



Evaluation of Ohio's Problem Gambling System and Continuous Quality Improvement Project (Grant #1674)

ADAS/ADAMHS Board Perceptions of Ohio's Problem Gambling Service System

JUNE, 2015

PREPARED BY

Pacific Institute for Research and Evaluation
1300 S. 4th Street, Suite 300
Louisville, KY 40208

Voinovich School of Leadership and Public Affairs
Ohio University
Building 21, The Ridges
Athens, OH 45701

Evaluation Services Center
University of Cincinnati
2840 Bearcat Way
Cincinnati, OH 45221-0105

(This page intentionally left blank.)

**Evaluation of Ohio's Problem Gambling System
and
Continuous Quality Improvement Project**

**Ohio Department of Mental Health and Addiction Services
Grant #1674**

ADAS/ADAMHS Board Perceptions of Ohio's Problem Gambling Service System

**Prepared by:
Ohio's Problem Gambling Statewide Evaluation Team
June 2015**

Pacific Institute for Research and Evaluation
1300 S. Fourth Street, Suite 300
Louisville, KY 40208

The Voinovich School of Leadership and Public Affairs at Ohio University
Building 21, The Ridges
Athens, OH 45701

University of Cincinnati Evaluation Services Center
2840 Bearcat Way
Cincinnati, OH 45221

Suggested Citation:

Collins, D., Courser, M., Yandell, N. R., Collura, J. J., Ware, L. J., & Raffle, H. (2015).
ADAS/ADAMHS Board perceptions of Ohio's Problem Gambling Service System.
Athens, OH: Voinovich School of Leadership and Public Affairs at Ohio University.

Acknowledgements

This report was prepared to support the Evaluation of Ohio's Problem Gambling System and Continuous Quality Improvement Project. Funding for this project was provided by Ohio Department of Mental Health and Addiction Services Grant #1674.

Pacific Institute for Research and Evaluation

Matthew Courser, Research Scientist

David Collins, Research Scientist

University of Cincinnati Evaluation Services Center

Jerry M. Jordan, Research Associate

Kathlyn M. Steedly, Research Associate

Voinovich School of Leadership and Public Affairs at Ohio University

Nicole R. Yandell, Research Associate

Jessica J. Collura, Research Associate

Lezlee J. Ware, Research Associate

Holly Raffle, Assistant Professor

Holly Craycraft, Research Associate

Ohio Department of Mental Health and Addiction Services

Stacey Frohnafel-Hasson, Bureau Chief, Problem Gambling Services

Scott Anderson, Treatment Lead, Bureau of Problem Gambling Services

Shemane Marsh, Prevention Lead, Bureau of Problem Gambling Services

Most importantly, we offer our sincerest appreciation to the ADAMHS/ADAS Board staff members for their participation in this process.

Table of Contents

Executive Summary	1
Introduction.....	3
Evaluation Questions	3
Methods.....	4
Instrumentation.....	4
Data Collection.....	5
Analyses	5
Results.....	5
Sample.....	6
Overall Assessment of Ohio’s Problem Gambling Service System	6
Results Related to Evaluation Question 1	7
Results Related to Evaluation Questions 1, 2, 6 and 7.....	8
Results Related to Evaluation Questions 3 and 4.....	13
Results Related to Evaluation Question 5	16
Results Related to Evaluation Question 6.....	17
Results Related to Evaluation Question 7	18
Conclusions.....	22
Recommendations.....	24
References.....	26
Appendix A: Problem Gambling (PG) Semi-Structured Interview	27
Appendix B: Agencies in Board Areas Providing Prevention Services for Problem Gambling ..	36
Appendix C: Agencies in Board Areas Providing Treatment Services for Problem Gambling ...	37

Executive Summary

This report summarizes findings from interviews conducted with ADAMHS/ADAS Board staff (Boards) as part of a statewide evaluation and system assessment of Ohio's Problem Gambling Service System. The purpose of the evaluation was to assess the Boards' perspectives of their capacities and needs related to problem gambling.

Generally speaking, there was a high level of agreement among stakeholders that funding resources at the Board level were adequate for both problem gambling prevention and treatment. However, Boards were concerned that if there was an upsurge in the need for treatment, current funding levels and staffing capacity might be insufficient. Respondents reported a wide range of prevention activities at the Board level; including multiple types of strategies being implemented simultaneously across different populations. Regarding treatment, 60% of the agencies that identified as providing problem gambling services reported to be providing outpatient services only.

Over half of the Boards reported recently implementing a community needs assessment that either focused on or included problem gambling. This highlights important efforts being implemented at the Board level to plan for better addressing problem gambling prevention, intervention, and treatment. Over 60% of Boards reported using data from the Ohio Gambling Survey and a sizable proportion reported recently using data from other locally-funded surveys. A quarter of Boards reported the development of logic models and/or other documentation regarding how their efforts impact the prevalence of or consequences associated with problem gambling.

The perception of the Boards was that members of the general public did not view problem gambling as a significant issue in their communities. A number of respondents noted that this was due other to other prevention and treatment issues—such as opiate misuse—being perceived as more important than problem gambling.

Boards identified several community-level needs. Specifically, the Boards would like to develop or encourage: (a) community awareness of problem gambling; (b) self-identification by those with gambling disorders; (c) increased capacity for problem gambling prevention, intervention, and treatment through workforce development; (d) increased capacity to conduct local needs assessments; and (e) better coordination and collaboration within and among the Boards and local providers. When asked about emerging gambling-related needs within their own Board areas, common concerns included non-casino forms of gambling, lack of recognition of problem gambling as a public health issue, and co-occurrence of problem gambling with alcohol and other drug use.

Recommendations

The results and conclusions provided in this report support the following recommendations:

1. Continue to work with the Boards on the issue of how best to ensure that the prevention and treatment workforce is adequately trained to address problem gambling, while also taking into consideration the relatively low frequency of individuals who present through screenings as having gambling disorders.

2. Continue efforts to work with the Boards on how to coordinate treatment for gambling disorders with treatment for co-occurring issues such as alcohol and other drug abuse.
3. Continue efforts to identify evidence-based prevention programs.
4. Continue efforts to train Board and provider staff and leadership on how best to assess the needs in their communities related to the issue of problem gambling.
5. In addition to continuing to train Board staff and leadership on how best to assess needs related to problem gambling, efforts should continue to focus on provision of relevant data to the Boards.
6. Awareness campaigns may be an important way to educate the public about the issue of problem gambling, the treatment services available for problem gambling, the co-occurrence of problem gambling and alcohol and other drug abuse, and a number of other issues.
7. Further investigate reasons why individuals tend to dismiss their problems related to gambling.

Introduction

Over the last five years, Ohio has been building capacity at both the state and community levels for prevention, early intervention, and treatment of gambling disorders. To better understand the current status of Ohio's problem gambling service system, along with needs to be addressed, OhioMHAS (Ohio Mental Health and Addiction Services) funded a statewide evaluation and system assessment of the problem gambling service system in SFY15. The statewide evaluation of OhioMHAS' Problem Gambling efforts is a collaborative effort of Ohio University's Voinovich School of Leadership and Public Affairs, the Pacific Institute for Research and Evaluation (PIRE), and the University of Cincinnati's Evaluation Services Center (UCESC).

This report summarizes findings from a semi-structured interview that was conducted with a staff member from each of Ohio's ADAS/ADAMHS Boards between March and May 2015. Specifically, we collected information regarding local capacity to: (a) address problem gambling prevention, early intervention, and treatment; (b) provide problem gambling prevention and treatment services; (c) assess community needs related to problem gambling; and (d) collect and utilize data. We also sought to obtain copies of relevant documents, such as logic models and survey instruments, to better understand the Ohio's Problem Gambling System from the Board perspective.

Evaluation Questions

The key evaluation questions addressed by the Problem Gambling Board Interview were:

1. Who in the state is using state and/or Board resources for problem gambling prevention and treatment and how are they using those resources (i.e., prevention versus treatment)?
2. What strategies, programs and treatment models are Boards, providers and partners using to address problem gambling prevention, early intervention and treatment needs?
3. To what extent are current problem gambling prevention, early intervention and treatment strategies, programs and treatment models guided by needs assessment and other data? Who in the state is using data (and what data) to guide their problem gambling work? What is the nature of the assessment processes and data currently being used to guide problem gambling efforts?
4. To what extent are theories of change or logic models reported as being used to plan for problem gambling efforts?
5. To what extent is problem gambling seen as a public health issue by Boards/providers, health professionals, and prevention/treatment professionals? What is the level of awareness of each population of problem gambling as a public health issue?
6. What are the most important unmet needs of prevention/treatment professionals and of Boards? What strategies can be developed and/or implemented to address these needs?

7. How do current MBR-funded¹ grantees plan to sustain their projects beyond the funding cycle? What strategies can be developed to encourage grantees to consider sustainability?

Methods

Instrumentation

The evaluation team developed the Problem Gambling Board Interview and associated protocols for this study and obtained approval of the instrument from OhioMHAS. The instrument and associated protocols for this interview were also reviewed by PIRE's Institutional Review Board (IRB). The interview guide is located in Appendix A.

To address the seven evaluation questions, the interview guide included a number of constructs and measures. Both closed- and open-ended items were used in the interview guide. The constructs are listed along with the evaluation questions they address.

- Overall assessment of Ohio's problem gambling service system
- Perceived adequacy of treatment and prevention funding (at state and Board area levels) for problem gambling (Evaluation Question 1)
- Problem gambling treatment options available in Board area / Perceptions of people's awareness of the treatment options available / Perceptions of key barriers to people in Board area (who need treatment) getting treatment (Evaluation Questions 1 and 2)
- What agencies provide problem gambling prevention/treatment services? What types of services? What is the level of training by staff within the agencies? Gaps seen in local prevention/treatment system (Evaluation Questions 1, 2, 6 and 7)
- Types of data used by the Board or others in Board area for planning to address problem gambling (Evaluation Question 3)
- Implementation of recent needs assessments / Main barriers to needs assessments / Development/use of logic models / theories of change / Main barriers to logic model development (Evaluation Questions 3 and 4)
- Perceived norms in their Board area related to problem gambling (extent to which problem gambling is viewed as a problem locally) (Evaluation Question 5)
- Biggest unmet needs at the state and Board levels; Most important emerging needs (e.g., with certain subpopulations) (Evaluation Question 6)
- Perceived adequacy of expertise to screen for gambling disorders (Evaluation Question 7)
- Perceived adequacy of expertise for planning and addressing gambling disorders (Evaluation Question 7)

¹ Current problem gambling grantees funded as part of SFY15's Mid-Biennium Review (HB 483).

Data Collection

OhioMHAS provided us with a list of contacts for each of the 50 Boards. For the purpose of this survey, the contacts were answering as key informants for their Boards and by extension, for their local communities.

Four members of the statewide evaluation team conducted telephone interviews with the identified contacts at the Board level. We initiated contact with the Board CEO or Director through an introductory email that explained the purpose of the data collection and asked the contact person to select possible times to be interviewed. Some CEOs or Directors identified another staff person who could best respond to the interview. Prior to the interviews, the evaluation team set up a web-based data entry system to capture the data collected during the interviews. This facilitated the interview process, data entry, and data management.

The evaluation team member called the contact person at the scheduled time and opened the data entry link. As the interview took place, the interviewer recorded the data. In some cases, Board contacts were sent a Word version of the survey items prior to the interview. This occurred for two reasons. First, some contacts requested the questions in advance in order to help them gather more information from others in their Board or in provider agencies. Second, as we neared the deadline for data collection and since some contacts did not respond to multiple email reminders, we sent the survey items to facilitate responses from Boards and to improve the overall response rate.

The interviews generally took between 20 and 35 minutes to complete. The large majority were conducted with a single respondent, while in a few cases, there were two or more respondents. We completed 44 telephone interviews (and received filled-in Word versions of the interview instrument from two respondents) for a response rate (AAPOR RR1) of 92% (46 / 50) (AAPOR, 2015).

Analyses

Data from the interviews were entered by the interviewers into the web-based data entry system. The data were downloaded in SPSS format and checked for out-of-range responses. The data from open-ended items were downloaded in Excel format.

For closed-ended interview items, we conducted descriptive analyses. The data analysis process for the open-ended interview items was grounded in Wolcott's (1994) framework for transforming qualitative data: description, analysis, and interpretation. In the description phase, we organized the data from the interviews into an analytical framework to prepare the data for analysis in an effort to ensure participant voice in our work. As we moved into the analysis phase, we created detailed coding schemas to classify the themes in a more systematic way. In the interpretation phase, we used the evaluation questions to provide a structure to meaningfully interpret and present the data.

Results

In this section, we present summaries of responses to closed-ended interview items in table format. Along with the tables (where applicable) we present a summary of themed responses to open-ended interview items that are related to each table (e.g., open-ended items that measure a

similar construct or which provide additional information related to a construct). The results are presented by Evaluation Question.

Sample

Of the 46 Board-level respondents, 57% were females (valid N = 44), 100% reported themselves as White, and one respondent (2%) reported being of Hispanic/Latino ethnicity. A majority (59%) reported that they had worked in their organization more than 10 years; 22% reported working in their organization 6 to 10 years; 9% reported working in their organization from three to five years; 4% reported one to two years; and 7% reported less than one year. Regarding tenure in their current position, 35% reported more than 10 years in their current position; 24% reported from 6 to 10 years in their current position; 17% reported three to five years; 11% reported one to two years; and 13% reported less than one year.

Overall Assessment of Ohio’s Problem Gambling Service System

Respondents were asked to globally assess Ohio’s problem gambling service system. Table 1 shows that the most common response was ‘Good’ on all four items about Ohio’s problem gambling service system, and over 50% of respondents who answered each of the items responded ‘Good’ or ‘Excellent’. Over 70% responded ‘Good’ or ‘Excellent’ when asked to assess state level efforts to improve planning and implementation of problem gambling services.

Table 1. *Global Assessment of Ohio’s Problem Gambling Service System*

How would you rate ...	Excellent	Good	Fair	Poor	Don’t Know	Valid N
Ohio’s problem gambling service system as a whole	16%	36%	36%	-	13%	45
Capacity of system to provide treatment services for problem gambling	13%	42%	26%	2%	16%	45
Capacity of system to provide prevention services for problem gambling	24%	40%	20%	7%	9%	45
State level efforts to improve planning & implementation of problem gambling services	22%	49%	18%	2%	9%	45

In addition, respondents were asked what they perceived was the largest current unmet need related to problem gambling prevention and treatment services. Key themes that emerged include:

- **Workforce development** (17 comments; e.g., having enough trained and credentialed treatment staff)
- **Need for increased community awareness** (11 comments; e.g., awareness of the issue itself, awareness of the services available)
- **Lack of self-identification and willingness to accept treatment** (5 comments; e.g., individuals deny they need treatment for problem gambling)
- **Trying to assess who to prioritize for services** (4 comments; e.g., we’re just starting to understand who are priority population should be)

- **Distance to treatment as a barrier** (3 comments; e.g., for rural Ohio, the distance for treatment is a big problem)
- **Need for evidence-based programs, more clear messaging in campaigns** (2 comments; e.g., still looking for a good evidence-based program – basically a curriculum)
- **Need for linkages with Gamblers Anonymous** (2 comments; e.g., collaboration with support groups)
- **Other** (9 comments)

Results Related to Evaluation Question 1

Evaluation Question 1 asked ‘Who in the state is using state and/or Board resources for problem gambling prevention and treatment and how are they using those resources (i.e., prevention versus treatment)?’ This question was addressed indirectly by asking Board respondents to rate whether they perceived that funding for Ohio’s problem gambling service system was adequate. Items were asked about both treatment and prevention at both the state- and Board-levels.

There was general agreement that current funding resources at the Board level were adequate for both treatment and prevention activities. When combining the ‘Agree’ and ‘Strongly Agree’ responses, 80% of respondents said the resources for their Board areas were adequate. It should also be noted that 17% of the respondents reported ‘Don’t know’ when asked about the adequacy of funding resources for both problem gambling prevention and treatment at the state level. There was slightly greater agreement that there were adequate resources for treatment, as compared to prevention, at both the state and Board area levels. Table 2 presents these results.

Table 2. *Perceived Adequacy of Funding Resources for Problem Gambling*

There is an adequate amount of funding resources allocated to...	Strongly agree	Agree	Disagree	Strongly disagree	Don't Know	Valid N
Treatment of problem gambling at the state level	24%	35%	15%	9%	17%	46
Treatment of problem gambling in my Board area	30%	50%	13%	7%	-	46
Prevention of problem gambling at the state level	17%	26%	28%	11%	17%	46
Prevention of problem gambling in my Board area	22%	48%	22%	9%	-	46

A related open-ended item asked respondents to rate areas related to problem gambling treatment that currently need the additional funding resources in their Board area. Key themes that emerged include:

- **Staff training & credentialing** (18 comments; e.g., training individuals on early identification, all clinicians have not been trained)
- **People not presenting with problem or not accepting treatment** (7 comments; e.g., there are so few people who will admit to gambling during screening, stigma is reducing those who present for treatment)

- **Don't see as an issue** (4 comments; e.g., more than adequate currently because no one is coming in with a problem)
- **Guidance from / coordination with state** (4 comments; e.g., at the state level what was projected to come in from casinos was a lot more than what has actually come in)
- **Residential programming** (2 comments; e.g., need for residential inpatient treatment – don't know where I would go if a need for that emerged)
- **Need more treatment options and coordination of treatment** (2 comments; e.g., more funding for collaborating with ATOD providers; funds to build awareness across all providers including primary care and behavioral health professionals)
- **Needs assessment related** (2 comments; e.g., the data is not available to determine whether they have enough resources)
- **Increase dual diagnoses** (2 comments; (e.g., we're seeing more dual diagnoses – substance abuse and gambling)
- **Other** (9 comments)

Another open-ended item asked respondents to rate areas related to prevention that currently need additional funding resources in their Board area. Key themes that emerged include:

- **Information / awareness** (14 comments; e.g., public awareness campaigns – media buys are very expensive)
- **Staffing and staff training** (7 comments; e.g., maybe just prevention staffing dedicated to problem gambling to implement all things they want to do)
- **Better prioritizing to specific groups** (7 comments; e.g., 18-25-year-olds and college age)
- **No changes needed** (7 comments; e.g., no additional needs)
- **Prevention curricula, trainings and EBPs** (6 comments; e.g., funding for evidence-based programs in the schools at younger ages)
- **Increase funding proportion to prevention** (2 comments; e.g., we should increase prevention and reduce treatment since people leave the treatment)
- **Additional marketing needed** (2 comments; e.g., we could really use some money to expand our marketing messages about problem gambling prevention because those are so expensive)
- **Other** (3 comments)

Results Related to Evaluation Questions 1, 2, 6 and 7

In this subsection, we present results additional results related to Evaluation Question 1 (How are resources for problem gambling prevention and treatment being used?), along with results for Evaluation Questions 2 (What strategies, programs and models are Boards and providers using?), 6 (What are most important unmet needs?), and 7 (How do current MBR-funded grantees plan to sustain their projects?)

We first present results about organizations that provide prevention and treatment services, the types of services they provide, key gaps reported within the Board area prevention and treatment service systems, and (related to sustainability) results on training of both prevention and treatment professionals.

Prevention provider agencies. Respondents were asked to list the names of the organizations that provide prevention services in their Board areas. A total of 61 agencies or organizations (not necessarily unique) were named across 43 of the 46 Boards that participated in the interview process. Appendix B lists these provider agencies.

For each prevention provider, respondents were also asked whether the majority of staff have completed training on Problem Gambling. Respondents reported for 37 of the 61 agencies listed (or 61%) that the majority of agency staff had completed training, for 13 (or 21%) they reported ‘No’, and for 11 (or 18%) they reported ‘Don’t Know’.

Board respondents were also asked what types of services each provider agency provided. The types of services included, but were not limited to:

- General prevention services
- Information dissemination
- Gambling support groups
- Billboards and warning signs for problem gambling
- Community education
- Community process
- Prevention education and materials
- Curricula in schools, including Too Good for Drugs and Alcohol (with added content on risk behavior including gambling), Risky Business (prevention curriculum) implemented with youth in juvenile justice system, and LifeSkills curriculum
- Social media and written media campaigns
- Prevention and treatment services for problem gambling
- Integration of problem gambling into other issues such as domestic violence
- WISE program for senior citizens that address gambling

Treatment provider agencies. Respondents were asked to list the names of the organizations that provide treatment services in their Board areas. A total of 66 agencies or organizations (not necessarily unique to each Board area, as some agencies work across Board areas) were named across 44 of the 46 Boards that participated in the interview process. Appendix C lists these provider agencies. Respondents reported that 39 of the treatment providers (60%) provided outpatient services; six (9%) provided both inpatient and outpatient services; and 20 (31%) provided other types of services.

For each treatment provider, respondents were also asked whether two or more of the treatment staff have completed at least 30 hours of training on Gambling Disorders. Board respondents reported that for 24 of 53 agencies (or 45% of those with data available), two or more staff had completed at least 30 hours of such training, while respondents reported that for 29 of 53 agencies (or 55% of those with data available) two or more staff had not completed this much training.

The respondents were also asked in the context of reporting on the services and treatment options available in their Board area about any critical gaps they saw in prevention and treatment. When asked what critical gaps (if any) Board staff saw in the prevention programs and strategies in their Board area, the following seven themes were identified:

- **No gaps present** (13 responses; e.g., reassessing in a year; more concerns with treatment; overall pleased; believe that problem gambling is small problem; getting education and information to who it needs to be with; staff does great job)
- **Information dissemination** (8 responses; e.g., assuring that we're providing information to as many populations as possible; billboards; communication with the community has not occurred; more strategies for vulnerable populations; rework message; increase awareness; community education)
- **Need prevention efforts** (7 responses; e.g., no prevention programs exist for problem gambling; 1 trained problem gambling staff; comprehensive planning; looking for a proven strategy and good environmental campaign; looking forward to the needs assessment)
- **Knowledge / Training** (5 responses; e.g., training – 50% of staff have been trained; more mental health professionals trained; more explicit reference documents from the state; how to reach people that are in denial)
- **Partnership issues** (4 responses; e.g., provide prevention at sites that board are competing with; getting local business and schools to partner; school based programming lacks; getting into places that serve high risk populations (18-24 year olds and 65+ population)
- **Capacity** (4 responses; e.g. staffing/workforce; lack of practitioners; prevention has limitations – need funding to implement strategies)
- **Need to integrate problem gambling with other services** (3 responses; e.g., need to integrate problem gambling into alcohol and other drug (AOD) services; need to prioritize youth and coordinate/collaborate with other prevention agencies; include gambling with other prevention and substance abuse/addictions)

When asked what critical gaps (if any) Board staff saw in the treatment options in their Board area, the following seven themes were identified:

- **No gaps present** (11 responses; e.g., none right now; no demand; qualified providers are available; complete continuum of care; low level of need; underutilized treatment; none without knowing extent of problem)
- **Specialized problem gambling treatment vs. Incorporated treatment** (9 responses; e.g., no specialized treatment; lack of Gambler's Anonymous; need inpatient residential; recovery support; stop treating problem gambling as isolated problem; incorporate problem gambling with mental health; segment of addiction clinicians do not think problem gambling belongs in addiction treatment)

- **Capacity/resources** (9 responses; e.g., not enough money; only 1 provider; lack of profession credentials; influx of opiate patients)
- **Training** (8 responses; e.g., having enough staff trained in problem gambling; inability of staff to access training due to distance and lack of funding to send them to trainings; getting credentials – to get license there needs to be patients to treat; need for local training options)
- **Getting patients into treatment** (6 responses; e.g., getting people into treatment; client engagement in treatment; underutilization of treatment; unrecognized problem; people don't disclose problem gambling on screenings)
- **Information dissemination / Awareness of treatment options** (2 responses; e.g., getting word out about available treatment; marketing so people know that it is here)

Respondents were asked how aware they thought prevention professionals, treatment professionals, and members of the general public are of the treatment services available in their Board area. Table 3 summarizes responses to these items. The results show that while Boards perceived that both prevention and treatment professionals had relatively high levels of awareness of the services available, the perception was that the general public did not. In fact, almost 70% thought that members of the general public were either 'Not at all aware' or 'A little aware' of problem gambling services available in their community.

Table 3. *Awareness of Treatment Options (by those in your Board area)*

Awareness of the treatment services available in your Board area	Very aware	Somewhat aware	A little aware	Not at all aware	Valid N
Prevention Professionals' Awareness	67%	17%	15%	-	46
Treatment Professionals' Awareness	54%	30%	11%	4%	46
General Public's Awareness	7%	26%	41%	26%	46

When asked about the largest barriers to people getting treatment for problem gambling, Board staff noted the following key barriers:

- **Lack of Awareness/Lack of information** (32 responses; e.g., lack of awareness by the individual, by the community, and about the issue of problem gambling; lack of information about where to get treatment, how to recognize the problem; and lack of EBP related to problem gambling.)
- **Not having enough providers** (16 responses; e.g., lack of trained staff; only having outpatient services; only having 1 provider in area; not having a large enough problem to keep staff certified in problem gambling; lack of infrastructure/workforce)
- **Gambling screening** (10 responses; e.g., not being able to ID the problem; dual-diagnosis; don't know where to go to screen for problem gambling)

- **Stigma** (9 responses; e.g., public and personal perception of problem gambling)
- **Location of services / Transportation issue** (8 responses; e.g., 1 person trained in 3 country region; out-of-county treatment; people travel to gamble)
- **Providers aren't looking to treat problem gambling** (7 responses; e.g., limited resources; more need to treat other addictions; perception that problem gambling is low priority)
- **Having people accept their problem/accept treatment** (7 responses)
- **No need for treatment in Board area. There are no barriers at this time** (7 responses)
- **Community/Peer/Family support** (5 responses; e.g., access to peer support groups; partners could learn more and help ID more people)
- **Costs** (5 responses; e.g., costs of training; costs of treatment to the individual; lack of funding for a robust program; financial programs to help individuals that need fiscal assistance due to problem gambling)
- **Not enough people are identified/identify as having the problem** (4 responses; e.g., social norms around gambling)
- **Problem gambling ignored until it is a major problem** (2 responses)

Table 4 shows responses to a single item that asked about the funding allocation strategy used by the Boards for problem gambling treatment and prevention providers. Almost half of Boards (49%) reported that only one agency receives funding, 11% reported that funding was allocated across all trained/certified problem gambling organizations, while 40% reported another allocation strategy (e.g., for treatment there is only one agency but for prevention there are multiple agencies).

Table 4. *Funding Allocation Strategies*

Thinking about the problem gambling treatment and prevention providers funded by your Board, how does your Board decide which agencies and providers in your area receive funding?	
Only One Agency/Provider Receives Funding	22 (49%)
Funding Allocated Across All Trained/Certified Problem Gambling Agencies/Providers	5 (11%)
Other	18 (40%)

Results Related to Evaluation Questions 3 and 4

In this subsection, we present results related to Evaluation Questions 3 and 4. Evaluation Question 3 focuses on the extent to which current problem gambling prevention, early intervention and treatment strategies, programs and treatment models are guided by needs assessment and other data. Evaluation Question 4 focuses on the extent to which problem gambling prevention and treatment efforts are guided by theories of change or logic models.

Two items asked whether there had been a recent needs assessment effort in their Board area, and whether documentation had been developed describing how efforts in their Board area would produce change in problem gambling (such as a logic model or theory of change).

The results in Table 5 show that 52% reported a recent needs assessment in their Board area that included problem gambling, while 24% reported having developed documentation of how efforts would produce change in problem gambling outcomes, such as a logic model. It should be noted that there were some Board respondents who said that they were engaged in starting needs assessments, but that these needs assessments had not yet been completed.

Table 5. *Recent Planning Efforts in Local Board Area to Address Problem Gambling*

	% Responding Yes	Valid N
Have conducted a recent needs assessment	52%	44
Have documentation of how efforts will produce change in problem gambling (e.g., logic model)	24%	45

As Table 5 shows, 52% of the responding Boards reported completing a recent needs assessment that included problem gambling prevention and treatment. These respondents were next asked what organizations contributed to the needs assessment.

Key organizations that contributed to Board-level needs assessments included:

- Mental Health & Recovery Boards
- Hospital Council / Hospital Association / Hospitals
- Family and Children First
- Health Districts
- United Way
- Prevention Coalitions
- County Urban Coalition
- Provider Agencies
- Social Service Agencies
- Representatives or groups from various sectors: churches, family, businesses

These open-ended data highlight that although the needs assessment process often was led by the Board, the needs assessment processes were collaborative efforts that included a number of other organizations in the community.

Respondents who reported that needs assessments had not been conducted were asked to describe barriers to conducting a needs assessment in their Board area. Key barriers included:

- **Capacity – Lack of resources/Lack of time** (8 responses; e.g., capacity – time and human resources; capacity doesn’t allow us to spend a lot of energy on problem gambling; adequate resources to implement needs assessment on problem gambling; staff, funding)
- **Not a priority** (7 responses; e.g., community perception is problem gambling is low; low priority; clients don’t accept services; lack of interest in community; courts don’t see it as a problem so community doesn’t either)
- **No barriers, it is in process** (5 responses; e.g., just needing to put questions on the questionnaire; in process; will be meeting in 2015 to add problem gambling questions to needs assessment; will be done in next 6 months with gambling included)
- **Lack of knowledge** (2 responses; e.g., lack of expertise; lack of knowledge on how to use data)

Respondents were asked whether their Board (or others in their area) had used various types of data for planning related to problem gambling. Table 6 presents responses to survey items that asked about use of data. The largest proportion (61%) reported using data from the Ohio Gambling Survey. In addition, between 37% and 42% reported having recently used local data-- from a survey their Board conducted, a survey conducted by other agencies, or data other than the types listed in the question.

Table 6. *Use of Data from Different Surveys by Board for Planning*

Has your Board (or others in your area) used data from the following sources for planning related to problem gambling?	Yes	No	Don’t know	Valid N
Ohio Gambling Survey	61%	37%	2%	46
Ohio Problem Gambling Helpline	22%	67%	11%	46
Survey Conducted by Board	42%	58%	-	45
Survey Conducted by Another Agency	37%	61%	-	45
Other Data Not Listed	41%	59%	-	44

Board respondents who reported that logic models or theories of change had not yet been implemented or developed were asked to describe barriers to developing logic models or theories of change in their Board area. Key barriers included:

- **No barriers – not a priority/not that far in the process** (17 responses; e.g., not gotten that far toward formalizing; not having a big demand for services; don’t have enough information from the needs assessment; not a priority; not a single individual in our area has presented with problem gambling issue)

- **Capacity** (5 responses; e.g., staff training and expertise; time and human resources; not able to do needs assessment – trying to get community cooperation)
- **Data** (4 responses; e.g., inadequate data on depth of problem; inadequate assessment related to problem gambling; gathering data now)
- **Currently implementing/ working on problem gambling issue** (3 responses; e.g., various strategies are being implemented; following this for 2-3 years, know how to do logic models; assessment just released)

Respondents were also asked (if they indicated that their Board or community had developed logic models or other documentation of theories of change for problem gambling, and about having used surveys) whether they would be willing to share the instruments. Table 7 lists 21 documents that were sent to the evaluation team members following the interviews.

Table 7. Documents Provided Related to Problem Gambling Planning

County / Other Entity	Logic Models / Theories of Change / Related Documents	Year	Surveys / Survey Questions	Year
Adams, Lawrence, Scioto	2013 Gambling Survey PowerPoint presentation, prepared by Ohio University's Voinovich School of Leadership and Public Affairs	2013	Draft Gambling Survey	
Behavioral Health Choices			Behavioral Health Choices Project Report (Survey: Fall 2013) Supplemental Questions	2013
Clermont	Logic Model		Gambling Survey (Readiness)	
Columbiana			Gambling Survey	2015
			FY 2014 Key Informant Gambling Survey	2014
			Young Adult Survey Gambling Related Questions	
			Search Institute question related to gambling behavior	
Franklin	Unmet Problem Gambling Needs in Franklin County; Maryhaven (Fall 2013) by Community Research Partners	2013		
Lucas	MHR SB 2013 Problem Gambling Plan	2013	Brief Problem Gambling Screen (Volberg)	
	United Way 2 1 1 MH Three-Year Comparison	2013		
Maryhaven	Maryhaven Problem Gambling Program Ohio SPF Strategic Plan Map for Reducing Gambling Related Harm [Community Based Processes, Information Dissemination (2 versions), Environmental Strategies (2 versions)]			
Muskingum			2013 Supplemental Survey Question on Gambling	2013
Seneca, Sandusky & Wyandot	Report prepared by Hospital Council of NW Ohio, 2015	2015	Gambling Survey	
Stark			Landing Page Survey	
Tuscarawas and Carroll Counties			Problem Gambling Screen	

Results Related to Evaluation Question 5

In this subsection, we present results related to Evaluation Question 5. Evaluation Question 5 focuses on the extent to which problem gambling is seen as a public health issue by Boards/providers, health professionals, and prevention/treatment professionals.

Table 8 shows that most Board respondents perceived that they and other individuals viewed problem gambling as a problem to a relatively small extent in their Board area. Members of the general public were the category perceived by the Board respondents as seeing problem gambling as the smallest problem – with 26% of Board respondents reporting ‘not at all’ when asked about the general public’s view.

Table 8. *Extent to Which Problem Gambling is Viewed as Problem in Board Area*

To what extent do each of the following view problem gambling as a problem in Board area ...	Great extent	Moderate extent	Small extent	Not at all	Don't Know	Valid N
Respondent	4%	37%	44%	9%	7%	46
Most prevention professionals in your Board area	11%	26%	52%	11%	-	46
Most treatment professionals in your Board area	7%	20%	63%	11%	-	46
Most members of the general public	-	9%	63%	26%	2%	46

Results Related to Evaluation Question 6

In this subsection, we present results related to Evaluation Question 6. Evaluation Question 6 focuses on the most important unmet needs of prevention/treatment professionals and of Boards, along with strategies can be developed / implemented to address these needs.

An open-ended item asked respondents to rate the largest unmet need related to problem gambling in their Board area. Key themes that emerged are:

- **Need for increased community awareness** (17 comments; e.g., education or awareness – people understanding when it becomes a problem)
- **Workforce development** (9 comments; e.g., having enough local service providers who can do gambling addiction treatment – have already talked to the state and they have been very helpful)
- **Low identified need** (4 comments; e.g., we need to know how to get people who have problem gambling to admit that they have the problem)
- **Needs assessment related** (3 comments; e.g., being able to identify the depth of the problem and determine what to do about it)
- **Lack of self-identification and willingness to accept treatment** (3 comments; e.g., when we have reached out to individuals that show high risk most have declined services)
- **Need to prioritize specific groups** (3 comments; e.g., 16- to 30-year olds)
- **Greater coordination within treatment / emphasis in treatment on problem gambling** (3 comments; e.g., we are trying to form partnerships with treatment providers in other areas, including alcohol, heroin, etc.)
- **Communication with State** (1 comment; e.g., better guidelines for communication between state and Board, goals and expectations)

- **Other** (4 comments)

Because casino gambling is relatively new in Ohio and because the gaming landscape continues to evolve rapidly, Board contacts next were asked in an open-ended question about the largest emerging need related to problem gambling, along with any changes they were seeing related populations or subpopulations who were at increasing risk of developing a gambling disorder.

Note that a single open-ended question asked about both largest emerging needs and specific subpopulations at increasing risk. Key themes (divided by ‘largest emerging needs’ and ‘at-risk subpopulations identified’) include:

Largest Emerging Needs:

- **Lottery, Instant Win tickets and local games of chance** (6 comments; e.g., problem gambling in our area is not casinos, but more about games of chance in the community, lottery, etc.)
- **Co-occurrence with AOD problems** (5 comments; (e.g., we do see more problems with those people having drinking or drug problems)
- **Lack of recognition as an issue** (5 comments; e.g., no community perception of there being a problem gambling issue)
- **Internet cafes / Internet gambling** (3 comments; e.g., Internet cafes have emerged in our area; there are a dozen within a 30-minute drive)
- **Difficult to assess** (2 comments; e.g., no needs assessment, unsure of need)
- **Gambling not perceived as a problem** (2 comments; e.g., gambling is not a primary problem here)
- **Other** (6 comments)

Key at-risk Subpopulations Identified:

- **Youth and young adults, including in college** (11 comments; e.g., gambling on college campuses, including online; youth and college students)
- **Elderly** (9 comments; e.g., seniors – many start using as recreation, but gets to be a problem)
- **Low-income individuals** (2 comments; e.g., subpopulation is low income, low financial resources who see this as a way to make money)

Results Related to Evaluation Question 7

In this subsection, we present results related to Evaluation Question 7. Evaluation Question 7 focuses on how SFY15 MBR-funded grantees plan to sustain their projects beyond the funding cycle and strategies they feel can be developed to facilitate sustainability of problem gambling efforts in their Board areas. Specifically, we focus in this subsection on capacity for problem gambling efforts. Because items on the interview did not ask specifically about plans to sustain projects or activities beyond the current funding cycle, so we treated capacity questions as a proxy measure for sustainability.

A key challenge for Ohio’s problem gambling service system as it has developed has been to ensure that Boards, communities, and workforce professionals are screening clients they serve for possible gambling disorders. Table 9 shows that close to 40% of Board respondents responded ‘Agree’ or ‘Strongly Agree’ when asked whether there was adequate expertise in the state to screen for gambling disorders. A much larger proportion (65%) responded ‘Agree’ or ‘Strongly Agree’ when asked whether there was adequate expertise in their Board area to screen for gambling disorders.

Table 9. *Perceived Adequacy of Expertise to Screen for Gambling Disorders*

There is adequate expertise ...	Strongly agree	Agree	Disagree	Strongly disagree	Don't Know	Valid N
In <u>the state</u> to screen for gambling disorders	7%	31%	24%	11%	27%	45
In <u>my Board area</u> to screen for gambling disorders	27%	38%	27%	9%	-	45

Respondents who perceived that there was not adequate expertise at the state or local levels were asked for their feedback on how expertise to screen for gambling disorders could be improved. When asked what could be done to improve the expertise to screen for gambling disorders in the state of Ohio, five themes that emerged include:

- **Training** (6 comments; e.g., specialized training programs)
- **Training that includes assessment tools** (3 comments; e.g., state-provided additional training with specified screening tools)
- **Increased access to state resources, including best practices** (3 comments; e.g., at the state level have a set of best practices that the state would get behind and put those forth as part of standards or certification that agencies would have to meet)
- **Field needs to be developed further, including through college coursework** (3 comments; e.g., continue to develop the systems at both the state and local levels)
- **Require problem gambling as part of assessment of all clients in mental health centers** (1 comment)

When asked what could be done to improve the expertise to screen for gambling disorders in their Board area, four themes that emerged include:

- **Training for treatment providers** (9 comments; e.g., teaching emerging professionals coming into the field and having education opportunities for those currently in the field)
- **Expanding providers that are certified to address the issue** (4 comments; e.g., right now we are dependent on one person – some technical assistance to help us expand that, and to expand that throughout other community settings to help us increase capacity)
- **Finding clinicians that have specific interest in this area** (2 comments; e.g., might need to choose different provider for problem gambling services rather than focus resources to the addiction provider, find someone that is passionate about problem gambling)
- **Funding specifically for this purpose** (1 comment)

Respondents also were asked about their perceptions of the adequacy of other types of expertise in their Board area. Table 10 shows responses to four items that asked respondents about expertise in their Board area to assess needs related to problem gambling, identify evidence-based practices, select appropriate strategies and implement the strategies. At least 70% responded either ‘Agree’ or ‘Strongly Agree’ on three items, and 63% responded either ‘Agree’ or ‘Strongly Agree’ on the item that asked about perceived expertise to assess needs related to problem gambling.

Table 10. *Perceived Adequacy of Expertise for Planning and Addressing Gambling Disorders*

There is adequate expertise in my Board area to ...	Strongly agree	Agree	Disagree	Strongly disagree	Don't Know	Valid N
Assess needs related to problem gambling	24%	39%	20%	13%	4%	46
Identify evidence-based practices	24%	46%	17%	11%	2%	46
Select appropriate strategies	24%	46%	26%	4%	-	46
Implement appropriate strategies	20%	56%	20%	4%	-	46

Respondents who disagreed (answered either ‘Strongly Disagree’ or ‘Disagree’) when asked whether there was adequate expertise to assess needs related to problem gambling were asked a follow-up question that asked what needs to be done to improve this type of expertise in their Board areas. Five themes that emerged from this question were:

- **More information on how to interpret data/how to do a needs assessment** (5 responses; e.g., specified training on how to interpret data; more access to data; community perception of problem gambling is very low based on needs assessment; need a needs assessment)
- **Increase opportunities for training and education** (4 responses; e.g., need additional training; less costly trainings; increased education on current structure of AOD treatment and prevention; expand AOD funds to include mental health)
- **Promote regional buy-in** (3 responses; e.g., provider doesn’t see pressing need; need better provider)
- **Ensure problem gambling is a focus** (3 responses; e.g., effort is on opiates and alcohol; develop priority populations; focus on problem gambling rather than substance abuse)
- **Increase resources** (3 responses; e.g., lack of time; lack of funding)
- **Work to develop EBPs** (2 responses; e.g., lack of evidence-based programs and strategies related to problem gambling)

Respondents who disagreed (answered either ‘Strongly Disagree’ or ‘Disagree’) when asked whether there was adequate expertise to identify evidence-based practices for prevention/early intervention/ treatment of gambling disorders were asked a follow-up question that asked what needs to be done to improve this type of expertise. Four themes that emerged were:

- **Workforce development** (4 responses; e.g., need a better provider; need more trained providers and include mental health providers; board needs to provide leadership to get provider to embrace problem gambling)
- **Develop additional/better EBPs** (3 responses; e.g., attention isn't on problem gambling therefore there isn't an EBP focus on problem gambling)
- **State needs to strengthen guidance and training on problem gambling** (3 responses; e.g., state needs to strengthen guidance documents; state needs to take bold move; training consistent across board areas)
- **Needs assessment as a means to show problem gambling is an issue** (2 responses; e.g. having a hard time assessing the need; gambling is condoned publicly – denial of problem)

Respondents who disagreed (answered either 'Strongly Disagree' or 'Disagree') when asked whether there was adequate expertise to select strategies that were appropriate to meet the identified needs in the Board area were asked a follow-up question that asked what needs to be done to improve this type of expertise. Five themes that emerged were:

- **More training** (5 responses; e.g., state level training; mandate consistent training across board areas; need TA on what programs to use)
- **Needs assessment** (4 responses; e.g., more needs assessment; needs to be strategic planning based on local data; more PR to help identify problem; problem gambling isn't seen as an issue so focus is elsewhere)
- **Stronger partnerships** (3 responses; e.g., greater partnership between board and agency staff; greater collaboration with gambling ownership; work collectively as a community)
- **More providers/professionals** (3 responses; e.g., more prevention professionals; workforce development; not enough funds to hire staff for marketing/awareness campaign)
- **Better EBPs** (3 responses; e.g., lack of EBP programs related to problem gambling)

Respondents who disagreed (answered either 'Strongly Disagree' or 'Disagree') when asked whether there was adequate expertise to implement strategies that were appropriate to meet the identified needs in the Board area were asked a follow-up question that asked what needs to be done to improve this type of expertise. Four themes that emerged were:

- **Training** (6 responses; e.g., state level training; mandate consistent across board areas; capacity building and training; needs TA)
- **Would need to implement via provider** (4 responses; e.g., workforce development; need staff to do this; lack of time/focus)
- **Better EBPs** (2 responses; e.g., lack of EBP on problem gambling)

- **Community awareness / support** (1 response; e.g., change perception in the community that problem gambling is a problem)

Conclusions

We conducted interviews with Board key informants to assess their perceptions of needs, resources, services, and related topics around problem gambling prevention and treatment. Overall, we found that despite the fact that Boards perceive that the general public does not view problem gambling as a pressing issue in the community, there have been substantial efforts to address problem gambling at the community level. Boards are collecting data, engaging in planning processes, and building capacity to address the issue. Most importantly, Boards are developing an understanding of how problem gambling services fit within the service delivery system itself. We also found that there is a need for more information about evidence-based strategies and approaches as well as support for continued coordination and for planning from the State. Key conclusions from the interview process are presented by Evaluation Question.

1. Who in the state is using state and/or Board resources for problem gambling prevention and treatment and how are they using those resources (i.e., prevention versus treatment)?

This question was not addressed directly. However, respondents were asked about their perceptions of the adequacy of funding for prevention and treatment. There was a high level of agreement that funding resources at the Board level were adequate for both problem gambling treatment and prevention.

At the same time, close to one in five respondents said they did not know about the adequacy of funding resources at the state level for both problem gambling treatment and prevention. Regarding the adequacy of funding at the local level, several respondents noted that while the funding and capacity at the Board level for problem gambling treatment is currently adequate, an upsurge in the need for treatment could potentially strain both funding and staffing capacity (e.g., the number of providers and clinicians trained and able to provide needed services).

With regard to sustaining workforce capacity, respondents reported 61 agencies or organizations that provided problem gambling prevention services; for about 60% of these, the respondents reported that the majority of the staff in those agencies had completed problem gambling prevention training. Respondents reported 66 agencies or organizations that provided problem gambling treatment services; for about 45% of those with data available, two or more of the staff had completed at least 30 hours of training on gambling disorders.

2. What strategies, programs and treatment models are Boards, providers and partners using to address problem gambling prevention, early intervention and treatment needs?

In terms of prevention, respondents reported a wide range of prevention activities, including implementing evidence-based curricula in local school districts. A number of respondents reported multiple strategies being implemented simultaneously across different priority population groups such as youth, the elderly, college students, and others.

Regarding treatment, 60% of the agencies identified by the respondents as providing services were reported to be providing outpatient services only, while 9% were reported as providing both inpatient and outpatient services, and 30% were reported as providing other types of services.

3. To what extent are current problem gambling prevention, early intervention and treatment strategies, programs and treatment models guided by needs assessment and other data? Who in the state is using data (and what data) to guide their problem gambling work? What is the nature of the assessment processes and data currently being used to guide problem gambling efforts?

The results showed that over half of the Boards reported implemented a recent needs assessment effort that focused on or included problem gambling. Over 60% reported using data from the Ohio Gambling Survey and between one-third and almost half of the Boards reported having recently used data from a survey they conducted, a survey conducted by other agencies, or an unspecified data source.

4. To what extent are theories of change or logic models reported as being used to plan for problem gambling efforts?

About one quarter of Boards reported having developed or participated in developing some documentation of how efforts can produce change related to problem gambling. A number of respondents also provided materials relevant to these planning efforts.

5. To what extent is problem gambling seen as a public health issue by Boards/providers, health professionals, and prevention/treatment professionals? What is the level of awareness of each population of problem gambling as a public health issue?

Our results showed Boards believe that the general public does not perceive problem gambling as a pressing issue within the community. A number of respondents noted that this was due in part to the perceived importance of other local prevention and treatment issues, such as opiate misuse.

6. What are the most important unmet needs of prevention/treatment professionals and of Boards? What strategies can be developed and/or implemented to address these needs?

When asked about the most important unmet needs across the state, themes often noted were the need for increased community awareness, lack of self-identification by those with gambling disorders, issues of trying to assess who to prioritize for services, and distance to treatment as a barrier. When asked about the most important unmet needs in their own Board areas, themes frequently mentioned included the need to increase community awareness, workforce development, needs assessment related themes, and the fact that it is difficult to plan for prevention and treatment for this issue when there is a low identified need. When asked about emerging needs within their own Board areas, including sub-populations at particular risk, common themes were needs related to youth and young adults (including college students), the elderly, forms of gambling other than casinos (e.g., Lottery, Instant Win tickets, local games of chance), a lack of recognition of the issue (including lack of knowledge of what constitutes problem gambling), and co-occurrence of problem gambling with alcohol and other drug use.

7. How do current MBR-funded² grantees plan to sustain their projects beyond the funding cycle? What strategies can be developed to encourage grantees to consider sustainability?

² Current problem gambling grantees funded as part of SFY15's Mid-Biennium Review (HB 483).

Regarding sustainability, the results showing that sizable proportions of the Boards have recently implemented needs assessments points to important efforts being implemented to plan to address problem gambling prevention and treatment. Board respondents also noted the importance of increasing capacity for prevention and treatment through workforce development, better coordination and collaboration, and a greater recognition of what resources are available at the state and Board levels.

Recommendations

We offer the following recommendations based on the results and conclusions provided above:

1. Continue efforts to work with the Boards on the issue of how best to ensure that the prevention and treatment workforce is adequately trained to address problem gambling, while also taking into consideration the relatively low numbers of individuals who present through screenings as having gambling disorders. Several respondents also noted that it will be helpful to make what training currently exists easier to access, for example, through online modules.
2. Continue efforts to work with the Boards on how to coordinate treatment for gambling disorders with treatment for co-occurring issues such as alcohol and other drug abuse. In addition, a number of Board contacts noted the importance of gaining clarity within and among partner organizations on how problem gambling “fits” with current prevention and treatment services.
3. Continue efforts to identify evidence-based prevention programs. Several Board contacts noted that there are not many available programs, and they also noted several priority populations for which they needed more information about whether there were evidence-based programs or strategies (e.g., educational programs for the elderly). One respondent suggested that the state could provide the Boards with guidance or best practices in selecting evidence-based programs or strategies to establish a foundation of understanding across the state.
4. Continue efforts to train Board and provider staff and leadership on how best to assess the needs in their communities related to the issue of problem gambling. Respondents rated local capacity to identify, select and implement evidence-based strategies to be higher than the capacity for conducting needs assessment on this issue.
5. In addition to continuing to train Board staff and leadership on how best to assess needs related to problem gambling, efforts should continue on provision of relevant data to the Boards. A sizable majority of the Board respondents reported having used data from the Ohio Gambling Survey in their planning on the issue locally, and this shows the importance of this source of information. A number of Board contacts also utilized local surveys to help assess needs in their communities. It may be helpful to work with the Boards on how best to either collect or access data to avoid multiple efforts using multiple surveys.
6. Awareness campaigns may be an important way to educate the public about the issue of problem gambling, the treatment services available for problem gambling, the co-occurrence

of problem gambling and alcohol and other drug abuse, and a number of other issues. A perceived lack of community awareness emerged as a recurrent theme. Related to the lack of awareness is that in many communities, gambling is embedded in the community culture, as evidenced by bingo, raffles, and a number of other similar forms of gambling. Several respondents noted that gambling behavior tends to be normalized which may lead to missing the signs that someone is engaging in problem gambling.

7. Further investigate reasons individuals tend to dismiss their problems related to gambling. Most people receiving treatment are coming in for other issues (e.g., AOD abuse), and there seems to be both stigma and general denial related to their problem gambling.

References

- American Association for Public Opinion Research (2015). Standard definitions: Final dispositions of case codes and outcome rates for surveys. Accessed online at: <http://www.aapor.org/AAPORKentico/Communications/AAPOR-Journals/Standard-Definitions.aspx>
- Wolcott H. (1994). *Transforming qualitative data: Description, analysis, and interpretation*. Thousand Oaks, CA: Sage Publications.

Appendix A: Problem Gambling (PG) Semi-Structured Interview

Problem Gambling (PG) Semi-Structured Interview

My name is _____ and I'm working with the Ohio Department of Mental Health and Addiction Services on a statewide evaluation of Ohio's Problem Gambling Service System. The evaluation will focus on system capacity and on gaining a better understanding of the needs of Ohio's communities related to problem gambling prevention, early intervention, and treatment. As part of this evaluation, we would like to conduct an interview with you. We are looking to find out as much as we can about problem gambling in Ohio's communities and about local resources to address problem gambling. The interview will cover a wide range of topics, including system capacity, treatment options, and use of data to inform your community's efforts on the topic of problem gambling. I understand that you may not be able to provide information about all the items, which is fine. Please answer as best as you can and let me know if there are items you are unable to answer.

May I begin?

Global Assessment of Ohio's Problem Gambling Service System

- The first set of questions focus on Ohio's problem gambling service system as a whole. For each item, please answer 'excellent', 'good', 'fair' or 'poor'.

	Excellent	Good	Fair	Poor	[DON'T KNOW]
How would you rate Ohio's problem gambling service system as a whole?	<input type="radio"/>				
How would you rate the capacity of the system to provide treatment services for problem gambling?	<input type="radio"/>				
How would you rate the capacity of the system to provide prevention services for problem gambling?	<input type="radio"/>				
How would you rate efforts underway at the state level to improve planning for and implementation of problem gambling services across Ohio?	<input type="radio"/>				

- In thinking about problem gambling prevention and treatment services across Ohio, what would you say is currently the biggest unmet need?

Norms Regarding Problem Gambling

3. The next set of questions focus on norms related to problem gambling in your board area. For each item, please answer ‘Not at all’, ‘To a small extent’, ‘To a moderate extent’, and ‘To a great extent’.

	Not at all	To a small extent	To a moderate extent	To a great extent	[DON'T KNOW]
To what extent would you say problem gambling is a problem in your board area?	<input type="radio"/>				
To what extent would you say most prevention professionals in your board area see problem gambling as a problem here?	<input type="radio"/>				
To what extent would you say most treatment professionals in your board area see problem gambling as a problem here?	<input type="radio"/>				
To what extent would you say most members of the general public in your board area see problem gambling as a problem here?	<input type="radio"/>				

4. In thinking about your board area, what would you say is currently the biggest unmet need related to problem gambling?

5. In thinking about your board area, what would you say is the biggest emerging need related to problem gambling? Are there specific populations or sub-populations that are most likely to have a problem?

Adequacy of Treatment & Prevention Funding Resources

6. The next set of items focus on perceived adequacy of treatment and prevention funding sources, both at the state and board levels. For each statement read, please answer ‘strongly disagree’, ‘disagree’, ‘agree’, or ‘strongly agree’.

	Strongly disagree	Disagree	Agree	Strongly agree	[DON'T KNOW]
There is an adequate amount of funding resources allocated to treatment of PG at the state level.	<input type="radio"/>				
There is an adequate amount of funding resources allocated to treatment of PG in my board area.	<input type="radio"/>				
There is an adequate amount of funding resources allocated to prevention of PG at the state level.	<input type="radio"/>				
There is an adequate amount of funding resources allocated to prevention of PG in my board area.	<input type="radio"/>				

7. In thinking about treatment of problem gambling in your board area, what would you say currently needs the most additional funding resources?
8. In thinking about prevention of problem gambling in your board area, what would you say currently needs the most additional funding resources?

Adequacy of Expertise to Screen for Gambling Disorders

The next set of items focus on perceived adequacy of expertise to screen for gambling disorders. For each statement read, please answer 'strongly disagree', 'disagree', 'agree', or strongly agree'.

9. There is currently adequate expertise in the state of Ohio to effectively screen for gambling disorders.
 - Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - [DON'T KNOW]

10. There is currently adequate expertise in my board area to effectively screen for gambling disorders.
 - Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - [DON'T KNOW]

If 'Strongly Disagree' or 'Disagree' is selected for Question 9. There is currently adequate expertise in the state of Ohio to effectively screen for gambling disorders.

11. What could be done to improve the expertise in the state of Ohio?

If 'Strongly Disagree' or 'Disagree' is selected for Question 10. There is currently adequate expertise in my board area to effectively screen for gambling disorders.

12. What could be done to improve the expertise in your board area?

Adequacy of Expertise for Planning and Addressing Gambling Disorders

The next set of items focus on perceived adequacy of expertise for planning and addressing gambling disorders. For each statement read, please answer ‘strongly disagree’, ‘disagree’, ‘agree’, or strongly agree’.

13. There is currently adequate expertise in my board area to ...

	Strongly Disagree	Disagree	Agree	Strongly Agree	[DON'T KNOW]
Assess needs related to problem gambling.	<input type="radio"/>				
Identify evidence-based practices for prevention/early intervention/treatment of gambling disorders.	<input type="radio"/>				
Select strategies that are appropriate to meet the identified needs in my board area.	<input type="radio"/>				
Implement strategies that are appropriate to meet the identified needs in my board area.	<input type="radio"/>				

If ‘Strongly Disagree’ or ‘Disagree’ is selected for statement There is currently adequate expertise in my board area to assess needs related to problem gambling.

14. What would you say needs to be done to improve the expertise in your board area for ...assessing needs related to problem gambling?

If ‘Strongly Disagree’ or ‘Disagree’ is selected for statement There is currently adequate expertise in my board area to identify evidence-based practices for prevention/early intervention/treatment of gambling disorders.

15. What would you say needs to be done to improve the expertise in your board area for ...Identifying evidence-based practices for prevention/early intervention/treatment of gambling disorders?

If ‘Strongly Disagree’ or ‘Disagree’ is selected for statement There is currently adequate expertise in my board area to select strategies that are appropriate to meet the identified needs in my board area.

16. What would you say needs to be done to improve the expertise in your board area for ... Selecting strategies that are appropriate to meet the identified needs in my board area?

If ‘Strongly Disagree’ or ‘Disagree’ is selected for statement There is currently adequate expertise in my board area to implement strategies that are appropriate to meet the identified needs in my board area.

17. What would you say needs to be done to improve the expertise in your board area for... Implementing strategies that are appropriate to meet the identified needs in my board area?

Efforts in Your Board Area to Address Problem Gambling (and Related Barriers)

The next set of questions focus on efforts in your board area to address problem gambling (and barriers related to efforts). For each item, please answer 'yes' or 'no'.

18. Has there been a recent needs assessment effort in your board area around the issue of problem gambling?

- Yes
- No
- [DON'T KNOW]

If Yes to Question 18

19. What organizations contributed substantially to that recent needs assessment?

[RECORD NAMES OF ORGANIZATIONS]

If No to Question 18

20. What have been the main barriers to implementing a needs assessment?

21. Has documentation been developed describing HOW efforts in your board area will produce change in problem gambling (such as a logic model or theory of change)?

- Yes
- No
- [DON'T KNOW]

If Yes to Question 21

22. Can you send us a copy of the documentation (such as logic model or theory of change)?

- Yes
- No
- [DON'T KNOW]
- Other (Specify) _____

If No to Question 21

23. What have been the main barriers to developing a logic model or theory of change on the issue of problem gambling?

Types of Prevention Services Available

The next items focus on agencies providing services in your board area to address problem gambling, as well as people's awareness of the services available, and barriers to people in your board area getting treatment.

24. What agencies or organizations in your board area provide prevention services around problem gambling?

[INTERVIEWER RECORDS THE NAMES OF AGENCIES OR ORGANIZATIONS]

For each agency or organization listed by respondent

25. What services does _____ provide?

26. To your knowledge, have the majority of the prevention staff at _____ completed training on Problem Gambling?

- Yes
- No
- [DON'T KNOW]

27. What do you see as critical gaps, if any, in the prevention programs and strategies in your board area? Please explain.

Types of Treatment Available

28. For people needing treatment for problem gambling in your board area, what agencies or organizations provide services to address these needs?

[INTERVIEWER RECORDS THE NAMES OF AGENCIES OR ORGANIZATIONS]

For each agency or organization listed by respondent

29. What types of treatment services does _____ provide? [CODES RESPONSE OPTIONS: INPATIENT; OUTPATIENT; BOTH INPATIENT & OUTPATIENT; OTHER]

- INPATIENT
- OUTPATIENT
- BOTH INPATIENT & OUTPATIENT
- OTHER (SPECIFY) _____

30. For _____, to your knowledge have two or more of the treatment staff completed at least 30 hours of training on Gambling Disorders?

- Two or more treatment staff trained on gambling disorders
- Less than two treatment staff on gambling disorders

31. What do you see as critical gaps, if any, in the treatment options in your board area? Please explain.

Barriers to Accessing Treatment

32. What would you say are the three biggest barriers (of any type) to getting treatment for people in need of treatment in your board area?

- #1
- #2
- #3

Awareness of Treatment Options

For each item, please answer ‘not at all aware’, ‘a little aware’, ‘somewhat aware’, or ‘very aware’.

33. Please answer the following:

	Not at all aware	A little aware	Somewhat aware	Very aware	[DON'T KNOW]
Thinking about the treatment services available in your board area that you mentioned earlier, how aware would you say prevention professionals are of the treatment available?	<input type="radio"/>				
Thinking about the treatment services available in your board area that you mentioned earlier, how aware would you say treatment professionals are of the treatment available?	<input type="radio"/>				
Thinking about the treatment services available in your board area that you mentioned earlier, how aware would you say members of the public are of the treatment available?	<input type="radio"/>				

Funding Allocation Strategies

34. Think now about the problem gambling treatment and prevention providers funded by your board. How does your board decide which agencies and providers in your area receive funding? [OPEN-ENDED WITH 2 CODES FOR INTERVIEWER TO USE]

- Only 1 agency/provider receives funding
- Funding allocated across all trained/certified PG organizations
- Other (specify) _____
- [DON'T KNOW]

Use of Data by your Board for Planning

The next questions focus on use by your board (or others in your board area) of various types of data for planning to address the issue of problem gambling. For each item, please answer 'yes' or 'no'.

Has your board (or others in your board area) used data from the following sources for planning related to problem gambling:

35. Ohio Gambling Survey?

- Yes [If YES] How have you used the data? _____
- No
- [DON'T KNOW]

36. Ohio Problem Gambling Helpline?

- Yes [If YES] How have you used the data? _____
- No
- [DON'T KNOW]

37. A survey conducted by your board?

- Yes (If Yes, please describe.) _____
- No
- [DON'T KNOW]

38. [IF YES, to survey conducted by your board] How have you used the data?

39. [IF YES, to survey conducted by your board] Could you send us a copy of the survey?

- Yes
- No
- [DON'T KNOW]
- Other (specify) _____

40. A survey conducted by another agency in your board area (such as health department or Family and Children First Council)?

- Yes [If YES] How have you used the data? _____
- No
- [DON'T KNOW]

41. Other data available in your board area that we have not asked about?

- Yes [If YES] How have you used the data? _____
- No
- [DON'T KNOW]

Finally, we'd like to ask you some questions about yourself...

42. What is your gender?

- Male
- Female

43. Are you Hispanic or Latino?

- Yes
- No

44. What do you consider yourself to be? (Select one or more.)

- White
- Black or African American
- American Indian
- Asian American
- Alaska Native
- Native Hawaiian or Other Pacific Islander

45. How long have you worked in this organization?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- more than 10 years

46. How long have you been in your current position within this organization?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- more than 10 years

That was my last question. Thank you so much for your time and we really appreciate you helping us better understand the needs of Ohio's communities related to the problem gambling service system.

Appendix B: Agencies in Board Areas Providing Prevention Services for Problem Gambling

1. Health Recovery Services
2. PVFF
3. Lake Erie Recovery center
4. Maryhaven
5. Prevention First
6. Family Recovery Center
7. Recovery Services of NW Ohio
8. Health Recovery Services
9. Consolidated Care (their local MH provider)
10. Lake Geauga Recovery Centers
11. Clermont Recovery Center
12. Foundations
13. Lake Geauga Recovery Centers
14. Jefferson Behavioral Health System
15. Firelands Counseling and Recovery Services
16. Recovery Resources
17. Recovery Center
18. Marion Crawford Prevention Program
19. Community Solutions
20. Solutions Community Counseling and Recovery Center
21. Pathways of central Ohio
22. Anazao Community Partners
23. Maryhaven
24. Zepf Center
25. Center for Alcohol and Drug Addiction Services CADAS
26. Alcohol & Chemical Abuse Council
27. Counseling Center
28. Neil Kennedy Recovery Clinic
29. Ashland County Council on Alcoholism & Drug Abuse
30. Maryhaven
31. Board
32. Lorain County Alcohol and Drug Abuse Services
33. Personal and Family Counseling
34. Sandusky CO prevention partnership coalition - Sandusky Health Department
35. Community Action for Capable Youth
36. Board level - environmental strategies
37. Preble County Mental Health and Recovery Board
38. Pathways Counseling Center
39. Townhall II (two)
40. Alcohol and Drug Gernsey Co
41. Bayshore Counseling Services
42. Solutions Behavioral Healthcare, Inc.
43. Wood County Educational Services Center
44. Drug Free Youth Coalition in Champaign County
45. West Wood
46. Neil Kennedy Recovery Clinic
47. Board
48. Meridian Community Care
49. Recovery & Prevention Resources of Delaware & Morrow Counties
50. CARSA coalition of Seneca and Sandusky
51. Recovery and Wellness Centers of Midwest Ohio
52. Board
53. County Behavioral Health Choices
54. Wood County NAMI Chapter
55. Meridian Community Care
56. Y-UMADAOP (Youngstown)
57. Helpline
58. Morgan Behavior Health Choices
59. Muskingum Behavioral Health Choices
60. Noble Behavioral Health Choices
61. Perry Behavioral Health Choices

Appendix C: Agencies in Board Areas Providing Treatment Services for Problem Gambling

1. Health Recovery Services
2. Coleman Behavioral Health
3. Lake Erie Recovery Center
4. Century Health
5. Maryhaven
6. Crossroads Counseling
7. CCAT
8. Family Recovery Center
9. Recovery Services of NW Ohio
10. Health Recovery Services
11. Consolidated Care
12. Lake Geauga Recovery Centers
13. Clermont Recovery
14. Foundations
15. Lake Geauga Recovery Centers
16. Jefferson Behavioral Health System
17. Firelands Counseling and Recovery Services
18. Recovery Services
19. Recovery Center
20. Meridian Community Care
21. Solutions Recovery Center
22. Behavioral Healthcare Partners of Central Ohio
23. Anazao Community Partners
24. Maryhaven
25. Zepf Center
26. Center for Alcohol and Drug Addiction Services CADAS
27. Community Behavioral Health
28. Counseling Center
29. Meridian Community Care
30. Ashland County Council
31. Maryhaven
32. McKinley Hall in Springfield
33. Lorain County Alcohol and Drug Abuse Services
34. Personal and Family Counseling
35. No one has it identified as a specific service
36. Quest Recovery and Prevention Services
37. L & P Services
38. Recovery and Wellness Centers of MidWest Ohio
39. Pathways
40. Townhall II
41. same 6 as prevention
42. Bayshore Counseling Services
43. Solutions Behavioral Healthcare, Inc.
44. Behavioral Connections
45. Talbert House
46. Counseling Center
47. West Wood
48. Others that aren't funded by the board
49. Community Solutions
50. Talbert House
51. Recovery Prevention and Resources
52. M.H. Services for Clark and Madison Counties
53. Community Mental Health Care
54. 4 outpatient agencies
55. Stark County task
56. Neil Kennedy Recovery Clinic
57. TCN in Greene County
58. Catalyst Life Services
59. Community services of Stark CO
60. Womens Recovery in Xenia
61. Family Life Services
62. 3C Counseling