2.53</b>

#### What suggestions do you have as to how to improve upon the problem gambling service delivery system?

- Prevention, outreach and education (11)
  - More prevention research available to the masses
  - Hard answer as the data has not shown a huge impact and need for treatment. We see a greater need for prevention services and we are open to supports on environmental strategies for the prevention of gambling addictions.
  - Assistance in evidence-based prevention programs applicable to rural communities.
  - We need to find ways to engage in further, deeper, education. When problem gambling is brought up in a conversation it is easy to tell people don't view it as a significant issue. But just after 5 minutes of discussion they are able to see and start to understand its impact. We need to find more forums to pass the *entire* message of problem gambling along to the public. The public still views gambling disorder as the "degenerate gambler" sitting outside a casino, they view it as almost a joke, but we know it is so much more than that. We can help people understand this by associating PG to related and potential outcomes that the public *does* view as a problem (domestic violence, suicide, financial literacy/management, bankruptcy, foreclosure, etc.)
  - Continue education on how serious a problem gambling is... Just giving a screening at initial assessment does not usually identify problem gamblers. Educating and endorsing a system to address problem gambling.
  - The issue is more around awareness raising and communities viewing problem gambling as a concern. The state is doing well here. It just takes time.
  - Need to use funding for increased marketing.

- Assertive outreach (funds needed), assist in community education, require school participation.
- [This] County needs to improve the referral process to get people into gambling treatment. Other mental health or AOD providers are not referring people like we expected. If the SOQIC assessment tool could be modified to include problem gambling questions it would help.
- It would be nice if more communities/schools would allow more time for gambling awareness programming.
- Providing more information through web sites
- Increase guidance and sharing of information (10)
  - I think it would be good to look at what other counties and agencies are doing and try to develop best practices in the state.
  - There is no cohesive, statewide plan
  - Have regional organizations to coordinate services and improved information on who treats problem gamblers in each area and their qualifications
  - Make sure there is real need. Encourage boards to be strategic with their gambling allocations, not just a buckshot approach.
  - It would be helpful to receive information on how all the funds are being used across the state, to be able to learn of other programs that could be replicated locally. It would also be helpful if the reporting between State and local agencies were synchronized.
  - Improve communication as the resources become available
  - Have better communication/guidance between state and local ADAMH boards
  - I am not sure if I am the only one who feels kind of lost as to what the state would like to see us be doing in regards to problem gambling prevention. I am currently using the SPF process to assess our community needs and readiness for PG prevention, but once I have the data I am not sure what options I will have as far as strategies for implementing some sort of PG prevention program.
  - Info. Re: local providers
  - We have lost support group members to Gambler's Anonymous who discourages our former participants from using both groups. Can there be an understanding through the state level to work in partnership with GA?
- Accessibility (5)
  - Same as above -always wondered about fee for service or something like that so people outside the 6 funded agencies could deliver services to make the services more available
  - State only identifies their gambling projects and ignores anyone else that is certified to provide services, which cuts back on resources identified for those who need help.

- Utilize the vast network of existing OMHAS certified treatment providers rather than creating a subset of selected providers. No “wrong” door and no “wrong” provider.
- Few identified providers in our local area. The population we treat seldom presents with a primary problem of pathological gambling although it can be a co-occurring problem.
- Available treatment resources are limited to only a few geographical areas. More trained professionals are needed throughout the state for easier access by consumers. There seems to be difficulty in identifying professionals who will commit to learning gambling treatment skills.
- Training and certification (4)
- More opportunities to train professionals in the gambling addiction treatment
- Provide incentives for more clinicians to acquire the skills and certification needed to treat gambling addictions.
- Ensure that there is ongoing training and development that should be required for agencies offering those services.
- Offer more training to chemical dependency counselors.
- Specific Programs (2)
  - Have more than a hotline, but a place to go
  - Providers here seem to have difficulty trying new evidence based programs and working with seniors.
- Regionalize services (2)
  - Regionalize treatment. We cannot train effectively when there are no clients.
  - Currently, there is an ample amount of funding due to the state mandate on casinos. However, the funding is dispersed to all 88 counties, some (most) of which do not provide prevention or treatment. The funding was intended for prevention or treatment for individuals with gambling disorders. Much of the funding is not being utilized for this purpose. If a county doesn’t use the funds for gambling than the funds are diverted to other programs. If this doesn’t stop, the money will continue to be diverted and problem gambling programs will not be established.

## V. Funding Priorities: Problem Gambling Services

<i>0= No changes needed; 3= Moderate Needs; 5= Critical Needs</i>	Rating Average
<b>How much need is there to better address service gaps in the current problem gambling treatment and prevention system?</b>	<b>2.64</b>

### What do you view as the greatest service gaps for special populations?

- Specific Social Groups:
  - Older teenagers and young adults (7)
  - Senior Citizens and Older adults (4)
  - African American Men ages 18-24 (1)
  - Mentally Ill population (1)
  - Rural populations (1)
  - Religious populations (1)
  - Gamblers who fall outside of traditional gambling venues (1)
- Education and Awareness (5)
  - There is a lack of awareness around PG services in the state. Especially for our AOD programs, which are at high risk of gambling addiction, they are unaware of the services and resources available.
  - Providing more education
  - The recognition by the populations that they may have a problem.
  - Info about local resources
  - Gap in information dissemination
- Access (5)
  - Keeping trainings in Columbus area so more staff can be trained
  - Access→ limited number of programs available for treatment
  - The small number of licensed gambling treatment professionals throughout the state- perhaps consideration of tele-counseling for gambling specific treatment
  - This would be a complete guess. I would say probably clients who are outside the 6 centers
  - Access to the special populations
- Identification of service gaps (4)
  - Asking the right questions to clients as they enter treatment to assess their need for PG treatment.

- Just identifying those special populations
- Data collection - Understanding how much problem gambling is affecting our communities. Can we create or discover a way that will tell us what the need is?
- Data
- Prevention (2)
  - Not much in the way of prevention- specific resources
  - I know we have struggled to provide prevention services as businesses and schools do not see this as an urgent issue.
- Client compliance (2)
  - Getting individuals to present for treatment
  - In my opinion, it would take very serious gambling consequences for someone to seek out treatment. There are certainly more individuals out there who have financial problems related to their gambling habits than we see presenting for treatment.
- Integrated care (1)
  - Many of these individuals have more than one presenting issue.

### **What are your suggestions for ways to address these gaps?**

- Education and Outreach (9)
  - I think we just need to continue to increase awareness around the topic of problem gambling
  - More trained staff outreach to graduates, college students, and senior organizations. Local and state support of TV and event-based information about particular gambling populations.
  - Create the materials and add to website
  - Have more conferences including these populations
  - Facebook advertising
  - Providing more prevention education in the community
  - More advertising, public service announcements humanizing gambling addiction, what it looks like, how to identify a problem.
  - To have media campaigns targeted to this population
  - Billboards, newspaper ads, fliers with a space to stamp on (the local phone #), radio spots (with the state phone # and local phone #)
- Networking (6)
  - Form relationships with coordinators, directors, etc. of organizations that provide services for the elderly. Generate a message that is not disrespectful to the audience. We do not want the PG message to sound like we are talking down to them and

saying they shouldn't gamble at all. Potentially use the strategies above to talk to the elderly about gambling. Suicide is a problem in the senior population as is financial planning. These are topics to mix in PG education.

- Work closely with the casinos and treatment agencies to get a handle on the scope of the problem.
- Perhaps engaging the primary care physicians who see people with ulcers, trouble sleeping, etc. and other anxiety related problems to assess for gambling and/or related financial problems.
- Utilizing existing community networks and coalitions for surveying “affinity” populations to get trusted feedback from ethnic minority and immigrant communities where general surveys and phone surveys will not reach.
- If OhioMHAS targeted schools to spread the message to superintendents that youth gambling is a potential concern, perhaps schools would be more receptive to learning about the issue.
- Utilize the vast network of existing OhioMHAS certified treatment providers rather than creating a subset of selected professionals.
- Accessibility (5)
  - Bring services to colleges
  - Regionalize treatment so an agency has clients to engage with to support a treatment professional.
  - Tele-counseling for gambling specific treatment
  - Offer materials in native languages
  - Offer interpreter at the 1800- Gambling number/have interpreters that can call the person back
- Trainings (4)
  - Provide training for counselors every year for beginning levels throughout state- at least five areas- north, south, east, west, and central
  - CCRS is exploring more training on these populations to better service the community. There will be advocacy to provide funding for prevention dollars to target these specific populations.
  - More training, more funding
  - Training for admission staff
- Data Collection/research (3)
  - I think we need the numbers...who is getting served and who is not
  - More research to identify what the specific needs are
  - Dig deeper into the data; collect more qualitative data to better understand who these special pops might be.
- Allocations/RFP's could go out from the boards for programs specific to seniors.

## VI. Suggested Changes to Assist Programs' Success

Thinking specifically about your program, what modifications can be made by OhioMHAS or your County ADAMH/ADAS Board to better support your program's success?

- Increased direction with goals, implementation, and assessment (8)
  - Develop, establish and use Evidence Based Programs and curriculum (3)
  - Concrete ideas for use of prevention dollars in best ways
  - Clearer Guidelines
  - I think it would be helpful to have someone from the state that could give technical assistance to us on a regular basis about how we are implementing our plan.
  - Make sure we have relevant tools that are pertinent to our population (middle school and high school).
  - More evaluation processes to establish model programs, this might include engagement of research professionals such as faculty at local universities
- Increase in outreach, awareness building, prevention (7)
  - More resources for marketing to 18-24 year olds on the local and state levels. High school and college age kids are reached through social media, so increasing resources to invest in information dissemination and environmental strategies through social media would be useful. And if we were to invest in television PSA's during sporting events I believe we would reach more gamblers.
  - More comprehensive community awareness campaigns
  - I would like more/need prevention materials
  - An alternate point of intervention besides AOD treatment referrals may lead to more clients being engaged in treatment.
  - Establish other targeted research /marketing campaigns to populations (i.e., Asian, new immigrants, etc.) who may not connect with the "I Lost A Bet" campaign. This can be localized.
  - Reduce stigma associated with seeking treatment for pathological gambling
  - Our organization is working to promote the awareness of the problem and that there is treatment available. The county holds the purse strings tight and only allows funding for direct care. It would be beneficial for the State to have a statewide campaign regarding the problem and that there is treatment available. However, than it would be necessary for all regions to provide treatment.
- Financial Resources (6)
  - Additional financial resources to support gambling treatment expansion. (3)
  - Modification of the prevention/treatment ratio of funds. Our agency does a lot of prevention work that we believe is effective at both the client and community levels.

Furthermore, we see very few clients for PG treatment. Our prevention efforts could be maximized with increased funds.

- Encourage boards to be strategic with their gambling allocations, not just a buckshot approach.
- It would be helpful to know how much money we have to spend as of July 1. We usually don't know until Oct 1 and then might get more funds after Jan 1 if the treatment providers don't use theirs.
- Networking (5)
  - Help in collaboration/relationships with other organizations (i.e. senior centers). Having a backing like a state agency would send a strong message about the importance of the issue.
  - Collaborate with other providers as well in the state (we do some but feel we could likely do more)
  - Set networking opportunities to learn about what other agencies are doing.
  - Better Communication between state – OMAS and County ADAMH/Boards - Specifically about the upcoming media campaign
  - Ensure boards have info about treatment providers location and contact information
- Training (4)
  - Get fabulous educational/training/resources. Continued access to these low cost services is so important to our continued development here and throughout Ohio
  - This Board area has one certified gambling treatment professional to serve three counties. If there was a local training program we could offer and pay for materials, speakers, and conference fees, we might be able to entice other clinicians into becoming trained to treat gambling addictions.
  - Provide more comprehensive training for Gambling Addiction Specialist/Providers (2)
  - Recognition that the agency and myself as certified to provide gambling counseling on state site.
- Reporting (3)
  - Improved reporting systems, improved milestones and performance targets
  - Reduction in redundant reporting requirements
  - Assistance establishing prevalence/collecting data

## VII. Infrastructure Priorities

Based on the current budget and service system, please rate the following infrastructure elements according to your state's level of need with:

<i>0= No changes needed; 3= Moderate Needs; 5= Critical Needs</i>		
<b>Infrastructure Element</b>	<b>Rating Mode</b>	<b>Rating Average</b>
Improved information management system, including program evaluation	3	2.91
Improved collaboration and coordination between state and local government agencies	4	2.76
Improved coordination of efforts/programs at national level	3	2.64
Increased number of qualified prevention providers with PG experience	4	2.58
Improved collaboration and coordination between state agencies	3	2.5
Improved problem gambling helpline and website	1	2.02
Improved procurement and payment system to timely distribute contracts, funds, monitor provider compliance to contracts and standards, etc.	3	1.93
Other		
Other (please specify)		4.67
<ul style="list-style-type: none"> <li>• Improved community understanding of the severity of gambling problems</li> <li>• Improved understanding of problem issues by treatment providers and first responders</li> <li>• Help small agencies get staff licensed</li> </ul>		

## VIII. Other Comments or Suggestions

- I believe there is a disconnect between the AG's office and OhioHMAS in regards to gambling where non-profit agencies are encouraged to use the instant bingos to support their financial needs.
- Including gambling in the POPS system was very helpful.
- OhioHMAS staff and Ohio in general is more than cooperative in helping put order to our programs. Keep up the good work. There is a lot of room for growth and change
- I feel like we are just starting a marathon race. At 5 miles, we still feel pretty good; at 10 miles we start to question why we thought this was a good idea; at 15 miles we wish we had trained a little more and wore better shoes, and at the end of the race we know what we would do differently! Once we get some data and results from these relatively new initiatives,

I look forward to seeing what adjustments need to be made at both the state and local levels and whether the finding meets the needs.

- Get away from a “Billable hour” system (-that decision I think more at County/Board Level- not sure what state can do about it) and support more education in gambling for both treatment and prevention
- I have been working 2 years trying to get licensed. I lack the people to serve, ability to do so.
- I have asked for data on the number of calls received from Licking & Knox counties- was told it was under the Ohio Casino Control Commission- seems like a weird place. I don't think this is publicized very well. Also there is no inclusive county data there- you have to request it.
- CHES credits need offered by OhioMHAS for problem gambling trainings. Good work so far, just here improving!
- Thank you.
- When the state first started to provide programs, we were told we already had a qualified gambling counselor and the programs were to try to establish new programs. After that we were overlooked repeatedly and they said we could not be put on their site because it is only for their programs. Clients have said I did not know you existed as you are not on the state site so they do not seem to know you exist- not good use of available resources.
- Agencies throughout the state have not taken the initiative to meet to discuss their efforts and share what works. The State has taken the initiative with agencies statewide with pertinent leaders who operate an Opioid Treatment Program to meet on a regular basis and share information. The forum is open to discuss issues and successes. The State may try this approach for agencies that have a Problem Gambling Program.
- There is no clear pathway to develop programming. Too few clients to develop skills. Staff not willing to get the credential when we have no clients.
- Re: VIIIh. Collaboration between counselor licensing bodies (CSWMFT-OCDP)

# APPENDIX C

## OhioMHAS Problem Gambling Services Stakeholder Survey

### SUMMARY REPORT

December 8, 2014

#### Introduction

In September of 2014, Ohio Department of Mental Health & Addiction Services (OhioMHAS) launched an initiative to analyze and evaluate OhioMHAS supported problem gambling services and explore initiatives to improve these services. Critical to the development of this improvement project was gathering input from a wide range of stakeholders. Information from stakeholders was gathered utilizing in-person and telephone semi-structured interviews, reviewing reports and program documents, and fielding two surveys; a survey designed specifically for consumers of problem gambling treatment services and a “Stakeholders Survey” for distribution to OhioMHAS problem gambling service partners. The present report describes summary findings exclusively from the “Stakeholders Survey.”

A three page Stakeholders Survey (see Attachment A) was distributed to individuals representing a wide range of stakeholder groups including representatives from state agencies, county agencies and boards, treatment and prevention providers, and others involved in the OhioMHAS problem gambling service system. The survey was emailed on October 16, 2014, to persons on the OhioMHAS problem gambling services listserv with a cover message to further distribute the survey to anyone within their organization that may be interested in participating in the survey. Survey participants were provided the option to complete and submit the survey anonymously to the principle investigator. The original survey closing date was set for November 10 then in an effort to increase the response rate the survey period was extended to November 24th. The total number of surveys collected during the survey period was forty-seven (47), representing stakeholders from 36 different service regions or cities. Survey participants were instructed to endorse all stakeholder categories that applied to them, resulting in several respondents endorsing more than one stakeholder category type. Completed surveys were submitted by individuals categorizing themselves as prevention providers (68%), treatment providers (64%), County ADAMH board members (13%), individuals within an Ohio for Responsible Gambling Partner agency (13%), and “other” (11%).

The contents of this report are organized according to the survey tool. To reduce response repetitiveness, participant responses have been consolidated according to theme. The survey responses are presented in rank order according to theme popularity. Most often, the top two or three responses immediately following the survey question represent common viewpoints.

# OhioMHAS Problem Gambling Services

## Stakeholder Survey Responses

Fielded October 16, 2014 through November 24, 2014

### I. Background

<b>Service Region or City</b>	
Auglaize, Adams, Akron, Allen, Austintown, Central Ohio, Cincinnati, Clermont, Cleveland, Darke, Eaton, Geauga, Hamilton, Hardin, Jefferson, Knox, Lake, Lawrence, Logan, Mahoning, Miami, Portage, Sandusky, Scioto, Seneca, Shelby, Steubenville, Summit, Toledo, Zanesville, North Central, Northwest, South/Southwest, Statewide	72% (2% each)
Cuyahoga, Holmes, Licking, Lucas, Trumbull, Union, Wayne	14% (4% each)
Youngstown	8%
Franklin	6%
<b>Stakeholder Group</b>	
Prevention Providers	68%
Treatment Providers	64%
County ADAMH Board Members	13%
State Employee/Ohio for Responsible Gambling Partner Agency	9%
OhioMHAS Employee	4%
Other	11%

## II. Strengths

**Thinking about the larger OhioMHAS supported problem gambling system, what do you view as the system strengths?** *(Listed in order of popularity)*

- Comprehensive and varied training opportunities which are widely available on a local level (20)
  - In 2013 the state offered two trainings locally that helped educate local service providers on gambling and problem gambling. We didn't have to send people to Columbus, the trainers came here.
  - Training counselors in recognizing/treating problem gambling
  - Training and encouraging individuals to promote gambling education
- Knowledgeable, supportive, and accessible staff committed to the problem and willing to work collaboratively (14)
  - I believe one major strength of the system is that everyone is on the same page. There seems to be very few to no questions regarding what the objectives, methods, and goals of OhioMHAS and its partner agencies are. There is a common interest and a common goal that is very visible across the state.
  - Having OhioMHAS staff available to answer questions is extremely helpful. They have good ideas and they let us know if we were moving in the right direction. They also share information that I do not have. They save me time and energy.
  - I think the biggest strength is the people who work in the field. There is a such a wide variety of expertise and experience.
  - There are many people throughout the state with extensive experience in gambling treatment and prevention. This is a huge asset to the state.
- Availability of resources and funding (13)
  - Shared resources.
  - Funding from the casinos has increased capacity to address the problem.
  - Having the funding available to address prevention in our communities has been beneficial.
  - Supporting the idea of totally free services for treatment and prevention – and reminding county board of that issue.
  - Encouraging keeping the money to gambling- not letting it be diverted to ADD
  - Fair distribution of funds
- Awareness and education campaigns (5)
  - I liked the statewide awareness campaigns. They are simple, consistent, and they are in a lot of visible places (billboards, newspapers).
  - The ability to educate workers/public on gambling issues.

- Recognition of the issue (5)
  - More open recognition that a problem exists.
  - Their interest/enthusiasm in advocating for treatment & prevention programs.
  - Increased action(s) and specific attention to problem gambling, e.g. state conference, and accessibility of chief and president when asking questions, etc.
- Organization and planning (4)
  - We developed a plan and strategy along with trainings before the casinos came.
  - The OhioMHAS problem gambling system started early (like prevention), planned and seems very organized. Collected general pre-intervention assessment.
  - Board continuously explores opportunities for improvement of the system.
- Services (3)
  - Large scope of services that allows boards to provide both prevention & treatment services
  - The flexibility to use [funding] to provide treatment for addiction related issues is seen as a strength.
  - Appears to be strong investment into treatment and prevention.
- State Conferences (3)
  - The state conferences were extremely beneficial to our system. Gambling prevention is new to many people and the conference offered intelligent speakers and ideas.
- Regional Alliances (2)
  - We have strong alliances with Casino, Lottery and Racing commissions and are mobilizing at a state and regional level.
- State Survey
  - The state survey from 2012 helped identify who the target populations are in my county. We would have spent a lot of time, energy, and dollars putting a survey together. Fortunately we have a county survey that asked additional gambling questions. And I am a believer in the SPF process, so assessment is a must.

### III. State Resources

<i>0= No changes needed; 3= Moderate Needs; 5= Critical Needs</i>	Rating Average
<b>How much need is there to improve upon the way state resources are used for the prevention and treatment of problem gambling?</b>	<b>2.29</b>

#### What suggestions do you have as to how to more effectively and efficiently use state resources for the prevention and treatment of problem gambling?

- Increase prevention, outreach and education programs (12)
  - Change the 60/40 prevention/treatment ratio of funds to potentially 70/30 prevention/treatment. Very few disordered gamblers seek treatment. Many estimates are less than 10%. This makes prevention all the more critical. Certainly it is nice that the treatment funds are malleable and can be applied to AOD treatment if needed, however, the work prevention practitioners are doing in our state could be amplified with more funding.
  - I suggest more money should be invested in awareness campaigns. A lot of people in [my] County do not perceive problem gambling to be an issue. Through an expanded marketing campaign people can learn the warning signs and know where to seek treatment.
  - Our initial local assessment seems to indicate that problem gambling is not much of a problem. That would suggest to me that the resources continue to slant towards prevention or other non-gambling prevention or treatment needs.
  - Assertive Outreach (funds needed), assist in community education, require school participation, etc.
  - We'd like to have more resources available for early prevention with middle school/high school students that are relevant (less focused on casinos). There should be another way to address ATOD and gambling together as being risky behaviors.
  - Evidence based prevention techniques and practices should be used to maximize dollar-spent outcomes.
  - Increased marketing/"advertising" re: LOCAL treatment providers (state & local): Billboards, fliers to be placed in areas where problem gamblers might see them (with state phone # & a space for local info)
  - It is my understanding that OhioMHAS awards the funding to the county boards with little stipulation. The county boards then distribute the funding. In [my] County, the amount of treatment dollars is awarded for direct care only. The funding could have been utilized to promote awareness of the problem and the availability of treatment. CCRS has had a small program for several years, however given the lack of funding, it was never a priority. The available funding now should be utilized to promote awareness and provide services for this specific population.

- Allocate fund differently (6)
  - I suggest there be a regional approach to gambling prevention. Smaller Boards cannot afford to assign a full-time staff person to gambling prevention nor allocate all of the prevention resources to one media, so combining regional efforts and resources (with shared oversight) can be more effective. And I would entice drug prevention coalitions to take up this issue. They know more about the SPF than treatment providers.
  - Always wondered about fee for service or something like that so people outside the 6 funded agencies could deliver services to make the services more available
  - I think the money needs to be distributed throughout the counties and not awarded to one agency. Especially the larger counties.
  - Mandate that the boards have to use the funds for prevention & for treatment as it relates to problem gambling- not AOD treatment
  - Ability to offer funding based on the scale of the problem identified (particularly those communities where casinos are located). As much advance notification as possible when additional funding opportunities are available in order to have time to prepare proposal.
  - If possible, the state should make the available funding more accessible to meet the needs of specific regions.
  - Funding should not be funneled through certain designated providers, but rather able to be provided by any willing and certified individual or agency in an integrated fashion with any other addiction or mental health services. That way individuals can be treated at any provider of their choice.
- Training and certification (6)
  - Counselor certification will be a big step.
  - Get more people licensed; offer more hands on training options
  - Provide more training opportunities.
  - Difficult to obtain credentialing as a gambling treatment provider; process could be expedited while still expecting skills demonstration
  - Need more certified gambling counselors
- Sharing information and guidance (5)
  - Sharing local ideas across all board areas
  - Provide more training to those of us implementing the gambling plan as to what you would like us to be doing in regards to prevention.
  - Offer trainings and strategies that will bring local boards to a better realization of how to deal with Gambling problems in their communities.
  - Clarify what to do when no clients present or are identified- at least 3 counties have this. More prevention guidance/direction
  - Make public record specifics pertaining to how dollars are spent- itemized list.

- Improve screening and data collection (2)
  - Need for more Data
  - We have been screening our Alcohol and Drug clients for gambling but have not found any. It appears that this net is not catching any referrals for treatment.
- Provide money to those who need treatment and cannot afford to pay (1)
- Develop programming and services that are more cognizant of the type of community and its needs. (1)

#### IV. Services: Level of Need

<i>0= No changes needed; 3= Moderate Needs; 5= Critical Needs</i>	Rating Average
<b>How much need is there to improve upon the service delivery system for prevention and treatment of problem gambling?</b>	<b>2.53</b>

#### What suggestions do you have as to how to improve upon the problem gambling service delivery system?

- Prevention, outreach and education (11)
  - More prevention research available to the masses
  - Hard answer as the data has not shown a huge impact and need for treatment. We see a greater need for prevention services, and we are open to supports on environmental strategies for the prevention of gambling addictions.
  - Assistance in evidence-based prevention programs applicable to rural communities.
  - We need to find ways to engage in further, deeper, education. When problem gambling is brought up in a conversation it is easy to tell people don't view it as a significant issue. But after just 5 minutes of discussion they are able to see and start to understand its impact. We need to find more forums to pass the *entire* message of problem gambling along to the public. The public still views gambling disorder as the "degenerate gambler" sitting outside a casino; they view it as almost a joke, but we know it is so much more than that. We can help people understand this by associating PG to related and potential outcomes that the public *does* view as a problem (domestic violence, suicide, financial literacy/management, bankruptcy, foreclosure, etc.)
  - Continue education on how serious a problem gambling is... Just giving a screening at initial assessment does not usually identify problem gamblers. Educating and endorsing a system to address problem gambling.
  - The issue is more around awareness raising and communities viewing problem gambling as a concern. The state is doing well here. It just takes time.
  - Need to use funding for increased marketing.

- Assertive outreach (funds needed), assist in community education, require school participation.
- [This] County needs to improve the referral process to get people into gambling treatment. Other mental health or AOD providers are not referring people like we expected. If the SOQIC assessment tool could be modified to include problem gambling questions it would help.
- It would be nice if more communities/schools would allow more time for gambling awareness programming.
- Providing more information through web sites
- Increase guidance and sharing of information (10)
  - I think it would be good to look at what other counties and agencies are doing and try to develop best practices in the state.
  - There is no cohesive, statewide plan
  - Have regional organizations to coordinate services and improved information on who treats problem gamblers in each area and their qualifications
  - Make sure there is real need. Encourage boards to be strategic with their gambling allocations, not just a buckshot approach.
  - It would be helpful to receive information on how all the funds are being used across the state, to be able to learn of other programs that could be replicated locally. It would also be helpful if the reporting between State and local agencies were synchronized.
  - Improve communication as the resources become available
  - Have better communication/guidance between state and local ADAMH boards
  - I am not sure if I am the only one who feels kind of lost as to what the state would like to see us be doing in regards to problem gambling prevention. I am currently using the SPF process to assess our community needs and readiness for PG prevention, but once I have the data I am not sure what options I will have as far as strategies for implementing some sort of PG prevention program.
  - Info. Re: local providers
  - We have lost support group members to Gambler's Anonymous who discourages our former participants from using both groups. Can there be an understanding through the state level to work in partnership with GA?
- Accessibility (5)
  - Same as above -always wondered about fee for service or something like that so people outside the 6 funded agencies could deliver services to make the services more available
  - State only identifies their gambling projects and ignores anyone else that is certified to provide services, which cuts back on resources identified for those who need help.

- Utilize the vast network of existing OMHAS certified treatment providers rather than creating a subset of selected providers. No “wrong” door and no “wrong” provider.
- Few identified providers in our local area. The population we treat seldom presents with a primary problem of pathological gambling although it can be a co-occurring problem.
- Available treatment resources are limited to only a few geographical areas. More trained professionals are needed throughout the state for easier access by consumers. There seems to be difficulty in identifying professionals who will commit to learning gambling treatment skills.
- Training and certification (4)
- More opportunities to train professionals in gambling addiction treatment
- Provide incentives for more clinicians to acquire the skills and certification needed to treat gambling addictions.
- Ensure that there is ongoing training and development that should be required for agencies offering those services.
- Offer more training to chemical dependency counselors.
- Specific Programs (2)
  - Have more than a hotline, but a place to go
  - Providers here seem to have difficulty trying new evidence based programs and working with seniors.
- Regionalize services (2)
  - Regionalize treatment. We cannot train effectively when there are no clients.
  - Currently, there is an ample amount of funding due to the state mandate on casinos. However, the funding is dispersed to all 88 counties, some (most) of which do not provide prevention or treatment. The funding was intended for prevention or treatment for individuals with gambling disorders. Much of the funding is not being utilized for this purpose. If a county doesn’t use the funds for gambling than the funds are diverted to other programs. If this doesn’t stop, the money will continue to be diverted and problem gambling programs will not be established.

## V. Funding Priorities: Problem Gambling Services

<i>0= No changes needed; 3= Moderate Needs; 5= Critical Needs</i>	Rating Average
<b>How much need is there to better address service gaps in the current problem gambling treatment and prevention system?</b>	<b>2.64</b>

### What do you view as the greatest service gaps for special populations?

- Specific Social Groups:
  - Older teenagers and young adults (7)
  - Senior Citizens and Older adults (4)
  - African American Men ages 18-24 (1)
  - Mentally Ill population (1)
  - Rural populations (1)
  - Religious populations (1)
  - Gamblers who fall outside of traditional gambling venues (1)
- Education and Awareness (5)
  - There is a lack of awareness around PG services in the state. Especially for our AOD programs, which are at high risk of gambling addiction, they are unaware of the services and resources available.
  - Providing more education
  - The recognition by the populations that they may have a problem.
  - Info about local resources
  - Gap in information dissemination
- Access (5)
  - Keeping trainings in Columbus area so more staff can be trained
  - Access→ limited number of programs available for treatment
  - The small number of licensed gambling treatment professionals throughout the state- perhaps consideration of tele-counseling for gambling specific treatment
  - This would be a complete guess. I would say probably clients who are outside the 6 centers
  - Access to the special populations
- Identification of service gaps (4)
  - Asking the right questions to clients as they enter treatment to assess their need for PG treatment.

- Just identifying those special populations
- Data collection - Understanding how much problem gambling is affecting our communities. Can we create or discover a way that will tell us what the need is?
- Data
- Prevention (2)
  - Not much in the way of prevention- specific resources
  - I know we have struggled to provide prevention services as businesses and schools do not see this as an urgent issue.
- Client compliance (2)
  - Getting individuals to present for treatment
  - In my opinion, it would take very serious gambling consequences for someone to seek out treatment. There are certainly more individuals out there who have financial problems related to their gambling habits than we see presenting for treatment.
- Integrated care (1)
  - Many of these individuals have more than one presenting issue.

### **What are your suggestions for ways to address these gaps?**

- Education and Outreach (9)
  - I think we just need to continue to increase awareness around the topic of problem gambling
  - More trained staff outreach to graduates, college students, and senior organizations. Local and state support of TV and event based information about particular gambling populations.
  - Create the materials and add to website
  - Have more conferences including these populations
  - Facebook advertising
  - Providing more prevention education in the community
  - More advertising, public service announcements humanizing gambling addiction, what it looks like, how to identify a problem.
  - To have media campaigns targeted to this population
  - Billboards, newspaper ads, fliers with a space to stamp on (the local phone #), radio spots (with the state phone # and local phone #)
- Networking (6)
  - Form relationships with coordinators, directors, etc. of organizations that provide services for the elderly. Generate a message that is not disrespectful to the audience. We do not want the PG message to sound like we are talking down to them and

saying they shouldn't gamble at all. Potentially use the strategies above to talk to the elderly about gambling. Suicide is a problem in the senior population as is financial planning. These are topics to mix in PG education.

- Work closely with the casinos and treatment agencies to get a handle on the scope of the problem.
- Perhaps engaging the primary care physicians who see people with ulcers, trouble sleeping, etc. and other anxiety related problems to assess for gambling and/or related financial problems.
- Utilizing existing community networks and coalitions for surveying “affinity” populations to get trusted feedback from ethnic minority and immigrant communities where – general surveys and phone surveys will not reach.
- If OhioMHAS targeted schools to spread the message to superintendents that youth gambling is a potential concern, perhaps schools would be more receptive to learning about the issue.
- Utilize the vast network of existing OhioMHAS certified treatment providers rather than creating a subset of selected professionals.
- Accessibility (5)
  - Bring services to colleges
  - Regionalize treatment so an agency has clients to engage with to support a treatment professional.
  - Tele-counseling for gambling specific treatment
  - Offer materials in native languages
  - Offer interpreter at the 1800- Gambling number/have interpreters that can call the person back
- Trainings (4)
  - Provide training for counselors every year for beginning levels throughout state- at least five areas- north, south, east, west, and central
  - CCRS is exploring more training on these populations to better service the community. There will be advocacy to provide funding for prevention dollars to target these specific populations.
  - More training, more funding
  - Training for admission staff
- Data Collection/research (3)
  - I think we need the numbers...who is getting served and who is not
  - More research to identify what the specific needs are
  - Dig deeper into the data; collect more qualitative data to better understand who these special pops might be.
- Allocations/RFP's could go out from the boards for programs specific to seniors.

## VI. Suggested Changes to Assist Programs' Success

**Thinking specifically about your program, what modifications can be made by OhioMHAS or your County ADAMH/ADAS Board to better support your program's success?**

- Increased direction with goals, implementation, and assessment (8)
  - Develop, establish and use Evidence Based Programs and curriculum (3)
  - Concrete ideas for use of prevention dollars in best ways
  - Clearer Guidelines
  - I think it would be helpful to have someone from the state that could give technical assistance to us on a regular basis about how we are implementing our plan.
  - Make sure we have relevant tools that are pertinent to our population (middle school and high school).
  - More evaluation processes to establish model programs, this might include engagement of research professionals such as faculty at local universities
- Increase in outreach, awareness building, prevention (7)
  - More resources for marketing to 18-24 year olds on the local and state levels. High school and college age kids are reached through social media, so increasing resources to invest in information dissemination and environmental strategies through social media would be useful. And if we were to invest in television PSA's during sporting events I believe we would reach more gamblers.
  - More comprehensive community awareness campaigns
  - I would like more/need prevention materials
  - An alternate point of intervention besides AOD treatment referrals may lead to more clients being engaged in treatment.
  - Establish other targeted research /marketing campaigns to populations (i.e., Asian, new immigrants, etc.) who may not connect with the "I Lost A Bet" campaign. This can be localized.
  - Reduce stigma associated with seeking treatment for pathological gambling
  - Our organization is working to promote the awareness of the problem and that there is treatment available. The county holds the purse strings tight and only allows funding for direct care. It would be beneficial for the State to have a statewide campaign regarding the problem and that there is treatment available. However, than it would be necessary for all regions to provide treatment.
- Financial Resources (6)
  - Additional financial resources to support gambling treatment expansion. (3)
  - Modification of the prevention/treatment ratio of funds. Our agency does a lot of prevention work that we believe is effective at both the client and community levels.

Furthermore, we see very few clients for PG treatment. Our prevention efforts could be maximized with increased funds.

- Encourage boards to be strategic with their gambling allocations, not just a buckshot approach.
- It would be helpful to know how much money we have to spend as of July 1. We usually don't know until Oct 1 and then might get more funds after Jan 1 if the treatment providers don't use theirs.
- Networking (5)
  - Help in collaboration/relationships with other organizations (i.e. senior centers). Having a backing like a state agency would send a strong message about the importance of the issue.
  - Collaborate with other providers as well in the state (we do some but feel we could likely do more)
  - Set networking opportunities to learn about what other agencies are doing.
  - Better Communication between state – OMAS and County ADAMH/Boards - Specifically about the upcoming media campaign
  - Ensure boards have info about treatment providers location and contact information
- Training (4)
  - Get fabulous educational/training/resources. Continued access to these low cost services is so important to our continued development here and throughout Ohio
  - This Board area has one certified gambling treatment professional to serve three counties. If there was a local training program we could offer and pay for materials, speakers, and conference fees, we might be able to entice other clinicians into becoming trained to treat gambling addictions.
  - Provide more comprehensive training for Gambling Addiction Specialist/Providers (2)
  - Recognition that the agency and myself as certified to provide gambling counseling on state site.
- Reporting (3)
  - Improved reporting systems, improved milestones and performance targets
  - Reduction in redundant reporting requirements
  - Assistance establishing prevalence/collecting data

## VII. Infrastructure Priorities

Based on the current budget and service system, please rate the following infrastructure elements according to your state’s level of need with:

*0= No changes needed; 3= Moderate Needs; 5= Critical Needs*

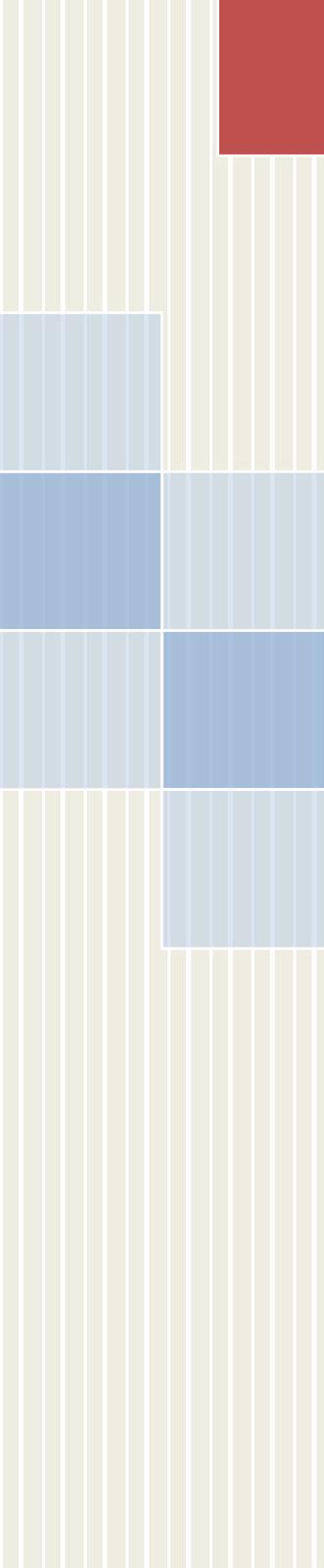
Infrastructure Element	Rating Mode	Rating Average
Improved information management system, including program evaluation	3	2.91
Improved collaboration and coordination between state and local government agencies	4	2.76
Improved coordination of efforts/programs at national level	3	2.64
Increased number of qualified prevention providers with PG experience	4	2.58
Improved collaboration and coordination between state agencies	3	2.5
Improved problem gambling helpline and website	1	2.02
Improved procurement and payment system to timely distribute contracts, funds, monitor provider compliance to contracts and standards, etc.	3	1.93
Other		
Other (please specify)		4.67
<ul style="list-style-type: none"> <li>• Improved community understanding of the severity of gambling problems</li> <li>• Improved understanding of problem issues by treatment providers and first responders</li> <li>• Help small agencies get staff licensed</li> </ul>		

## VIII. Other Comments or Suggestions

- I believe there is a disconnect between the AG’s office and OhioHMAS in regards to gambling where non-profit agencies are encouraged to use the instant bingos to support their financial needs.
- Including gambling in the POPS system was very helpful.
- OhioHMAS staff and Ohio in general is more than cooperative in helping put order to our programs. Keep up the good work. There is a lot of room for growth and change
- I feel like we are just starting a marathon race. At 5 miles, we still feel pretty good; at 10 miles we start to question why we thought this was a good idea; at 15 miles we wish we had trained a little more and wore better shoes, and at the end of the race we know what we would do differently! Once we get some data and results from these relatively new initiatives,

I look forward to seeing what adjustments need to be made at both the state and local levels and whether the finding meets the needs.

- Get away from a “Billable hour” system (-that decision I think more at County/Board Level- not sure what state can do about it) and support more education in gambling for both treatment and prevention
- I have been working 2 years trying to get licensed. I lack the people to serve, ability to do so.
- I have asked for data on the number of calls received from Licking & Knox counties- was told it was under the Ohio Casino Control Commission- seems like a weird place. I don't think this is publicized very well. Also there is no inclusive county data there- you have to request it.
- CHES credits need offered by OhioMHAS for problem gambling trainings. Good work so far, just here improving!
- Thank you.
- When the state first started to provide programs, we were told we already had a qualified gambling counselor and the programs were to try to establish new programs. After that we were overlooked repeatedly and they said we could not be put on their site because it is only for their programs. Clients have said I did not know you existed as you are not on the state site so they do not seem to know you exist- not good use of available resources.
- Agencies throughout the state have not taken the initiative to meet to discuss their efforts and share what works. The State has taken the initiative with agencies statewide with pertinent leaders who operate an Opioid Treatment Program to meet on a regular basis and share information. The forum is open to discuss issues and successes. The State may try this approach for agencies that have a Problem Gambling Program.
- There is no clear pathway to develop programming. Too few clients to develop skills. Staff not willing to get the credential when we have no clients.
- Re: VIIIh. Collaboration between counselor licensing bodies (CSWMFT-OCDP)



Ohio  
Mental Health & Addiction Services

# Problem Gambling Services

## Meeting Proceedings: System Improvement Forum

Jeff

December 16, 2014



## ACKNOWLEDGEMENTS

This project was developed through a contract by Ohio Mental Health & Addiction Services and Problem Gambling Solutions, Inc. The author gratefully acknowledge the contributions made to this project by the small group discussion facilitators, Stacey Frohnapfel-Hasson, Scott Anderson, Shemane Marsh, Matthew Courser, Jeff Marotta, and participants of the *Problem Gambling System Improvement Forum* held in Columbus, Ohio on the day of December 16, 2014.

Special recognition is provided to Stacey Frohnapfel-Hasson, MPA, Chief, Bureau of Problem Gambling, Ohio Department of Mental Health and Addiction Services for her leadership in support of this project.

The views and opinions expressed in this report do not necessarily reflect the views of the Ohio Department of Mental Health and Addiction Services or any other organization involved in this project.

### **Suggested Citation:**

Marotta, J. J. (2015). Problem Gambling Services Meeting Proceedings: System Improvement Forum. December 16, 2014. Columbus, OH: Ohio Department Mental Health and Addiction Services.

# Problem Gambling Services

## System Improvement Forum

### CONTENTS

- I. Introduction..... 4
- II. Meeting Proceedings..... 5
  - A. Community Readiness..... 5
  - B. Treatment..... 7
  - C. Prevention..... 8
  - D. Collaboration & Coordination..... 9
  - E. Capacity Development..... 11
- Appendix A: Agenda: System Improvement Forum..... 14
- Appendix B: PowerPoint Slides: Introduction to Forum..... 15

# Problem Gambling Services

## Meeting Proceedings: System Improvement Forum

December 16, 2014

### I. INTRODUCTION

#### *Purpose*

Prompted by a commitment to continually improve problem gambling services in Ohio, OhioMHAS partnered with Problem Gambling Solutions, Inc. to facilitate a 4-hour workshop entitled Problem Gambling Services System Improvement Forum. The Forum was designed to solicit input and ideas for improving the problem gambling services system in Ohio.

#### *Method*

This Forum followed a problem gambling services evaluation that took place between September 2014 to December 2014 where stakeholders and treatment consumers were surveyed and interviewed about what is working well and what service areas and components needed improvement. The next step in the improvement plan was to solicit possible solutions for OhioMHAS to consider when addressing identified system needs.

Based on OhioMHAS' desire to obtain diverse viewpoints and recommendations, the Forum was designed to foster solution-based discussions by incorporating a "world café" process, a practice that utilizes a series of small group discussions on pre-selected topics. The Forum organizers identified a limited number of individuals to invite to the workshop. Development of the workshop invitee list began by identifying stakeholder groups and organizations that were either providing problem gambling services or serve populations with heightened risk for problem gambling. Next, individuals in leadership positions within groups and organizations were identified and invited. Invitations resulted in 45 workshop participants representing various organizations and stakeholder groups including higher education, social service agencies, treatment agencies, advocacy groups, and consumers.

Stakeholders at this event were tasked with addressing five program areas, accompanied by questions designed to facilitate the discussions to identify system challenges and brainstorm possible solutions. The small group discussion topics were: Community Readiness, Treatment, Prevention, Collaboration, and Capacity Development. As a final workshop exercise, participants were provided with several adhesive dots and asked to review all the identified issues and possible solutions/strategies/tasks then place an adhesive dot next to those statements they viewed as a "priority item". For a more detailed description of the Forum and materials presented at the Forum, see Appendix A for Forum Agenda and Appendix B for the PowerPoint slides presented at the

beginning of the Forum.

### *Next Steps*

Guided by the discoveries documented within this Forum proceedings report and other system evaluation efforts, a set of recommendations for system improvement will be developed. These recommendations will be considered during the drafting of the SFY 2016 OhioMHAS Problem Gambling Services Strategic Plan and other future efforts to continually improve Ohio's problem gambling services system.

## II. MEETING PROCEEDINGS

The body of this report provides key discussion points that occurred during the workgroups, as noted by the facilitators of the small group discussions. The report is structured by topic areas where for each discussion group the questions proposed to the discussion participants is provided followed by an outline of identified issues and possible solutions. The issues and possible solutions are listed in rank order of popularity, as voted on by workshop participants. The numbers with the parentheses to the right of the statement represent the number of votes cast by participants as a priority item.

### A. COMMUNITY READINESS

#### Questions proposed to discussion tables:

1. How can we increase awareness of problem gambling as an important issue to address?
  - o Among the public?
  - o Among allied providers?
2. What can be done to increase the effectiveness of these efforts?

#### Solutions and suggestions proposed by workgroups:

- Develop a new problem gambling awareness campaign (63)
  - o Make a Building Community Gambling Awareness toolkit; simple and appealing ABCs (19)
  - o Provide information about the topic; types of gambling; perceptions about gambling (14)
  - o Demonizing gambling causes resistance to the message; gambling may be a bigger problem than thought since people don't recognize their own issues; there is a lack of understanding of what "disposable income" means. (9)
  - o Develop a basic awareness "101"; refurbish/develop a new look for the "Until" campaign; include history of gambling in Ohio (9)

- Model after other effective campaigns like tobacco cessation, don't shake a baby, or ABCs for crib safety. (7)
- Current phrase, "I lost a Bet," is funny, but not informative enough; it lacks any connection to responsible gambling. (2)
- Provide alternatives for fund-raising activities, like talent shows, comedy shows, and battle of the bands. (2)
- Focus on faith communities; community festival trainings to include gambling awareness and prevention measures; provide gambling information to the community. (1)
- Wrap awareness campaign around the decision-making process, choices and options.
  
- Cultural competence / messaging to diverse populations (23)
  - Connect with existing agencies to reach all cultures; offer incentive funding (12)
  - Need a definition for problem gambling that is culturally relevant and state distributed marketing materials can include a checklist of PG signs that have appeal to all groups. (7)
  - Expand target audience for awareness campaign. (4)
  - Need culturally competent tools and surveys; specifically mentioned youth, blacks, Catholics, older adults, rural women; need to reach a broader demographic with marketing and studies.
  - One ad may not be good for all at-risk communities; include diverse people in ads; use positive messaging/norming.
  - Hold focus groups with various demographic and community groups to test messaging.
  - State should create a format that can be tailored to different groups and demographics
  
- Behavioral health field education (22)
  - Treatment and prevention professionals need education on the topic; gambling fallacies run deep in the culture (11)
  - Hold regional meetings to expand education; network and improve knowledge of resources in region. (10)
  - Create a resource card for BH and allied professionals with PG info and support group/treatment information (1)
  
- Studies/Surveys
  - Include gambling questions on substance use surveys (e.g., "what does gambling mean to you?").

## B. TREATMENT

### Questions proposed to discussion tables:

1. What can be done to improve problem gambling treatment services?
  - a) What system structure changes are needed?
  - b) What research or evaluation initiatives are most needed?
  - c) What service initiatives are most needed?
    - i. Family involvement initiatives
    - ii. Development of residential treatment program
    - iii. Gambling helpline and website improvement initiatives

### Solutions and suggestions proposed by workgroups:

- Community awareness & marketing (28)
  - Mixed messages, I Lost a Bet, Responsible Gambling, Problem Gambling - more uniform language and messaging is needed. (17)
  - More information and awareness around community readiness, normalcy of gambling, the consequences, and that gambling is a way out of a situation. Reduction of stigma, awareness of resources available, family services and co-occurring disorders. (11)
- Workforce development (25)
  - Clients present in crisis and need immediate engagement by culturally competent staff. More training in this area and more care in hiring to include ethics of treatment staff. Questioned what part gambling plays in staff lives and biases; having non-judgmental and empathetic staff. (18)
  - Cultural competency; what is harmful to one may be a recreational activity to another. (7)
- Increase treatment structure and provider competency in implementing evidenced based practices (24)
  - Length, IOP, OP; more education and training for clinicians; clear and specific levels of care; evidence-based models. Again - more training of complete staff at provider agencies. (14)
  - How to engage clients, from initial contact to retention through continuing care; understanding of readiness to change. (5)
  - Re-screen clients in treatment or in other areas of program, DUI weekend, education groups, etc. to better identify clients in existing caseloads. (5)

- Helpline Concerns (7)
  - Helpline concerns; who answers the call; referrals; engaging the client in crisis. (7)

## C. PREVENTION

### Questions proposed to discussion tables:

1. How can we build upon current problem gambling prevention efforts?
2. What new initiatives are needed?
3. How can barriers to integrate PG prevention with ATOD prevention be overcome?
4. At this stage of development, where should we focus our prevention efforts?

### Solutions and suggestions proposed by workgroups:

- How to define the problem/How do specific groups identify gambling as a problem? (13)
- Cultural Issues in the Community/ Lack of Funds (10)
  - Meet the communities where they are
- Messages not clear (Statewide Campaign) (10)
  - Better Integration of the resources we have
  - Better Marketing-Posters that are relevant
  - Grassroots campaign
- Culturally relevant (9)
  - Training/understanding for providers
- Awareness toolkit (9)
- Lack of resources (8)
  - Multi-year funding (grants, promoting innovation, evidence based practices)
  - Better partnership with Gambling Anonymous
- Workforce capacity lack of understanding within the workforce/Turnover (5)
  - Educate the workforce to see gambling as an addictive behavior
  - What is the benefit?
  - Integrate gambling in all services MH and AOD field (Behavioral Health)
- Lack of time to implement with fidelity (2)
  - Not enough time to include another risky behavior
  - Integration into existing curriculum and/or groups

- Low perception of harm (1)
  - Use of data
  - Readiness data
  - Education community & schools
  - Environmental Scans
  - Target parents/caregivers/teachers/administrators of schools

## D. COLLABORATION & COORDINATION

### Questions proposed to discussion tables:

1. What can be done to increase collaboration and coordination between stakeholders (e.g., OhioMHAS, other agencies, ADAMH Boards, providers, universities)? Specific Initiatives?
2. Through collaborations, how could local PG funds be leveraged with existing community programs?

### Central issue discussed by workgroups:

- Schools & allied providers are not requesting or permitting PG within curriculum: “We’re not interested”/ “we don’t see many problem gamblers”

### Solutions and suggestions proposed by workgroups:

- Enhance communication between groups (18)
  - Create a PG resource center (9)
  - Regional meetings/mandate regional meetings (6)
  - Community coalitions (2)
  - CORE message development (1)
  - Create P.G. Coordination Group (advisory) within county
  - Develop communication tools
    - inform people what treatment looks like
- Agencies –Providers do not want to share (16)
  - Network with other professionals (7)
  - Link PG with population on problem of interest (make relevant)
  - Need to empower “ambassadors” from allied agencies (4)

- Make collaboration a requirement of grant (2)
- Reframe as “addiction” workshop (training and include P.G. & link with other addictions) (2)
- Build on existing PASG relationships (1)
- More focused work with administrators
- CT Approach ← → Gambling readiness one agency at a time
- School Competing with Priorities (14)
  - Reach kids in venues outside of schools such as corrections programs (6)
    - transition houses
    - rec centers
    - upward bound program
  - At colleges- focus on gambling and sports (2)
    - target collegiate athletes
  - Get support from administration to increase participation (2)
  - Enrichment program/Go outside of normal curriculum (2)
  - Integrate P.G. into existing health curriculum (2)
  - CTAG- Closing the achievement gap-integrate PG
  - Invite “board of trustees” to P.G. events/boards/coalitions
  - Reach kids via service groups
    - boys clubs
    - 4H
    - After school programs
  - Faith Community- Youth Groups
  - Early intervention groups within schools
- GA ↔ Treatment Agency (12)
  - Build Relationship with G.A. members (11)
  - Offer space at agency to G.A./Gambling Anonymous (1)
- Judicial System (12)
  - OhioMAS advocate for treatment for defendant sentencing (6)
  - Talk with attorneys (4)
  - Normalize treatment within court sentencing for non-violent gambling related offenses (2)
- Diversity/Culturally Relevant (12)

- Utilize advisory groups (12)
- Make inclusive-planning groups, resources
- Design culturally sensitive trainings
- Break down silos (9)
  - Incentivize Collaboration (4)
  - Develop more networking opportunities (3)
  - Connect people and professionals (2)
- Bring P.G. into non-PG funded agencies (2)
  - Talk with agency heads who you have a relationship with (1)
  - Offer mini-grants to community organizations (1)
  - As part of after-care plan
  - Incentivize referrals to PG treatment
- Collaboration between PGS funded providers (1)
  - Encourage prevention & treatment to get together. Quarterly meetings with agency (1)
  - Find mechanisms for exchanges
- Casinos/Industry (1)
  - Refer to Treatment (1)
- Prioritize Values

## **E. CAPACITY DEVELOPMENT**

### **Questions proposed to discussion tables:**

1. What changes can OhioMHAS make that would assist local planning and implementation efforts?
2. What workforce development initiatives are most needed?
3. What changes are needed to more effectively report, evaluate, and inform services?

### **Solutions and suggestions proposed by workgroups:**

- Information--need a clearinghouse for PG treatment and prevention to address gaps in knowledge and service in communities (11)
  - Share resources more effectively with PG helpline
  - Create a regularly-updated centralized list of resources, especially where PG treatment is available.

- Provide resources on best practices and what has worked in other states with longer PG histories.
- Weaving PG into existing systems; worry that we could be reinventing the wheel or “siloing” (9)
  - Holistic approach that includes common risk and protective factors; public health approach that recognizes PG as a legitimate issue but which brings both the resources of PG and ATOD efforts to bear
  - Focus on cross-system collaboration, recognizing that there are unique aspects to PG but also commonalities with other addictions and disorders. Particularly important re: planning.
- Cultural competence—just hasn’t figured into the conversation on PG yet (9)
  - Provide a toolkit to help communities ensure fit between programming and various subpopulations in community. (3)
  - Draw more on national resources that can help inform cultural competence.
- Need to define a common language for PG – how do we discuss it, name it, do we have a common theoretical framework for us to discuss PG across the state. How will that framework differ from ATOD work? (8)
- Coordination/duplication of efforts—across counties/Board areas and across providers (6)
  - Regional coalitions (3)
  - Centers of Excellence (1)
  - Increase awareness of resources (2)
- Conducting needs assessment/collecting community-level data (4)
  - Provide funding for conducting at local level
  - T/A and help for communities—how can local communities implement?
- State requirements/regulations are not clear/we are confused about requirements (3)
  - Regular communication about credentialing and licensure requirements (2)
  - Guidance/reminder from state on how funds can and should be spent, particularly given that we are having trouble getting clients into treatment (reminder that prevention may be a better place to start) (1).
  - Reminder about how often reporting occurs and what format.
- Need more PG information on PG and guidance on working with media. Information on risks associated with “normal” activities like bingo is especially critical (3)
  - Develop resources such as videos, infomercials, things to share with news media, guidance for brief sound bites. (3)
- State vs. local efforts/needs: balancing meeting local needs with state leadership (3)
  - Communication on available resources to address PG

- Guidance to local communities on branding and how to adapt state materials (particularly media materials) for local use and context.
- Media: need a schedule of state-sponsored media so that local communities can plan their own efforts around state media buys (5)
- Workforce development —new area for agencies and new area for treatment and prevention professionals (3)
  - Continue diffusion of training, particularly for prevention staff (1)
- Planning for next steps, including implementation—capacity building is great, but we need to be ready to take the next step or we will lose the capacity built (3)
- POPS—very hard to use for PG (1)



## APPENDIX A: WORKSHOP AGENDA

# OHIO PROBLEM GAMBLING SERVICES SYSTEM IMPROVEMENT FORUM

*State Library of Ohio, 274 E 1<sup>st</sup> Ave., Columbus, OH 43201*

**DECEMBER 16, 2014**

- 10:00 am *Welcome; Purpose & Introductions*
- Why we undertook this project.
  - How the information gathered today will be used.
- 10:30 am *Background: OhioMHAS Problem Gambling Services*
- Overview of the Ohio Problem Gambling Service System
  - Evaluation of the current PGS system: Survey and interview findings
- 11:30 am *The World Café Process*  
Participate in group discussions:
- 11:40 pm *Round 1 - Small Group Discussion*
- Noon *LUNCH (No host lunch; Lunch on your own or pizza and salad meal available for \$5)*
- 12:40 pm *Round 2 - Small Group Discussion*
- 1:00 pm *Round 3 - Small Group Discussion*
- 1:20 pm *Round 4 - Small Group Discussion*
- 1:40 pm *BREAK*
- 1:50 pm *Report out (10 minutes per table/program area)*
- Work groups report out on their top priorities for action.
  - Synthesize small group discussions.
  - Debrief work group recommendations.
  - Are any recommendations missing or critical?
- 2:40 pm *Next Steps & Prioritization*
- Next steps in this process; questions or input on process.
  - Indicate individual priorities of work group recommendations.
- 3:00pm *ADJOURN*

## **APPENDIX B: SLIDES**

### **Introduction to OhioMHAS Problem Gambling Services System Improvement Forum**



## Ohio Problem Gambling Services SYSTEM IMPROVEMENT FORUM

State Library of Ohio, 274 E 1<sup>st</sup> Ave., Columbus, OH 43201

December 16, 2014

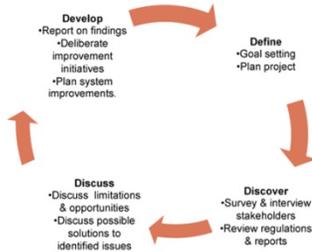


## Project Vision



- Provide problem gambling services to more in need;
- Identify gaps in problem gambling services and explore means to meet current and emerging service demands;
- Improve the effectiveness and efficiency of problem gambling services supported by OhioMHAS.

## PGS Continual Improvement: Project Process



## Today's objective:



*Seek solutions to improve  
OhioMHAS supported  
problem gambling services*

To accomplish this we will provide background on:

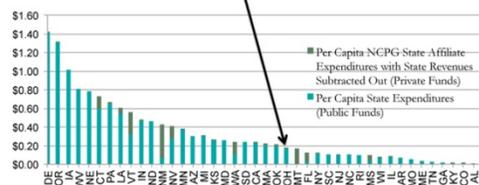
- OhioMHAS Problem Gambling Services
- Interview & survey findings identifying strengths, needs, and challenges as related to OhioMHAS PGS.

## OhioMHAS Problem Gambling Services

### Background

## Combined 2013 Per Capita PGS Allocation by U.S. States and State Affiliates

*The average per capita allocation for PGS in the 39 states with publicly funded services was 32 cents; Ohio's per capita public investment in such services was 17 cents.*



NOTE: NCPG Affiliates' spending (in green) represents all funds except those derived through contract with state agency. Study data collection was done in early 2013, prior to most of Ohio's casinos' opening.

## Problem Gambling Service Components

Public Awareness

Helpline Services

Workforce Development

Treatment

Prevention

Research and Evaluation

## New Developments



- Problem Gambling Program enhancements currently underway or planned for SFY15
  - Implementation of HB 483
  - CQI Field Agent
  - Reporting improvements Ohio Behavioral Health (OHBH) Module to include PG for FY16
  - Demonstration projects

## Strategic Planning Stakeholder Survey Results



- Identify strengths, challenges, and opportunities
- Gauge stakeholder priorities
- Elicit comments and insights from stakeholders

## Survey Methodology



- Survey was developed by the Project Workgroup and emailed to stakeholders
- OhioMHAS PGS team emailed survey to:
  - Providers of problem gambling services;
  - Ohio for Responsible Gambling state agency partners;
  - ADAMHS Boards
- Fielded October 16, 2014 through November 24, 2014
- Survey completed by 45 “stakeholders” and 27 “consumers.”

## Gambling Treatment Survey Findings



- 26 participants from 5 different agencies
- 81% female
- Average enrollment length = 7 months
  - Range from 0 to 36 months
- Average age 42.5; Median 35; Range 23-66

## Treatment Consumer Responses

- If you could change the treatment program you attended, what changes would you make?
  - 61%: nothing
- What can the State do to encourage more problem gamblers to seek help?
  - 50%: Increase treatment advertising
  - 18%: Increase awareness around gambling as a problem/addiction
  - 18%: Make treatment more accessible

## Treatment Consumer Responses

- Only 20% of surveyed clients called the Problem Gambling Helpline
- Was it easy or difficult to obtain gambling treatment?
  - 52% = Easy
- Is there anything else that is important for the evaluator or for the Ohio Mental Health and Addiction Services to know?
  - 58% = Keep up the good work

## Stakeholder Survey Respondents

- Participation from 36 different service regions or cities

### Stakeholder Group

Prevention Providers	68%
Treatment Providers	64%
County ADAMH Board Members	13%
State Employee/Ohio for Responsible Gambling Partner Agency	9%
OhioMHAS Employee	4%
Other	11%

## Foundation Strengths



- Dedicated funding for PGS
  - Investing in reducing harm before crisis level problem; “getting in front of the problem”
- Strong administrative program support
  - Created Bureau of Problem Gambling Services.
  - Dedicated FTE PGS staff
- Structure for interagency collaboration
  - Ohio for Responsible Gambling
- Early development of surveillance systems

## Workforce Strengths

- Energetic and engaged professionals around the state, young professionals making problem gambling a priority.
- Very good relationships between provider network, ADAMH/ADAS boards, and Bureau of PGS staff.
- Strong training program with receptive community (close to 1000 professionals received PG training)



DRAFT

## Service Strengths



- Financial means to pay for gambling treatment not a barrier to help seekers
- Gambling treatment benefits extend to family / concerned others
- Service availability throughout state / extensive network of providers
- Many tx programs have strong elements

## Prognostic Strengths



- OhioMHAS actively engaged in service improvement initiatives
- Providers motivated to develop their PG services
- Supportive and cooperative community of PG service providers
- Collaborative relationships forged between universities and community service providers

## What is going well...

- Comprehensive and varied training opportunities which are widely available on a local level
- Knowledgeable, supportive, and accessible staff committed to the problem and willing to work collaboratively
- Availability of resources and funding
- Awareness and education campaigns
- Recognition of the issue
- Organization and planning
  - State survey, plan, strategy, trainings before the casinos came.
- Scope of services
- State Conferences
- Alliances. E.g., Ohio for Responsible Gambling



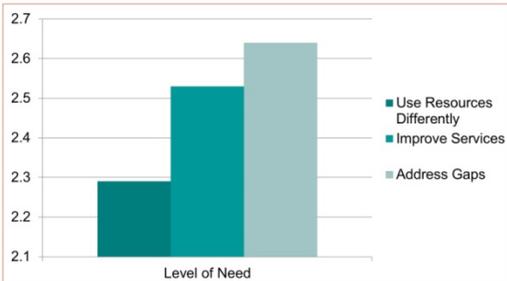
## Challenges

Growth Areas  
Obstacles



## OhioMHAS PGS Program Priorities

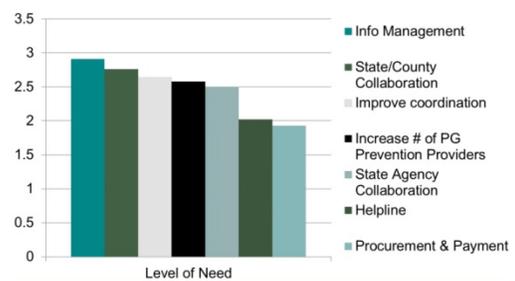
0= No changes needed; 3= Moderate Needs; 5= Critical Needs



Wide variability in responses, in aggregate, stakeholders expressed low to moderate levels of need for program improvements.

## Infrastructure Priorities

0= No changes needed; 3= Moderate Needs; 5= Critical Needs



## Community Readiness

The first and highest hurdle

DRAFT

## Low Community Readiness to Address Problem Gambling

- Often viewed as lower priority issue
- Low awareness of problem gambling among the general population
- Low awareness of problem gambling as an important issue to identify and address among health care workers (including BH)
- Resistance among some groups to engage in any discussions about gambling and risk.

## Current Challenges in Raising Community Readiness



- Problem gambling prevention programs in early stages of development
- Limited experience in developing statewide problem gambling awareness campaigns
- Community PG awareness raising efforts vary widely across state, many do not appear well informed, lack messaging oversight

## Treatment

A System in Early Stages of Development

## Narrow Range of Treatment Services

- Treatment system not well developed, lacks continuum of care
  - Minimal intervention program not available statewide
  - No IOPs, no residential treatment
  - Lacks aftercare services / services to support continued recovery

## Current Program Struggles

- Gambling treatment programs underutilized
- Problem gambling client engagement process inconsistent across system
- Screening measures and procedures vary widely
- Integration of PG into relevant program areas underdeveloped or missing



## Prevention

Creating healthier communities by mitigating gambling related harm:  
Where to focus efforts?

## Prevention and Awareness Efforts Vary by County

- Large variability regarding where counties use program PG prevention funds.
- PG prevention not well integrated into other problem behavior prevention programs.
- Combination of low community readiness, normalization of gambling, and few prevention dollars create challenges.

---

## Procurement / Funding

---

How do we change funding structure to improve system performance?

---

## Issues Related to Current Service Procurement / Allocation System

- Level of institutional mistrust of state funding continuity.
  - Significant variability in services across state.
    - Disparity of services between county lines.
  - County service boundaries create obstacles for persons seeking help & undermine the development of “centers of excellence.”
- 

---

## Issues Related to Allocations to County ADAMH/ADAS Boards

- Board administration of county problem gambling services unfunded leading to inability to properly coordinate and monitor providers (*Boards may charge an admin fee to their allocations.*)
  - Some counties have too few funds to provide meaningful programs
- 

---

## Reporting & Data Collection

---

What information do we need to best inform practice and policy decisions?

---

## Information Management Issues

- Confusion regarding reporting
  - Variety of complaints about the POPS system
    - Difficult to use / non-intuitive / unreliable
    - Questions related to utility of information collected
  - Currently, treatment system collects limited information
  - Lack of follow-up evaluation
  - Consumer feedback / satisfaction not being systematically collected
- 

---

## Collaboration

---

How do we improve collaboration between:  
community providers?  
state agencies?  
problem gambling providers?

## Collaboration: A Large-System Challenge

- Collaboration between problem gambling providers would benefit from facilitation
- Most counties lack staff & infrastructure to coordinate PG efforts among community resources
  - Few community coalitions or task forces focused on PG
- Few examples of across agency initiatives to address PG

## Opportunities for growth...

- Community Readiness
- Treatment
- Prevention
- Collaboration
- Information Management



## *World Café Process:*

A methodology for processing questions that matter.

- Site visits and surveys helped identify issues and areas upon which to focus; now we will seek possible solutions.
- Participate in small group discussions; each group to focus on providing answers to specific questions.

## Table Discussion Topics

Table 1: **Community Readiness**

Table 2: **Treatment**

Table 3: **Prevention**

Table 4: **Collaboration**

Table 5: **Capacity Development**



## Table 1: Community Readiness

- 1) How can we increase awareness of problem gambling as an important issue to address?
  - 1) Among the public?
  - 2) Among allied providers?
- 2) What can be done to increase the effectiveness of these efforts?

Table 2: **Treatment**

- 1) What can be done to improve problem gambling treatment services?
  - a. What system structure changes are needed?
  - b. What research or evaluation initiatives are most needed?
  - c. What service initiatives are most needed?
    - i. Family involvement initiatives
    - ii. Development of residential treatment program
    - iii. Gambling Helpline and website improvement initiatives

Table 3: **Prevention**

1. How can we build upon current problem gambling prevention efforts?
2. What new initiatives are needed?
3. How can barriers to integrate PG prevention with ATOD prevention be overcome?
4. At this stage of development, where should we focus our prevention efforts?

Table 4:  
**Collaboration & Coordination**

1. What can be done to increase collaboration and coordination between stakeholders (e.g., OhioMHAS, other agencies, ADAMH Boards, providers, universities)? Specific initiatives?
2. Through collaborations, how could local PG funds be leveraged with existing community programs?

Table 5: **Capacity Development**

- 1) What changes can OhioMHAS make that would assist local planning and implementation efforts?
- 2) What workforce development initiatives are most needed?
- 3) What changes are needed to more effectively report, evaluate, and inform services?

## APPENDIX E

### Statewide/Regional Problem Gambling Conferences Cost Comparison based on Reports for 2015 Annual Conferences

	Nevada Conference on Problem Gambling	Evergreen Focus on the Future	Midwest Conference on Problem Gambling	Massachusetts Conference on Gambling Problems	Ohio Problem Gambling Conference
<b>Conference Budget*</b>	\$73,032	\$60,000	\$70,000	\$39,000	\$36,474
<b>State Agency Contribution</b>	\$49,032 (67%)	\$35,000 (58%) OR = \$25K; WA = \$10K	\$27,000 (39%) NE = \$10K, OK = \$5K, KS = \$7K, IA = \$5K	\$29,700 (76%)	\$30,000 (82%)
<b>Registration Fee</b>	\$40 in state  \$150 out of state	\$150	\$250	\$125 general \$100 providers \$50 students	\$75
<b>Number of Attendees</b>	175	150	275	200	190
<b>Number of Days</b>	2	4	3	2	2
<b>Cost per Day</b>	\$36,516	\$15,000	\$23,333	\$19,500	\$18,237
<b>Cost per Attendee per Day</b>	\$208.66	\$100.00	\$84.85	\$97.50	\$95.98

\* The Midwest Conference includes a fee for conference organizing (\$10,000) and the Ohio Conference includes a conference planner fee of \$6,800. The other conferences are organized by state affiliates to the National Council on Problem Gambling where staff time organizing the conference is not factored into the conference cost.

All conferences bring in experts from across the country where their travel costs and an honorarium is offered. All conferences are multi-tracked and include costs related to food, beverage, A/V, materials, CEUs, etc.

For conferences, attendee totals include a significant number of complimentary registrations including presenters, staff, and members of sponsoring organizations. As the Midwest conference has numerous sponsors, organizing committees (staff), and speakers, comped registrations approach 20%.

