

STATE REPORTS

ARIZONA

In reviewing this past fiscal year, 2014-15, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- The Arizona Office of Problem Gambling continues to struggle with finding providers in the outlying counties, far removed from the metropolitan areas.
- The overall numbers of problem gamblers seeking treatment seems fairly static to the point where many treatment providers are not using their whole budgeted allocation. Whether this is attributed to problem gamblers giving up on recovery; not being aware that counseling is available; rejecting the concept of counseling; or having cultural bias against counseling, is the unknown.
- The Arizona OPG spent considerable time in FY 2015 analyzing our processes to ensure the public funds were allocated appropriately and utilized to meet the needs of the problem gambling community. To that end, we can assure our stakeholders that our fiduciary obligations are of the highest priority in the hopes of continuing to secure their trust.
- To kick off Problem Gambling Awareness Week, Arizona OPG hosted a day-long symposium March 2, 2015. Dr. Loreen "Lori" Rugle and Christopher Anderson were our two keynote speakers. Their presentations were enthusiastically received by all who attended.

And, any hopes for fiscal year 2015 -16??

- The Arizona Office of Problem Gambling is implementing a new data management system with the hope it will more accurately track and maintain problem gambling records. These records provide critical funding information and so play a vital role in working with legislators as well as other stakeholders to continue supporting the OPG vision.

CALIFORNIA

In reviewing this past fiscal year, 2014-15, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- This is the first year in the past 5 years we saw an increase in calls to the helpline.

- We are seeing a big increase in calls from individuals from the Hispanic community. We are in the process of checking to see if there is also an increase in Hispanics accessing treatment services.
- Providing treatment services to individuals affected by problem gambling (spouses, children, parents, etc.) behavior is beneficial. Often times the gambler is not willing to participate in treatment, so by helping the affected individual understand gambling disorder we often see the gambler entering treatment later, and/or relationships are saved.

And, any hopes for fiscal year 2015 -16?

- FY2015-16 my goal is to focus outreach for the treatment program. CA was allocated permanent funding for treatment in FY2014-15 and I would like to concentrate on outreach and screening in other settings (SUD, MH, primary care).

CONNECTICUT

In reviewing this past fiscal year, 2014-15, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- Over the past year, we have worked hard to improve service delivery and education to both the community recovering from SUD and MH, as well as developing better strategies for educating the ethnic and racial minority groups (specifically inner city minority groups and Asian Pacific Americans) who generally do not seek our services.
- Going along with the above mentioned, we have developed an “ambassador pilot program” in these communities. The program involves identifying a cohort of community members and clinicians from the identified groups and educating them to the point of certification, either our own in-state prevention certificate or our in-state specialty competency certification. Level of certification is contingent upon the person’s role in the community. Once trained, they become a community resource and they develop a plan to facilitate a number of community forums with a focus on raising gambling awareness and available supports for problem gambling. Our goal is to grow this ambassador program to a place where people will eventually be able to receive treatment services within the communities in which they live and by clinicians they feel most comfortable with.
- In the broader context, as gambling expansion continues to occur both within our state and nearby in surrounding states, we have been carefully evaluating current service delivery in both prevention and treatment in order to ensure we are prepared to reach the communities that will be impacted the most. In doing so, we have determined we will rebid our clinical and gambling integrated services for the next fiscal year.

And, any hopes for fiscal year 2015 -16??

- Our hope for this new fiscal year is to have a larger service network that will be able to provide a wider range of services throughout our state. As mentioned before, we are hoping to expand gambling treatment services throughout the state to accommodate gambling expansion.
- We are also looking to fund our gambling integration programs directly; previously they were subcontracted through treatment agencies. By doing so, we are hoping to expand our reach of integration throughout the state into more diverse populations through the open bid process. Direct funding will also bring increased accountability for funding and service deliverables, while hopefully bringing innovation to the gambling integration initiative.
- Lastly, we have changed all of our treatment forms and reworked our community surveys to be more in line with more meaningful data collection and research. We have also increased our research budget line item to support program evaluation of the many initiatives we are currently working on.

IOWA

In reviewing this past fiscal year, 2014-15, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- Decreasing utilization of services
- Pending integrated RFP (Substance Use and Gambling Disorders)
- Understand what impacts help line calls/contacts to engage in services beyond the initial “crisis” call/contact.

And, any hopes for fiscal year 2015 -16??

- Planning for future research projects to improve access, engagement, retention and completion of treatment.
- Gambling Attitudes and Behaviors of adult Iowans (2015-2016 survey)
- Updated Self-exclusion legislation for January 2016 session

KANSAS

In reviewing this past fiscal year, 2014-15, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- Our agency staff (Kansas Department for Aging and Disability Services), South Central Kansas Court Services and a representative from the Kansas Star Casino collaborated to start a pilot Problem Gambling Diversion Program in Mulvane, KS for individuals on the VEP list who have violated the conditions of the program and have been cited/charged for the violation.
- If an individual is granted diversion the program stipulates the client must report to a KCGC (Kansas Certified Gambling Counselor) for an assessment within a set time period. From there the client's treatment is solely based on the recommendations of the KCGC. Thus, treatment isn't a stipulation of the diversion program unless treatment is the recommendation.
- We have reached and surpassed 1,000 voluntary exclusions with a disproportionately high number of Asian/Pacific Islanders excluding.
- Our current Know Your Limits media campaign has been very successful with the overall results validating the prevalence and "at risk" population estimates and strategies employed to engage the gambling/at risk populations and affected others.
- Of paramount importance was correctly interpreting the research and formulating a messaging strategy, tone and tenor that resonated with the target audiences (problem gamblers, at risk gamblers, affected others) and helped coalesce the stakeholders. Since the integrated campaign was braided with ongoing local Task Force efforts, response has increased fourfold (including sessions on our website, new visitors to the website, helpline calls and VEP exclusions).

And, any hopes for fiscal year 2015 -16??

- We are hoping to transition our current gambling certification to the national level and have been working closely with Dr. Lori Rugle to assist us with this transition.
- We are also looking to implement a more effective quality assurance process to ensure quality services are being provided to our clients.

MAINE

In reviewing this past fiscal year, 2014-15, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- Aside from hosting the state's annual conference on Gambling Awareness, the Maine Office of Substance Abuse and Mental Health Services (SAMHS) has recently

implemented a gambling treatment reimbursement network that will provide an opportunity for treatment providers to get reimbursed for services for affected others and those with a gambling addiction that have no other means to pay for services. SAMHS also has a pilot project including self-exclusion sites across the state, expanding the sites from just self-exclusion at a casino to now 14 additional sites across the state that people can go to self-exclude. While Maine does not have a high self-exclusion rate, we do have individuals who have utilized this program. Another initiative by SAMHS is the development of a youth focused prevention campaign. Focus groups with youth in the state were completed recently to gather data and information about gambling/gaming patterns and behaviors that will help to guide the state in developing youth prevention messages. With these efforts, there continue to be many legislative bills pending that would expand gambling opportunities in Maine and SAMHS is advocating for increased funding if these bills do pass. Per Maine statute, SAMHS receives only a limited amount of funding to implement gambling prevention, intervention, treatment, and recovery services.

- The Maine Council on Problem Gambling became their own non-profit organization at the beginning of 2015 and has been a strong collaborative partner with SAMHS. The Council is in the process of recruiting board members and doing strategic planning for the coming year.

And, any hopes for fiscal year 2015 -16??

- Greater awareness of the self-exclusion pilot program which will hopefully mean greater utilization.
- Utilization of the treatment pilot project.
- Securing additional funding at the state level or for the Maine Council on Problem Gambling

NEBRASKA

In reviewing this past fiscal year, 2014-15, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- Renewed enthusiasm among a dedicated corps of therapists who have worked in this field for many years backed by an active and passionate new commission that has taken charge of the program.
- New, rigorous training offered online that will double the number of Nebraska therapists eligible for certification.
- Strong support from new state executive branch administration and legislators leading to improved funding.

And, any hopes for fiscal year 2015 -16??

- More of the same. Nebraska has a large expanse of sparsely-populated areas that have lacked available services in recent years. We hope to expand geographically so the entire state is covered by available services. We also intend to present a state-wide information and education campaign with messages aimed at both treatment and prevention.

NEVADA

In reviewing this past fiscal year, 2014-15, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- The State's annual Problem Gambling Conference was a huge success with over 185 attendees. The State helped provide travel and registration scholarships to enable Nevada residents that currently work in the field to attend the conference.
- The State continued to work with treatment centers to reimburse them for Treatment services on fee for service scale, as was able to provide more treatment and program awareness to the community.

And, any hopes for fiscal year 2015 -16??

- Submitting Problem Gambling Treatment services to insurance for payment. Now that Problem Gambling Treatment services are in the DSM V we would like to explore a more aggressive strategy to get payment from private insurance.
- To help get a more uniform approach in the States Prevention Plan to ensure that services are not duplicated and are really achieving a positive result. It seems to be difficult to measure the actual results in the success of the current prevention plan.

NEW JERSEY

In reviewing this past fiscal year, 2014-15, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- Increasing the capacity of treatment availability for gambling disorders through licensure fees (from casinos that have implemented internet gambling). \$880K will soon be issued to a State entity for administration of a network of treatment providers throughout the State. Currently, limited outpatient treatment is available through existing funding, but gaps exist in various geographic areas, and funding is quite limited. This additional funding is expected to allow the use of existing funding for higher levels of care and for treatment of loved ones without the participation of the identified 'problem gambler.'

- Assurance of training in training GD for clinicians in the network. As it stands now, the expanded services will be required to be delivered by clinicians that are independently licensed or through a DMHAS licensed agency. Clinicians that possess the higher GD credential will be given preference, the 30 hour training will be available to those that are not yet trained, and clinicians will be required to commit to complete a training within one year of acceptance into the network, or risk removal from same.
- Uncertainty of continued availability of current funding allocations for prevention of problem/compulsive gambling (see below).
- Our State has experienced, and continues to experience challenges with getting this \$\$\$ out into the community, and it is uncertain whether funding will continue to be available at the current level in observance of the closure of several casinos in Atlantic City.

And, any hopes for fiscal year 2015 -16??

- Fiscal year '16 started for us and for the State-funded agency on July 1st. This agency has a new and enthusiastic executive director that has experience administering gambling services (the other ED was also very, very knowledgeable and highly committed to the work, we were sad to see him retire early). The State entity that will be awarded the treatment expansion \$\$\$ is highly experienced and regarded in administering networks of treatment providers and 'manning' helplines of all sorts with State \$\$\$\$.

NEW YORK STATE

In reviewing this past fiscal year, 2014-15, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- NYS, working with our State Council, implemented a pilot program in Queens NY called the Queens Center For Excellence, which provides screening and referrals services to those looking for PG services matching them up with a private practitioner which best appears to fit their needs. This program is also doing outreach within the community spreading awareness of problem gambling and the services available. They are working closely with Resorts World Casino in NYC and the Queens DA to provide an alternate sentencing program for individuals who may be in need of services.
- The shift in collaboration with the Gaming Commission to help promote responsible and bring awareness to problem gambling and the resources available. With the expected increase in Casinos to NYS, the Gaming Commission, OASAS and our NY Council on PG (dubbed the Responsible Play Partnership or RPP) have begun regional "Let's begin the Conversation" events across the state. On the heels of the NCPG Problem Gambling Awareness Month, the RPP has begun these events bringing industry, treatment,

prevention and community together to begin discussions of how we can best help our community members to access services and learn responsible play to mitigate problem gambling issues arising.

And, any hopes for fiscal year 2015 -16??

- Continue to develop access to care for all NYers by developing a network of private practitioners who are adequately trained to be able to provide services to Problem Gamblers and their families. Working with various private practitioner networks to train their constituents to become well versed in best practices for treating this population.
- While not currently expected in this fiscal year, I would like to be able to roll out a comprehensive statewide PG awareness campaign to raise the awareness of Problem Gambling as a Public Health issue and make known the availability of resources for people to access.

NORTH CAROLINA

In reviewing this past fiscal year, 2014-15, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- Addition of live chat and text
- 28% of problem gamblers contacting the helpline subscribe to a motivational messaging service based on readiness to change
- Over 2,000 students participated in the Stacked Deck curriculum

And, any hopes for fiscal year 2015 -16??

- Increase awareness of the NC Problem Gambling Program
- Increase number of persons seeking assistance via call, text or chat services
- Engage a higher number of providers in outreach services

OHIO

In reviewing this past fiscal year, 2014-15, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- Ohio engaged in three types of evaluation/review during our SFY 2015 (July '14-June '15). We had Jeff Marotta of Oregon perform a State System Review, Ohio University performed a Service System review, and Ohio State University did an evaluation of our evidence-based/capacity-building grant-funded projects. Based on preliminary findings from each, it appears that there are clear similarities in some of the findings.

Specifically, we heard that we need to grow community awareness about responsible and problem gambling in our state.

- Because we also heard this at a System Improvement Forum held in Dec. 2014, we started work on a new statewide PG awareness campaign in January 2015. This has been a rocky road in finding consensus, but we will unveil a new campaign in August in partnership with our Ohio for Responsible Gambling partners – the Commissions of Casino Control, Lottery and Racing.
- For the first time we seeded evidence-based practices (EBPs) with grants through our Gambling and Addictions fund dollars. The grants helped to develop three new EBPs or promising practices at this point, and allowed us to have nearly 120 Ohio preventionists trained in facilitation of the Stacked Deck curriculum. It is being implemented now throughout the state. Efforts to provide community education also are expanding. And lastly, several years of work finally paid off in getting a Gambling Endorsement in effect for Ohio's Licensed Chemical Dependency Counselors.

And, any hopes for fiscal year 2015 -16??

- We are gearing up for a Round Two of the Ohio Gambling Survey that was initially done in 2012. We will have enough surveys completed for 50 county behavioral health board regions-specific data. This is a much larger survey sample than previously done and results won't be available until later in SFY 17.
- Workforce development is a continuing major initiative for the coming year. We have Dr. Jeff Derevensky coming in for two days in Nov., and Dr. Jon Grant providing an all-day treatment seminar in Oct. In addition, we will have regional trainings for prevention and treatment professionals throughout the year and the Annual March Conference. Using grant funds, we are supporting the first PG Treatment Supervision Fellowship Program to bring approx. eight professionals up-to-speed on PG treatment and supervision methods.
- We should have deemed status in August for the Gambling Endorsement for Ohio's professionals who have the NCGC and BACC credentials.

OKLAHOMA

In reviewing this past fiscal year, 2014-15, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- We made progress in training more alcohol and drug treatment programs and mental health centers on problem gambling. This coincided with adding the Brief Biosocial Gambling Screen on a voluntary basis for SA and MH facilities.
- We also began, in conjunction with the Oklahoma Association on Problem Gambling, the design and testing of a Prevalence Study.

And, any hopes for fiscal year 2015 -16??

- Work on developing prevention services, starting with designing and field testing Indicated Prevention for MH and SA programs that are using the BBGS.
- Rule changes allow for SA and MH providers to add problem gambling services, so we hope to expand our treatment network, especially in rural areas.

OREGON

In reviewing this past fiscal year, 2014-15, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- Need to focus attention on rural services, which is over 50 percent of Oregon's service population. Services are struggling in these areas and we need to determine best method for providing these services, as integration of problem gambling treatment into existing alcohol and drug and mental health agencies with limited funding does not provide gambling treatment is a person who is designated to provide client finding outreach and create referral pathways and provide services when wearing multiple hats. We may need to look at a regional approach over a county approach and provide more technical assistance.
- Need to increase enrollments into our gambling treatment programs. Enrollments have been down for over five years. If we are unable to regain the enrollment levels of 10 years ago, we may need to look at our funding formulas and determine why need may no longer present and focus funds in different direction. With enrollments down, this also is a contributing factor to our need to focus in rural areas/services, as when numbers are down with any provider, it is difficult to sustain a program and keep problem gambling on the radar of an organization. Oregon is conducting an adult prevalence study this year and this may provide us with necessary information on enrollments and need for services as we compared today's result to 10 years ago.

And, any hopes for fiscal year 2015 -16??

- Increase enrollments for treatment services through referral pathways and awareness of allied health professionals
- Expansion of cultural specific programs, specifically Native American
- Better integration and awareness of problem gambling into the behavioral health and physical health systems

RHODE ISLAND

In reviewing this past fiscal year, 2014-15, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- There is a complement of training therapists across the State of Rhode Island that either self-referred or professionally assessed for gambling disorders available to provide treatment.

And, any hopes for fiscal year 2015 -16??

Goal: To develop and/or expand public awareness of available services and resources, prevention activities, and treatment options.

Objective: Increase public awareness of problem gambling issues and treatment services through a statewide media campaign.

Action Steps

- Develop and implement a media campaign to educate the public about problem gambling and its impact which may include social media, print, radio, cable television, etc. advertising in different languages.
- Identify and/or develop awareness campaigns tailored to high-risk groups that will increase knowledge and awareness of the risks of problem gambling.
- Enhance existing websites as a public awareness resource.

Objective: Increase education and outreach activities to all facets of the community regarding problem gambling.

Action Steps

- Continue to develop and disseminate educational materials addressing the signs and/or symptoms of problem gambling and the risks of lending money to individuals with gambling problems.
- Continue to supply the RI Problem Gambling Helpline with printed educational materials that can be distributed to all callers and individuals accessing services on the mobile van.
- Increase outreach to families to assist them in learning how to provide support to family member or others needing treatment or who are recovering.
- Increase education about protective factors to market segments more likely to have gambling problems

WASHINGTON

In reviewing this past fiscal year, 2014-15, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- The program has grown and expanded into areas of the state that, in the past, had no gambling disorder services available.
- Awareness efforts have been positive. In conjunction with our Council, Washington has worked hard to increase awareness in the professional community (among licensed mental health counselors, psychologists, marriage and family counselors, and chemical dependency professionals). When we started this effort, most of the clinicians attending trainings were not eligible to become PG counselors due to lack of formal education. That trend is changing.
- The percentage of successful completers of treatment has risen. We still see a fairly high rate of recidivism. However, the clients that are staying engaged in treatment longer are completing treatment (in Washington the decision of when to stop treatment is made by the client and clinician).

And, any hopes for fiscal year 2015 -16??

- We hope to get gambling disorder added to our state Medicaid plan.
- Increase the number of mental health professionals training to treat gambling disorder.
- Decrease waiting lists for clients seeking PG treatment.

WEST VIRGINIA

In reviewing this past fiscal year, 2014-15, what top 2 or 3 items stand out for you in overseeing gambling disorder services in your state?

- Continued expansion of gambling, including normalization of the behavior, and the “quasi-gambling” activities such as social media gaming
- The move to people getting info online versus traditional toll-free helpline
- The need to find creative ways to deal with this population, especially those who have experienced multiple replaces.

And, any hopes for fiscal year 2015 -16??

- A media campaign to bring attention to the many kinds of gambling, including online social media gaming
- Find new ways to reach the problem gambling population
- A move towards focusing on prevention activities