

2021 Survey of Publicly Funded Problem Gambling Services in the United States



*Prepared by
Problem Gambling Solutions, Inc.*

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The 2021 Survey of Publicly Funded Problem Gambling Services in the United States is a project of the National Association of Administrators for Disordered Gambling Services (NAADGS) in furtherance of its mission to enhance state and federal efforts to raise awareness, educate, and mitigate the potential impact or related harm of gambling.

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NAADGS 2021 SURVEY OF PROBLEM GAMBLING SERVICES EXECUTIVE SUMMARY

INTRODUCTION

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

In 2006, the Association of Problem Gambling Service Administrators, renamed in 2021 to the National Association of Administrators for Disordered Gambling Services (NAADGS), began sponsoring national problem gambling service surveys. This report is the sixth in the series.

The 2021 Survey of Problem Gambling Services in the United States covers all 50 states and the District of Columbia and provides snapshots of legalized gambling and resources to address problem gambling in the United States Territories and Freely Associated States.

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

WHO IS NAADGS?

The National Association of Administrators for Disordered Gambling Services (NAADGS) is a national membership organization of state administrators of public funds for problem gambling services.

The organization was formed in 2000 under the name of Association of Problem Gambling Service Administrators (APGSA) to support the development of services that will reduce the impact of problem gambling in the United States. In 2021 the APGSA adopted a new name, NAADGS.

Central to this mission, NAADGS conducts the only national survey of problem gambling services in the United States providing information on funding, types of services, administrative structures, state profiles, and state contacts.

NAADGS offers state memberships and does not have a position for or against legalized gambling.

SURVEY OBJECTIVES

The objectives were to collect multi-purpose data to:

→ Assist federal and state governments in assessing the nature and extent of problem gambling treatment, prevention, and research services provided by state-supported systems.

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

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

HIGHLIGHTS

The total number of states that reported publicly funded problem gambling services continues to grow, from 35 in 2006 to 42 in 2021. Compared to the 2016 NAADGS Survey, three state agencies started or resumed funding and one state eliminated funding. Of the nine states with no public funding specifically designed for problem gambling specialty services, only two states reported no legalized gaming in the state.

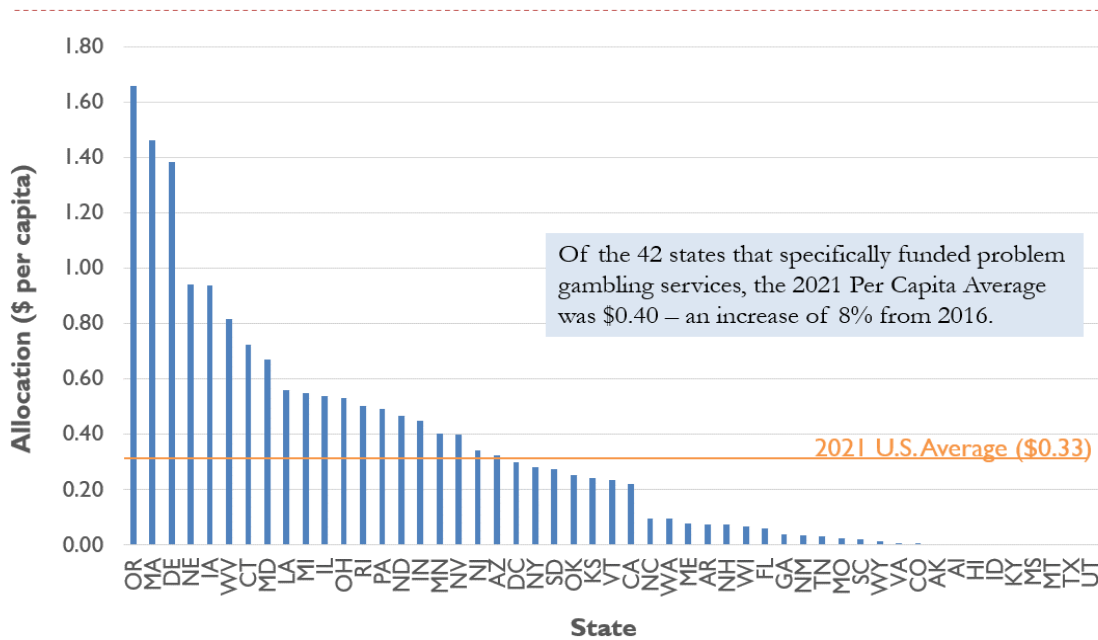
FUNDING

Unlike publicly funded efforts to reduce harms related to substances like tobacco, alcohol, or illicit drugs, no federal agencies are investing in interventions to specifically reduce gambling-related harm. Therefore, the public funding of problem gambling services is left to the states. The total annual amount of state public funding specifically allocated for problem gambling services in the U.S. increased 28%, from \$73 million in 2016 to \$94 million in 2021, representing a 5% annualized growth rate; on a state-by-state basis, the funding levels ranged from \$0 (nine states with no dedicated funding for problem gambling services) to \$10.2 million.



For those 42 states that invested in problem gambling services (shown in Figure 1), per capita allocations for problem gambling services ranged from \$0.01 to \$1.66. The average per capita allocation was 40 cents – an 8% increase from 2016. When the nine states without dedicated funding are included, the national average drops to 33 cents per capita – a 14% increase from 2016. Since the 2016 Survey, 19 state agencies increased funding levels by at least 5%, eight states reported cuts by more than 5%, and 24 states had no changes in funding within 5% of 2016 allocation levels.

Figure 1: 2021 Per Capita Problem Gambling Services Allocation by US State Agencies

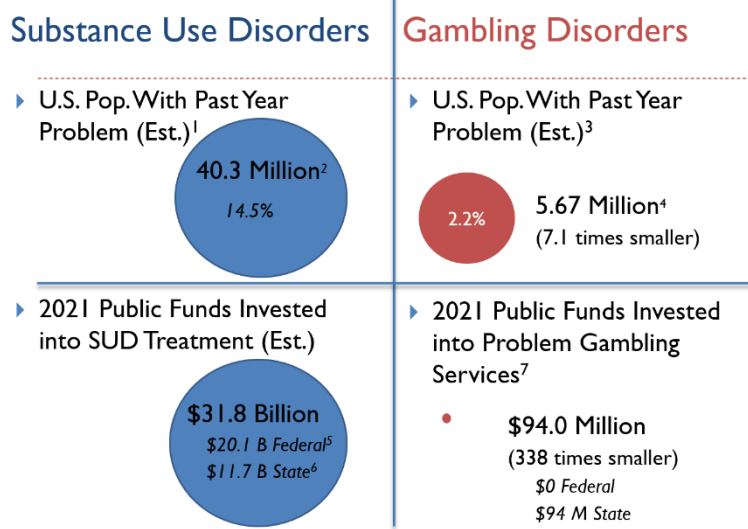


Note: Includes only funds line itemed for problem gambling services and passing through a state agency, including the District of Columbia. Per Capita Average is based on the 2020 Census state population, including minors. Some states had problem gambling service allocations at the level depicted on this graph, however, had expended fewer than 10% of the funds from that allocation in 2021 (AR, DC, WY) while others expended approximately 70% of the allocation in 2021 (NJ & MI)

These funding levels are shown to be associated with state-level total spending on gambling, the number of types of legalized gambling, the estimated number of problem gamblers, and the number of problem gamblers treated. While the growth rates of problem gambling service funding levels are encouraging, it is useful to compare funding levels to other disorders. Figure 2, illustrates the comparison between funding and prevalence rates of substance use disorders compared to gambling disorders.

Figure 2: Comparison of Spending on Substance Use Disorders and Gambling Disorders

In the U.S., substance use disorders are about seven times more common than gambling disorders, while public funding for substance abuse treatment is about 338 times greater than public funding for all problem gambling services (\$31.8 billion versus \$94.0 million, respectively).

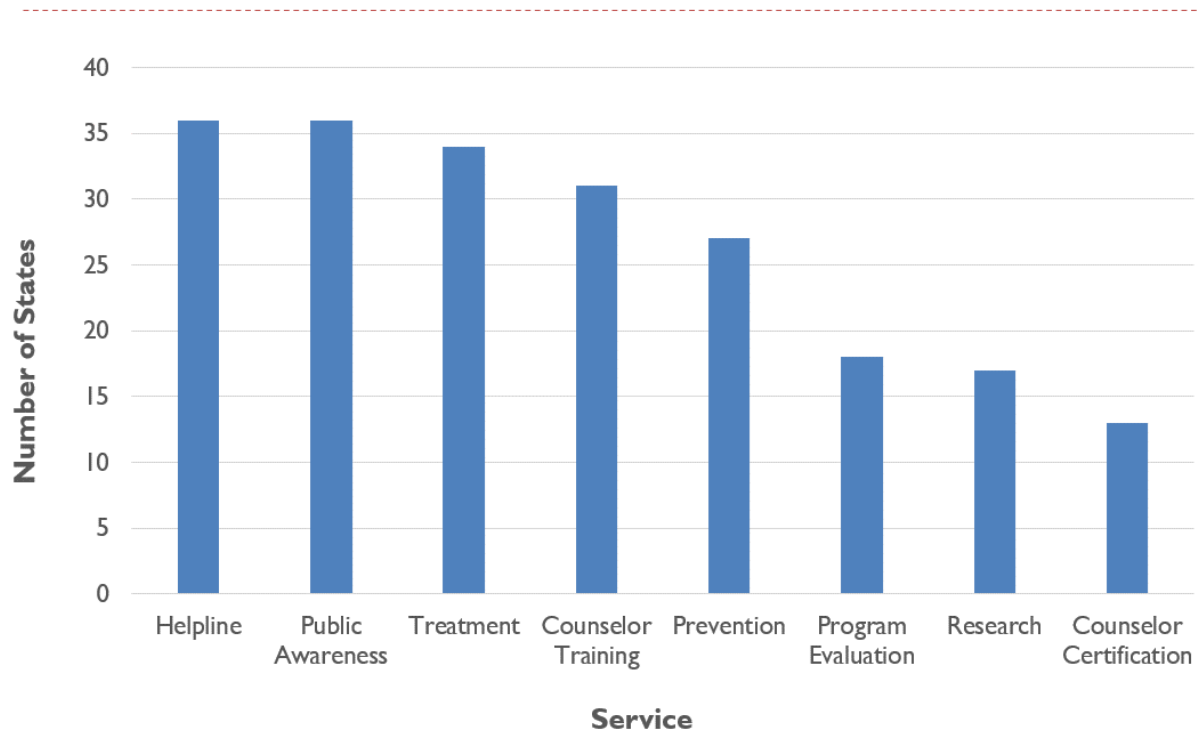


¹ 2020 National Survey on Drug Use and Health. ² Estimate based on ages 12+. ³ Williams, R.J., Volberg, R.A. & Stevens, R.M.G. (2012). ⁴ Estimate based on 2020 U.S. Census ages 18+. ⁵ National Drug Control Budget FY 2022. ⁶ SAMSHA Spending Estimates – Projections for 2010-2020. ⁷ 2021 NAADGS Survey

SERVICES

Across all states, there is a lack of uniformity regarding what types of problem gambling services are funded. Among those states that fund problem gambling services, the average number of problem gambling services is 5.5 and the most commonly supported services provided by state agencies were, respectively, helplines, awareness programs, problem gambling treatment, counselor training, and prevention (Figure 3). In general, and not surprisingly, as funding levels increase, so do the number of services offered by a state agency.

Figure 3: Number of States Providing Problem Gambling Services



► Note: Data limited to reports from state agencies that had a budget line specifically assigned for problem gambling services. (N=42)

HELPLINE:

The survey identified 36 organizations that operated problem gambling helpline numbers and/or call centers. An average of 16% of funding (representing a 14% growth rate from 2016) was allocated to helpline services and the average number of problem gambling helpline calls (based on the 28 states that provided data) was 763 – a decline of 23% from 2016. This decline in average calls continues a trend of declining call volumes over the past 15 years (-5% annualized growth rate). The observed decline in helpline calls may be best attributed to entering the digital age where more people get their information online or over the web as opposed to using traditional call-in help centers.

The problem gambling helpline call volumes were associated with higher levels of total gambling spent within a state and the number of legalized gambling activities, suggesting a connection between the size of the gaming industry within a state and the use of its problem gambling helpline.

AWARENESS:

Thirty-six state agencies reported providing problem gambling public awareness services. Many of the efforts focused on raising awareness of helpful resources. The average budget allocation was an 11% - 28% decrease from 2016. Slightly less than half (48%) of state agencies contracted out provisioning of the service. The most common methods of public awareness among state agencies were digital (36 states), printed material (35 states) and radio (31 states).

TREATMENT:

Within this study, gambling treatment refers to professionally delivered specialty services designed for individuals struggling with gambling disorders and related issues. That is, within state-funded problem gambling treatment systems, to obtain gambling treatment funding, the provider must use clinicians with specialized training. Gambling treatment that takes place outside of a publicly funded gambling treatment system, where providers are typically reimbursed through private insurance or federal programs such as Medicaid, is not required to have specialized gambling treatment training. State-funded gambling treatment systems developed because the broader treatment community was not adequately trained or resourced to appropriately treat individuals with gambling disorders, as this is a clinical population with some unique characteristics that require specific intervention skills.

The data collected on state-funded gambling treatment enrollments suggest most individuals who obtain assistance for a gambling problem are seen outside of a formal state-funded program. Within state-funded gambling treatment programs, in 2021, an estimated 0.5% of those in need enrolled in a state-funded gambling treatment specialty program. That amounted to an average of 393 enrollments per state – an 8% decline from 2016 levels. On average 38% of a state's dedicated problem gambling services budget (an increase of 4% from 2016) was allocated to treatment services. The average cost of problem gambling specialty treatment, per client treatment episode, was \$1,642 in 2021 – a 15% increase from 2016. Due to the COVID-19 pandemic, 83% of the reporting state agencies shifted most of their treatment services to telehealth, and 73% of state agencies expected telehealth options to remain following the pandemic.

Among those states reporting higher levels of gambling treatment enrollments, there were correlations with higher funding levels, higher levels of total gambling expenditures within a state, increased number of legalized gambling activities, and greater numbers of estimated persons with gambling problems.

COUNSELOR TRAINING:

Thirty-one state agencies reported providing counselor training. The average proportion of state budgets for training and workforce development was 5% - a 39% decrease from 2016. The most common types of training offered were continuing education services (25 states), gambling-specific certification courses (16 states), and college courses specific to gambling (4 states). The majority of states (80%) contracted out the provisioning of counselor training.

PREVENTION:

The Federally funded Substance Abuse Prevention and Treatment (SAPT) Block Grant program provides funds to all U.S. states to prevent and treat substance abuse. In FY 2021, the amounts allotted to states equaled \$1.85 billion plus \$1.65 billion in supplemental COVID-19 relief funding. Under the SAPT Block Grant program, grantees are required to spend no less than 20% of their allotment on substance abuse primary prevention strategies. SAPT Block Grants are limited to programs addressing substance abuse and cannot be used to support problem gambling services. In contrast to SAPT Block Grant funding, rather than all states putting at least 20% of their funding on substance abuse prevention efforts, only 27 states reported providing any problem gambling prevention services; the average allocation was 11% of the total problem gambling services budget. The most commonly reported problem gambling prevention activities were coalition building (17 states), parental education (16 states), and readiness assessments (14 states). States often directed their resources disproportionately to ‘vulnerable’ groups. Among the most commonly targeted groups were youth (23 states), people with addiction history (20 states), and college students (18 states).



Only 21 states funded one or more full-time state employee positions dedicated to administering problem gambling programs.

STRENGTHS & NEEDS

Survey key informants were asked to rate a list of eight possible strengths of their states’ problem gambling systems. The highest ranked strengths were the collaborative relationships with the state lottery administration and the state Affiliates, followed by treatment access and public awareness.

When asked to rate a list of needs, the highest average rating was for improved integration of problem gambling into behavioral health services, followed by national guidance on best practices to address daily fantasy sports and other forms of Internet-based gambling, increased recovery resources, increased research efforts, and increased prevention efforts. Sixty-five percent of state agency key informants rated the need for increased funding as “very needed” or “critically needed.”

DISCUSSION

Information collected from six NAADGS Surveys taken over the past 15 years documented progress in the growth of problem gambling services. However, great disparities exist between state efforts to address problem gambling despite growing evidence that the acceptance and proliferation of legalized gambling presents a public health threat to the entire country.¹ In contrast to the federal government spending billions of dollars and enlisting more than a dozen agencies to help address drug misuse and its effects, there is very little federal government attention to gambling-related harms. The lack of a national strategy to minimize gambling harms has resulted in poor funding for problem gambling services and a patchwork of gambling-related policies and programs across the United States.

In many states, efforts to garner support for gambling expansion have resulted in language to address problem gambling within legislative measures, which typically offer to dedicate a portion of gambling revenues, taxes, or fees to fund problem gambling service efforts. Less commonly, political controversy over legalized gambling and public concerns have motivated state agencies and/or state legislatures to use non-gambling-related funds to support problem gambling services. Some states, such as Alaska, Hawaii, and Utah, offer few, if any, legalized gambling opportunities and therefore seem less motivated to develop specialty services and programs to address problem gambling. Results from this survey found a positive correlation between the number of dollars gambled within a state and the level of funding for problem gambling services. However, on a state-by-state basis, the relationships between these variables were not always present. This survey found the amount of dedicated funding for problem gambling programs in 2021 varied greatly, including nine states that did not provide any dedicated funding. The consequence of disparate funding levels for problem gambling services across states is that there are extremely uneven levels of services for individuals with gambling problems across the country.

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

Findings from this survey support the need to develop federal funding and guidelines that can fill gaps in America's safety net for individuals and their family members who are impacted by gambling disorders and begin to address health service disparities for preventing and treating problem gambling.

¹ Weinstock, J. (2018). Call to action for gambling disorder in the United States. *Addiction*.

2021 SURVEY OF PUBLICLY FUNDED PROBLEM GAMBLING SERVICES

MAIN REPORT

INTRODUCTION

In the years after the 2018 landmark decision by the United States Supreme Court that struck down the Professional and Amateur Sports Protection Act of 1992, the growth of the newly legal sports betting market has been dramatic as exemplified by a 180 percent increase in U.S. sports bets in 2021 compared to the prior year, as Americans legally bet \$57.71 billion in 2021.² Further, total nationwide consumer spending on commercial gaming increased by 77 percent to an all-time high of \$53.03 billion in 2021.¹ This growth in legalized gambling within the U.S. accompanies public health concerns. Gambling harm is a serious public health issue affecting the health, financial security, and social well-being of millions of people and their close relations.³ Despite its health implications, gambling harm has not historically been treated as a public health policy issue with widespread efforts to mitigate gambling-related harm being slow to develop.

Apart from limited efforts by the U.S. Department of Veterans Affairs and the U.S. Substance Abuse and Mental Health Services Administration, there has been a lack of federal spending on problem gambling treatment or prevention efforts. In the absence of a federal agency designated to fund and guide programs and policies addressing problem gambling, individual state efforts have emerged that are often very divergent from one another in terms of funding levels, types of services, and administrative structure. To help state governments facilitate an informed and unified voice for the development of publicly funded problem gambling services, the Association of Problem Gambling Service Administrators, later renamed the National Association of Administrators for Disordered Gambling Services (NAADGS), was formed in 2000. Central to the NAADGS mission “to support the development of services that will reduce the impact of problem gambling,” the NAADGS has sponsored studies designed to survey state agencies from all U.S. states and the District of Columbia. These surveys provide a national picture of state-funded efforts to address problem gambling and document state-by-state programs and key resources. The first survey was conducted in 2006, followed by surveys conducted in 2008, 2010, 2013, and 2016. With this report, NAADGS aims to

² American Gaming Association (2022). State of the States 2022: The AGA Analysis of the Commercial Casino Industry.

³ Price, A., Hilbrecht, M., & Billi, R. (2021). Charting a path towards a public health approach for gambling harm prevention. *Journal of Public Health*, 29, 37-53.

expand that understanding by updating information from the five prior surveys with information gathered in 2021.

This survey's reference year, 2021, was an atypical year for publicly funded problem gambling services programs. The U.S. was confronting the COVID-19 pandemic, resulting in significant disruptions to business-as-usual operations including impacts on agency budgets, workforce shortages, shifting of priorities to better address pandemic-related crises, and exacerbated need for behavioral health services. However, the pandemic also inspired innovation, including shifting to or escalating telehealth service capacity and capabilities.

Another event that impacted problem gambling services in 2021 was the US Supreme Court decision three years earlier to strike down the Professional and Amateur Sports Protection Act (PASPA), the federal law prohibiting sports gambling. Following this change in the law, several states passed legislation legalizing sports betting and those bills sometimes included provisions to address problem gambling. While 30 states and the District of Columbia now offer some form of sports wagering, in 2021 sports betting revenues directed to problem gambling services were either relatively new or about to begin. With staffing shortages and other pandemic-related disruptions, some states were struggling to program new problem gambling service dollars. Therefore, for several states, 2021 could be considered a transitional year for their problem gambling service systems.

In this report, we will often abbreviate the 2021 National Survey of Problem Gambling Services as the 2021 Survey, or just Survey. The terms “states” or “state agencies” will refer to all 50 U.S. states and the District of Columbia.

It is the goal of this report to provide an overview of the key findings from this study. At times, the report will dive into details and nuances related to survey data; mostly, the report will present the overarching themes inferred from the data. Typically, the state-level data is aggregated and summarized into national averages and percentages to provide a national picture. Occasionally, state-level data is provided in figures and state-specific information can be found within the state-by-state problem gambling service briefs (see Appendix B).

Survey Methodology

This report presents tabular information and highlights from the 2021 Survey, conducted between August 2021 and March 2022. It is the sixth in a series of NAADGS-supported national surveys that began in 2006. These surveys primarily relied on key informant survey methods where information was obtained from one or more state employees, or their designee(s), working within human services agencies or gaming regulatory bodies from every U.S. state and the District of Columbia who were assigned administrative oversight of their state's problem gambling services. Although the project

collected information on US Territories and Freely Associated States, no key informants were identified for these regions and therefore information collected was limited to web searches and literature reviews. (See Appendix C for more detail on US Territories and Freely Associated States.)

The surveys provided the mechanism for quantifying the composition of publicly funded U.S. problem gambling service delivery systems. The objectives were to collect multi-purpose data that can be used to:

- Assist Federal and State governments in assessing the nature and extent of problem gambling treatment, prevention, and research services provided in state-supported systems;
- Analyze problem gambling services trends and conduct comparative analyses for the nation, regions, and states;
- Generate NAADGS National Directory of Problem Gambling Service Administrators, a listing of state officials and state-appointed designees, with oversight responsibility for publicly funded problem gambling service contracts;
- Explore associations between key state-level variables, including estimated problem gambling prevalence rates, numbers of persons enrolled in state-supported treatment, problem gambling helpline call volume, estimated gaming revenues, and total funding for problem gambling services.

Field Period and Survey Universe

The survey universe included information from all 50 U.S. states and the District of Columbia.

Information collected focused on publicly funded problem gambling services defined as states with a distinct fund for problem gambling services and/or states with an agency that had a line item within their budget to administer problem gambling-focused education, prevention, treatment, or research. Limited information on non-state-funded problem gambling services was included in the qualitative data gathering and used in the state-by-state descriptions in Appendix B. For inclusion into the category of “publicly funded problem gambling services,” lottery-administered responsible gaming programs, player research, and problem gambling awareness advertising were only included if the state lottery reported a distinct fund for problem gambling service expenditures or statutory language specifically requiring the administration of programs directed at “problem gambling,” “pathological gambling,” “gambling addiction,” or “compulsive gambling.” Efforts by other governments, such as tribal governments or local governments, were only included under the category of “publicly funded problem gambling services” if their problem gambling service efforts were specifically funded by a state agency with statutory authority to administer problem gambling programs. Treatment of individuals and families affected by Gambling Disorder funded by Medicaid, Medicare, private insurance programs or private pay was not captured in the Survey. Therefore, **the Survey universe parameters are restrictive and are not intended to capture the full scope of efforts to address problem gambling within the U.S.**

The Survey collected information on problem gambling program budgets, services, and related information for the 2021 fiscal year (which, for most states, is July 1, 2020, through June 30, 2021). The survey was fielded several months after the close of the 2021 fiscal year to collect actual

expenditures and utilization counts for a full 12-month period. Beginning August 2021, surveys were emailed to key informants in waves of 10 states per batch with batches sent out every three weeks. Data collection continued through March 2022.⁴

Content

The Survey's focus was on documenting publicly funded problem gambling services at a level of detail that was of interest to the Project Steering Committee, composed mostly of administrators of state-funded problem gambling service systems. The Survey was constructed to closely follow the content areas of prior Surveys to allow for comparisons across survey time periods. The main exceptions were the additions of a section to measure the impact of COVID-19 on the delivery of problem gambling services and a section on non-state-funded efforts to address problem gambling. The information on "non-state funded efforts to address problem gambling" was designed to gather broad information regarding these efforts as compared to detailed data gathered within other Survey sections. This information was used to better describe state problem gambling service efforts within the state-by-state descriptive briefs (see Appendix B).

The survey questionnaire was a 20-page document with 7 sections (see Appendix D). Section headings were:

- A. Contact Information
- B. State Gaming Background
- C. Legislation & Funding
- D. Services Provided
- E. Administrative Structure
- F. Non-state Funded Efforts to Address Problem Gambling
- G. Policy Issues

Data Collection

Three primary data collection modes were employed: Internet searches of public documents, survey questionnaires (Microsoft Word documents), and structured interviews. The first phase of the data collection consisted of identifying key informants - those with the best knowledge of their states' problem gambling services. The key informants were primarily state government officials, often agency directors or program managers. For those states that outsourced the management of problem gambling services, interviews were conducted with both a state employee involved in publicly funded problem gambling services and a representative of the problem gambling service contractor. Contact information was obtained from the NAADGS for its member states. For the non-NAADGS member states and those member states with outdated information, the Executive Director of the state affiliate to the NCPG (if present) was contacted to inquire about the presence of funding for any problem gambling services in that state, and for assistance in identifying the most

⁴ Some, but not all, of the data that came in after the survey close date have been included in this report. For example, data arriving after the statistical analyses were completed were not used in body of report but were included in state descriptions within Appendix B.

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

For states identified as using public funds to specifically support problem gambling prevention or treatment programs, an introductory email and the survey was sent to the identified contact person(s) by the NAADGS Executive Director. In most cases, the identified contact(s) were state employees with management responsibilities over state-funded problem gambling services. For surveys not received back from the identified contact, follow-up emails and phone calls were made. During the follow-up contacts, offers were extended to assist the key informant in completing the survey, including: (a) completing the survey over the phone/video conference, (b) providing a semi-completed survey based on information gathered from public documents found through web searches, including state agency website searches, and (c) send their states' completed 2016 Survey (if available) as a reference. On several occasions, the individual originally identified as the contact person designated a different individual to complete the survey or to complete sections of the survey. For those states where a representative was either not identified or failed to submit a completed survey by the 16th week the survey was in the field, the research team completed the survey as completely as possible from government documents and official reports obtained from the Internet and secondary key informants.

The described multi-method data collection procedure resulted in survey information collected from all 50 states and the District of Columbia. The only state agency that administered problem gambling funds that refused to participate in the survey was the South Dakota Department of Social Services, Division of Behavioral Health Services. However, representatives from this agency provided the research team with information about their problem gambling services through email exchanges and a secondary informant with the South Dakota Lottery was identified and participated in the structured interview phase of data collection.

Secondary Data

This report also included information about state gambling statistics from secondary data sources. Information on types of legalized gambling and dollars spent on gambling were calculated based on combining information from the following reports: (a) the *2021 State of the States: The AGA Survey of the Casino Industry*,⁵ (b) the *Casino City's Indian Gaming Industry Report - 2017 Edition*,⁶ and (c) the *North American State and Provincial Lotteries' 'Fiscal 2021 Lottery Sales and Revenues - United States'*.⁷

⁵ American Gaming Association (2021). *State of the States 2021: The AGA Survey of the Commercial Casino Industry*. Retrieved from: https://www.americangaming.org/wp-content/uploads/2021/05/AGA-2021-State-of-the-States_FINALweb-150ppi.pdf

⁶ Meister, A. (2017). *Indian gaming industry report, 2017 Edition*. Newton: Casino City Press.

⁷ McQueen, P. (2021, November/December). Flying High. *Insights*, 94. Retrieved from: <https://www.nasplmatrix.org/insights?i=94#insightsViewer/>

Secondary data was also used when reporting on a state's estimated number of problem gamblers by using the 2020 U.S. Census Bureau estimate of persons over age 18 and findings from the state's most recent adult problem gambling prevalence study, converted into a standardized past year problem gambling rate by Williams, Volberg, & Stevens, (2012). The exceptions were for Florida, Illinois, Indiana, Iowa, Kansas, Louisiana, Maryland, Massachusetts, Minnesota, New Jersey, New York, Ohio, and Oregon, as they conducted statewide problem gambling prevalence studies after the Williams, Volberg, & Stevens (2012) was reported. For those states that had not conducted a problem gambling prevalence study, the average standardized adult past-year prevalence rate across all U.S. states was used (2.2%) as calculated by Williams, Volberg, & Stevens (2012). The reports of problem gambling prevalence rates and the resulting estimated number of persons impacted by gambling disorder within each state should be viewed with caution for several reasons. For example, studies used to estimate problem gambling prevalence rates within a state may be several years old and rates may have changed over time. Also, all problem gambling prevalence studies contain margins of error that express how confident researchers are in the statistical results. For simplicity, this study provided problem gambling prevalence rates from secondary data sources for the main findings without reporting confidence intervals. Therefore, reports of estimated problem gambling prevalence rates and resulting estimates of the number of persons with a gambling disorder in each state should be viewed as approximations.

Quality Assurance

Experience from prior surveys suggested that several quality assurance issues needed to be addressed. The foremost problem was the observation that survey responders commonly interpreted questions differently from one another. Researchers also observed instances where information about a particular item, from the same state, differed across sources. Additionally, it was not uncommon for responses to be more complex than the given response set; for example, some respondents answered "sometimes" or "that depends" to questions prompting a "yes/no" response.

To address the above data issues, beginning with the 2010 Survey, a phone/video interview was conducted by the Primary Investigator following the completion of the survey. In 2021, this survey review interview lasted up to 90 minutes. The goals of the interview were to 1) review key sections of the Survey, 2) fill in missing data, 3) confirm key data points, and 4) clarify any areas of ambiguity.

Statistical Methodology

To identify and quantify reliable associations between variables, statistical methods were used to summarize data and test hypotheses. Due to the small sample sizes (commonly less than 40 observations), statistical methods were limited to bivariate techniques, such as simple linear regression, Pearson and Spearman correlations, and two-sample t-tests. On a few occasions, it was useful to segment the data into smaller groups and then apply the statistical methods.

P-values are always provided so that the reader can assess statistical significance. The research team interpreted a p-value of less than 5% as indicating a statistically reliable rejection of a null hypothesis. All computations were conducted using the Python and R statistical software programs.

Limitations

Several limitations must be considered when interpreting data from the Survey. Some general issues are listed below, and other considerations are discussed where the findings are presented.

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

Most of the analyses depict 2021 problem gambling activity based on the Survey data. They are snapshots that mask the high degree of fluctuations that occur in funding and service provision across time. Moreover, the characteristics of states are highly heterogeneous, especially regarding population sizes. Thus, providing summary measures of variables (e.g., the average number of treatments and funding levels) can be misleading and conceal stark differences among individual state agencies.

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

Compared to past Survey efforts, data gathering was more difficult and resulted in a larger number of incomplete surveys. Data collection difficulties were directly related to the disruptive nature of the COVID-19 pandemic on state agencies and their contractors. For example, several state agencies rely on annual problem gambling service reports for information to complete this Survey instrument, but reports were not always available due to staffing shortages, loss of key personnel, and other resource issues. Other key informants expressed feeling overwhelmed; to manage their workloads, they either declined to participate in the Survey or delegated the Survey to junior staff who were less informed. We also encountered reports of data systems that were not operational in FY 2021 due to pandemic-related disruptions. The implications are that 1) not all state agencies were represented in every analysis and 2) the statistical tests were not as robust due to the smaller sample sizes. The lack of data completeness compromised our ability to report on some data and summarized measures, such as averages, might be more skewed due to missing data. Thus, the reader is advised to use caution when interpreting the results of the report.

Legalized Gambling in the United States

Beginning with the 2013 Survey, information was collected on each state's legalized gambling environment. During the 2013 data review and verification process, it became apparent that many respondents provided information that conflicted with other data sources. To improve the reliability of the information within this report, information on types of legalized gambling and dollars spent on gambling were largely determined and calculated based on secondary data sources, including (a) the 2021 American Gaming Association Survey of the Casino Industry; (b) the Casino City's Indian Gaming Industry Report - 2017 Edition; and (c) the North American State and Provincial Lotteries' Fiscal 2021 Lottery Sales and Revenues Report.

When comparing figures between these three forms of gambling, it is important to note that lottery figures represent sales whereas Indian and commercial casino figures are reported as gross gaming revenue (GGR) as calculated by sales minus prize payouts. Lotteries do not report GGR, rather they report "transfer to beneficiaries" defined as sales minus prize payouts minus operations and administrative expenses. Another important consideration when interpreting the analysis of consumer spending on gambling, as provided in this report, is that it is limited to the three largest segments of the U.S. gaming industry - lotteries, Indian gaming, and commercial gaming (based on the definition used by the American Gambling Association) but does not include sales or revenue information from other forms of gambling that may be legal within a state such as pari-mutuel wagering, card rooms, charitable gaming, and social gaming. For some states, these alternative forms of gambling activities might account for a meaningful amount, if not the majority, of gaming activity. Another issue of the data used in the analysis of state gaming revenue is the reporting period used by the source reports. At the time the data in this report was analyzed (April – May 2022), the source reports used to calculate spending on gambling represented the most recent 12-month period of data available on lottery sales (July 1, 2020, to June 30, 2021) and commercial casino revenue (January 1, 2021, to December 31, 2021). At the time this report was written, Indian gaming revenues were not available for 2021. The National Indian Gaming Commission reported that Gross Gaming Revenue in 2020 reverted to 2012 levels due to pandemic-related impacts.⁸ 2021 Indian Gaming Revenues were estimated to continue to be negatively impacted by the pandemic, but less so than in 2020, and to have increased to 2015 levels. Therefore, data from 2015 were used to estimate state Indian Gaming revenue as reported in the 2017 Edition of the Casino City's Indian Gaming Industry Report. As state gaming markets can experience significant changes on a year-to-year basis, the revenue data presented below in Figure 7 should be viewed as an approximation of the relative size of the gaming industry within a state rather than as a proxy for a state's total GGR.

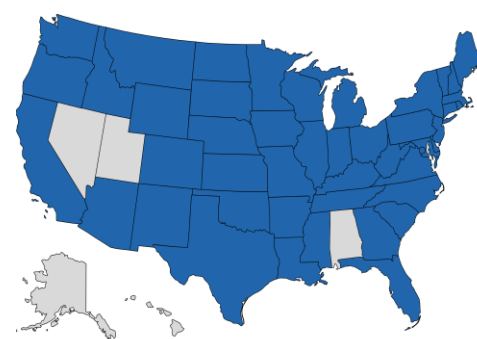
⁸ <https://www.nigc.gov/commission/gaming-revenue-reports>

State Lotteries

All but five states operated a lottery to generate revenue for public programs and services such as education and economic development. According to the North American State and Provincial Lotteries' Fiscal 2021 Lottery Sales and Revenues Report, in total, American lotteries generated almost \$98.1 billion in sales of traditional lottery products, an increase of 18.5% over 2020.

At \$9.1 billion in sales in the fiscal year 2021, the Florida Lottery was the nation's top grossing lottery, followed by the New York Lottery with \$8.6 billion in sales, the California Lottery with \$8.4 billion in sales, and the Texas Lottery with \$8.1 billion in sales. Other states that reached or exceeded \$5 billion were Georgia at \$5.9 billion, Massachusetts at \$5.8 billion, Ohio at \$5.5 billion, Pennsylvania at \$5.4 billion, and Michigan at \$5.0 billion. One state, Mississippi, did not have a lottery in 2016 and in the current Survey now does. On average, lottery sales grew by 31% since 2016, with Oklahoma reporting the largest increase (83%), followed by New Hampshire (76%), and Arizona (65%). Five states reported declines: North Dakota (15%), Rhode Island (14%), New York (11%), Wyoming (5%), and DC (2%).

Figure 4. Map showing U.S. lottery jurisdictions (in blue).

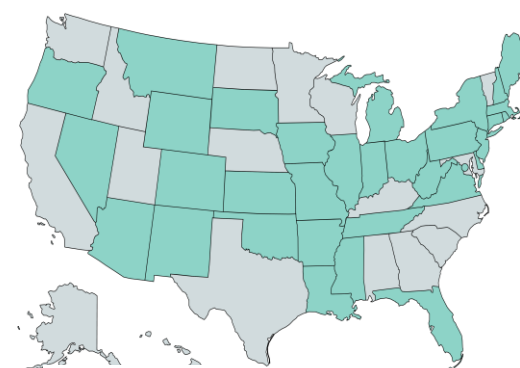


Drawn using mapchart.net

Commercial Gaming

Nationwide, consumer spending on America's commercial gaming reached a record \$53 billion, which is 21% higher than the previous record set in 2019. According to the American Gaming Association (AGA), this record growth is based on strong consumer spending on travel and entertainment following the COVID-19-driven downturn in 2020. It also reflects the impact of commercial gaming expansion into four states (Arizona, Connecticut, Virginia, and Wyoming). In the 2016 Survey Report, commercial gaming was reported as \$38.5 billion. However, since 2016 the AGA has changed its reporting of commercial gaming revenue to include sports betting and internet gaming platforms, forms of revenue not included in 2016;⁹ thus, no survey-to-survey comparisons can be made.

Figure 5. Map showing U.S. commercial gaming jurisdictions (in turquoise).



Drawn using mapchart.net

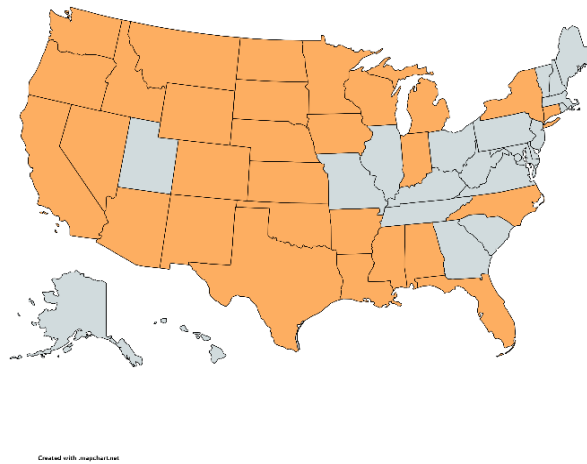
⁹ American Gaming Association (2021). State of the States 2021: The AGA Survey of the Commercial Casino Industry. Retrieved from: https://www.americangaming.org/wp-content/uploads/2021/05/AGA-2021-State-of-the-States_FINALweb-150ppi.pdf

Indian Gaming

Tribal gaming is among the largest gambling sectors in the U.S., generating 45 percent of all gaming revenue in the U.S. There are tremendous disparities in the size of tribal gaming operations between states with some state-tribal gaming accounting for a very small segment of the state's legal gambling market (e.g., Nevada) while other state's tribal gaming dominates the state's gambling market (e.g., Oklahoma). In 2021, the tribal casino gaming market was comprised of 248 tribes operating 515 tribal gaming facilities across 29 states. The National Indian Gaming

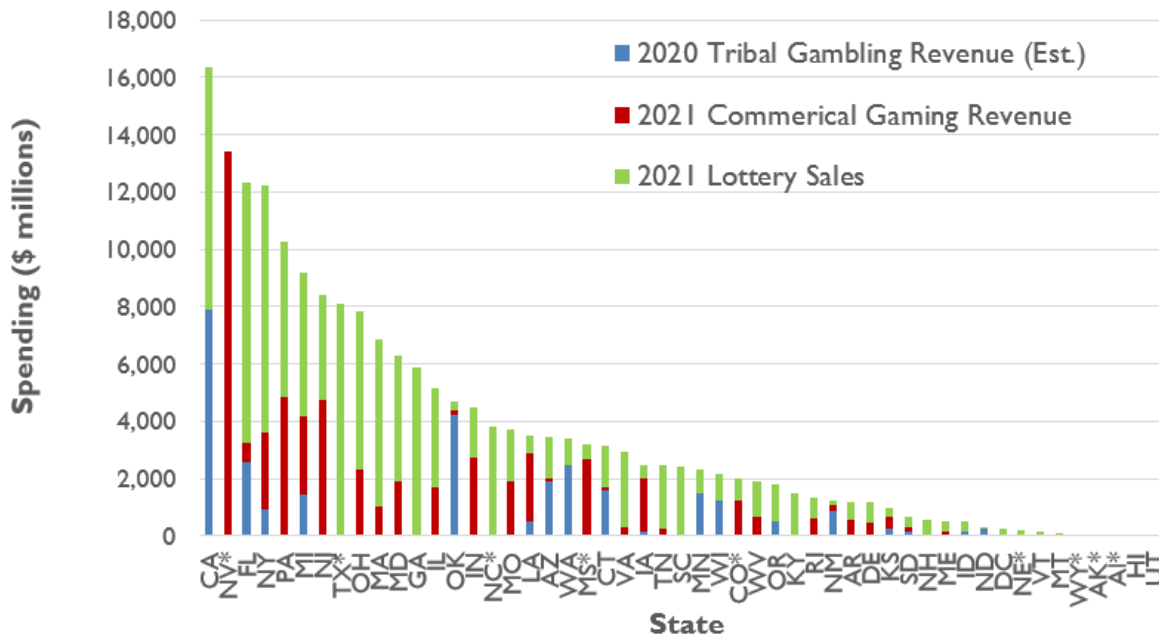
Commission published data in August 2021 showing a 19.5 percent decrease in total revenue to \$27.83 billion for Fiscal Year 2020. Nationwide 2021 tribal gaming revenue figures were not available at the time of writing. The National Indian Gaming Commission provides reports on national data and national trends but does not release state-by-state Indian gaming data. The most comprehensive report on Indian gaming, that provides state-by-state data, is Casino City's Indian Gaming Industry Report, released annually beginning in 2002.¹⁰ The Casino City's Indian Gaming Industry Report released in 2022 was the 2020 Edition and reported on 2017 Indian Gaming data. With the National Indian Gaming Commission report that 2020 Indian gaming revenues reverted to 2012 levels due to pandemic-related impacts combined with observations that 2021 Indian gaming revenues continued to be negatively impacted by the pandemic, this study's authors estimated 2021 tribal gaming revenues to increase to approximately 2015 levels. Therefore, data from 2015 were used to estimate state-by-state Indian Gaming revenue as reported in the 2017 Edition of the Casino City's Indian Gaming Industry Report. Gaming markets can experience significant changes on a year-to-year basis; therefore, the Indian gaming revenue presented in Figure 7 should be viewed with caution. The numbers presented in Figure 7 were used to depict the relative size of tribal gaming within a state and because the numbers used are estimates they should not be used to cite a state's 2021 total tribal gross gaming revenue.

Figure 6. Map showing U.S. Indian gaming jurisdictions (in gold).



¹⁰ Meister, A. (2022). Casino City's Indian Gaming Industry Report, 2020 Edition. Casino City Press. Newton, MA.

Figure 7. Consumer Spending by State: Lottery Sales, Commercial Gaming Revenue, Tribal Gaming Revenue



* Tribal gambling revenue not included. Tribes in these state enacted their confidentiality rights

Source Data: (a) Insights, November/December 2021, Volume No. 21, Issue 5. The North American Association of State and Provincial Lotteries. (b) Meister, A. (2017). Indian Gaming Industry Report. Casino City Press. (c) 2021 edition of State of the States: The AGA Survey of the Casino Industry. The American Gaming Association. Note: Gambling spending other than lottery, commercial casino, and tribal casinos not included.

Summary of Legalized Gambling in the U.S. as Utilized within this Report

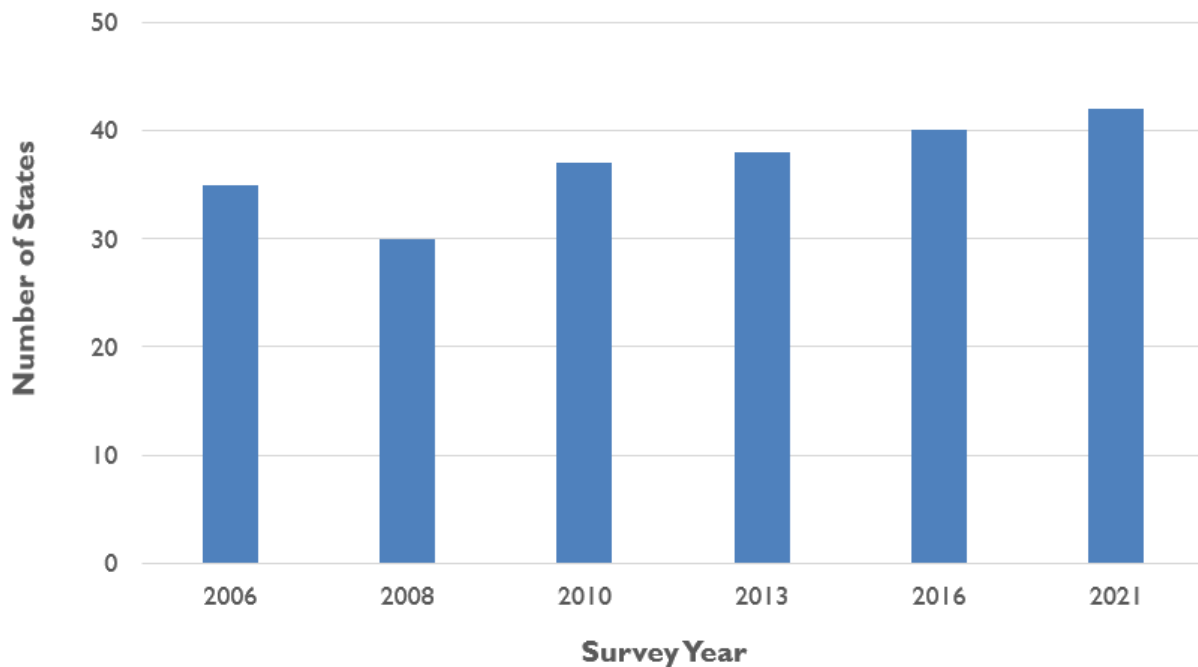
For purposes of defining a metric of consumer gaming activity, the United States gaming industry was measured in terms of three segments: state lotteries, commercial gaming, and tribal gaming. Although there was considerable variation between states, tribes, and operators, overall, the gaming industry's growth in 2021 exceeded the rate of inflation and established a new all-time high for consumer spending on gambling, an estimated \$187 billion. The overall market growth rate, as well as the state-level data, provided context for the data collected in the Survey and allowed the research team to identify associations between consumer gaming activities and Survey variables, such as state problem gambling funding, number of legalized gambling activities, and so on.

Funding for Problem Gambling Services

Public Funding

The Survey assessed all 50 U.S. states and the District of Columbia (DC) to determine which states and districts funded problem gambling services. The total number that reported publicly funded problem gambling services in 2021 was 42, or 82% of states. To be counted, a state or district had to meet one of two conditions: 1) program monies were legislatively authorized—outlined in a statute or regulations as directed toward mitigating gambling-related harm, or 2) the state agency had a dedicated budget line to address problem gambling. Although all Surveys used the same inclusion criteria for designation as a state with publicly funded problem gambling services, the 2008 survey employed a different approach to identify which states met these inclusion criteria, which is important to keep in mind when making comparisons between the surveys. Figure 8 shows the number of states reporting publicly funded problem gambling services over the six Surveys.

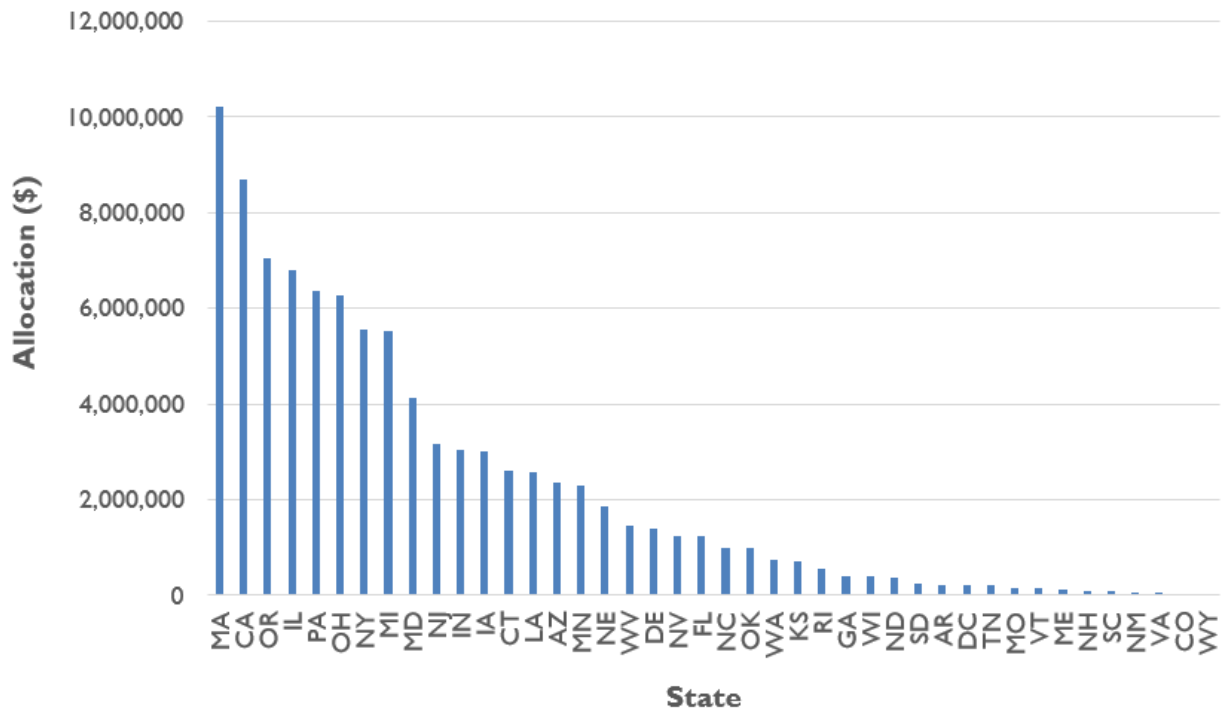
Figure 8. Number of States Reporting Publicly Funded Problem Gambling Services



► * Includes the District of Columbia

For 2021, state-specific funding for problem gambling services ranged from \$0 (for the nine states that did not report any dedicated funding) to \$10.2 million in Massachusetts (see Figure 9). Of those nine states that did not provide any funding, only two states (HI and UT) had no legalized gambling activities. The remaining seven states (AK, AL, ID, KY, MS, MT, and TX) had an average of six types of legalized forms of gambling (including state lotteries, tribal casinos, and pari-mutuel wagering).

Figure 9. 2021 Problem Gambling Services Allocations (Budgets) by US State Agencies



► Note, 9 states (AK, AL, HI, ID, KY, MS, MT, TX, and UT) with \$0 allocation amounts have been excluded. The District of Columbia is included.

Due to the wide variation in state populations, it is useful to view funding for services on a per capita basis to provide context for state-to-state budget differences. Figure 10 illustrates the per capital state allocations. For those states that invested in problem gambling services, per capita allocations for problem gambling services ranged from less than \$0.005 (one half of one cent) in Colorado to \$1.66 in Oregon. Massachusetts (\$1.46) had the second-highest per capita spending followed by Delaware (\$1.39). The average amount of per capita allocation for problem gambling services in the 42 states with publicly funded services was 40 cents. If we include the nine states with no funding, then the national average drops to 33 cents per capita.

Figure 10. 2021 Per Capita Allocations for Problem Gambling Services by U.S. States

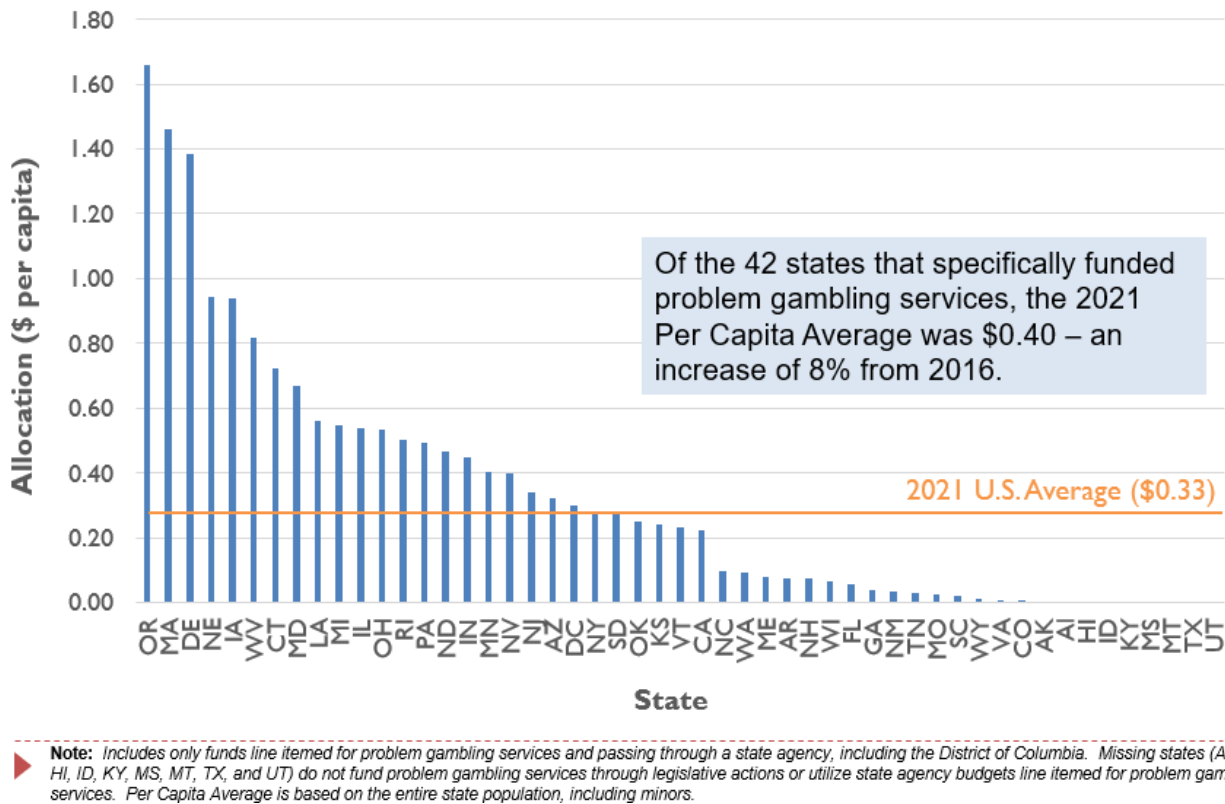
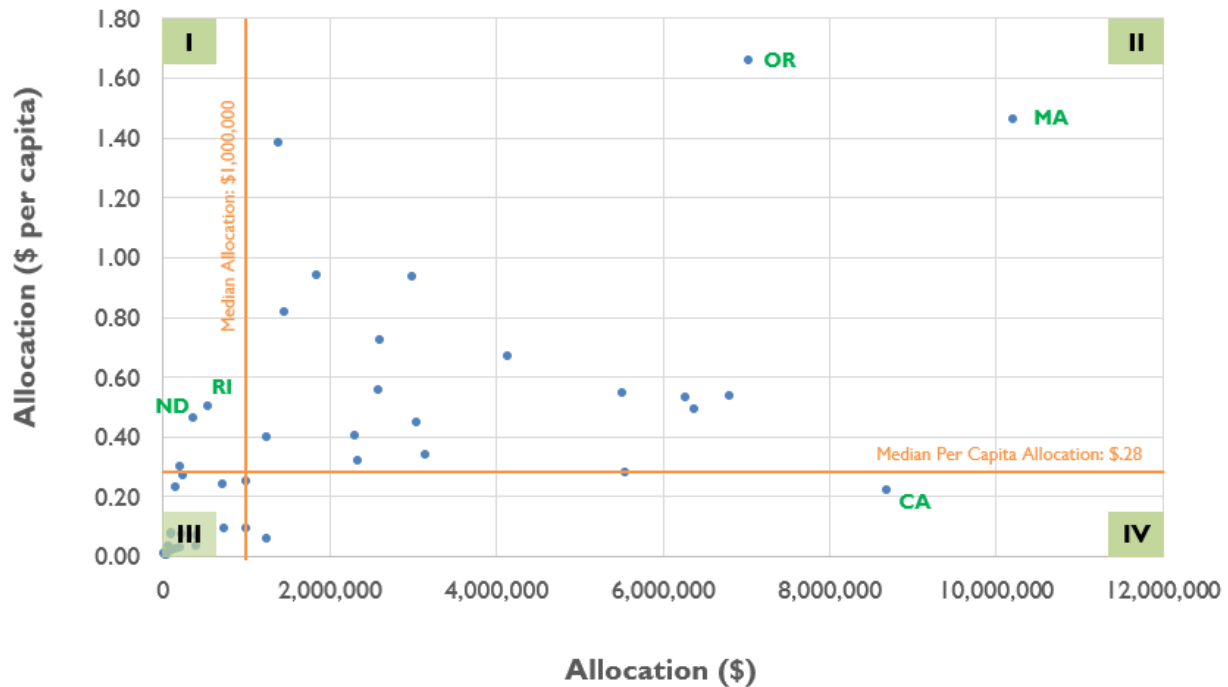


Figure 11 plots funding per capita dollars against total dollars. The orange vertical line represents the median total dollars allocated to problem gambling services (\$1,000,000, spent by both OK and NC). The orange horizontal line represents the median per capita dollars (\$.28, spent by NY). The chart illustrates how states rank, simultaneously, on both spending per capita and total dollars. Several states are called out to demonstrate the general take-ways of the chart. Quadrant I depicts states with relatively low total allocation dollars and relatively high per capita allocations. Rhode Island and North Dakota are two states in this quadrant. Although, in absolute dollars, their allocations are relatively small, they have the highest per capita rates among the low-spending states. Quadrant II depicts states with both high per capita and total allocations. Oregon and Massachusetts are two states in this quadrant and are among the states with the highest dollar investments in problem gambling services, both absolutely and per capita. From a problem gambling services funding perspective, Quadrant II is arguably the most advantageous: 1) States with high per capita spending are allocating funds per the size of their populations and 2) States with high absolute spending will be able to offer a wider variety of services. On this last point, states whose total allocations were less than \$2,000,000, offered an average of 4.5 problem gambling services. In contrast, states whose total allocations were greater than \$2,000,000 (irrespective of per capita spending), offered an average of 7 problem gambling services. Quadrant III depicts states whose per capita and absolute allocations are below average. States in this quadrant are often small (e.g.,

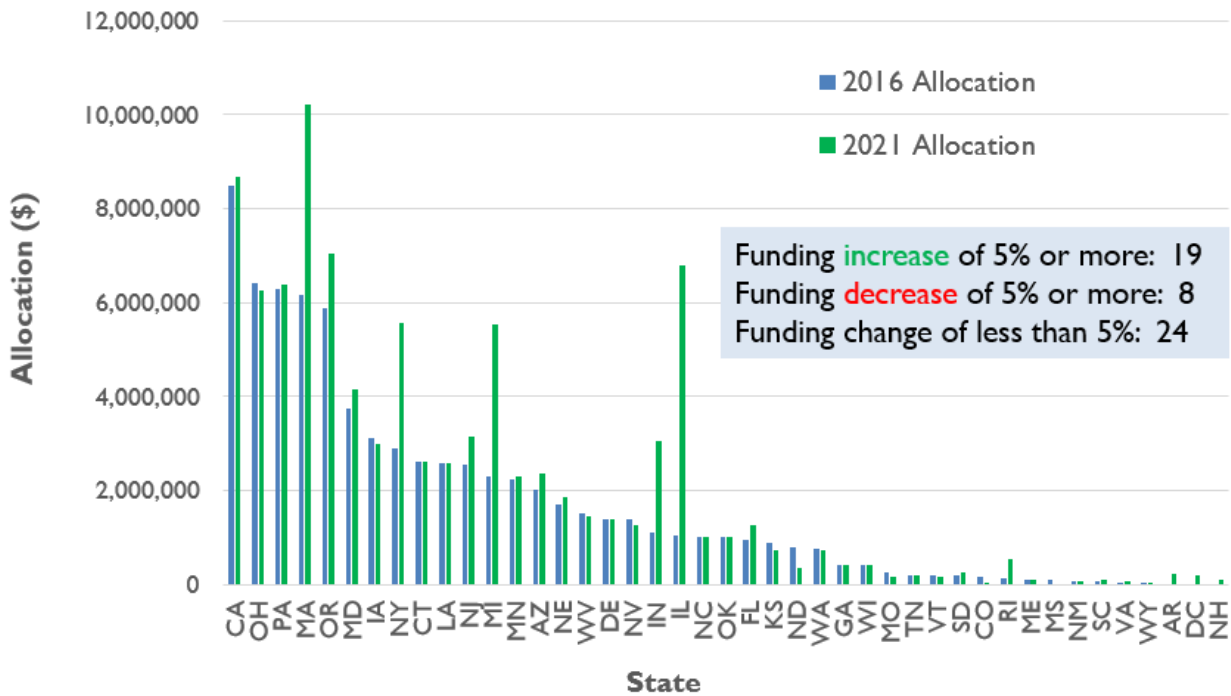
Wyoming had an allocation of \$7,188 for its approximately 600,000 citizens). However, there are also larger states (e.g., Georgia had an allocation of \$400,000 for its approximately 11 million citizens) in this quadrant. States in this quadrant are relatively under-funded in both per capita and absolute terms. Quadrant III, those states that are the most underfunded, represents 49% of all U.S. states. Quadrant IV depicts states with high absolute but low per capita spending. In other words, these states (e.g., CA) tend to under-spend given the size of their populations.

Figure 11. 2021 Allocations for Problem Gambling Services: Per Capita and Total Dollars



Since the 2016 Survey, there have been notable changes in problem gambling funding levels: 18 states and the District of Columbia reported increases in funding greater than 5%, 8 states reported decreases in funding greater than 5%, and 24 states reported no changes within 5% of their 2016 funding levels (see Figure 12). On average, on a state-by-state basis, funding increased by 29%. Among the states with the largest percentage changes were Illinois (+554%), Rhode Island (+289%), Indiana (+177%), and Michigan (+142%). Among the states with the largest decreases were Mississippi (lost all its \$100,000 2016 funding), Colorado (-83%), Wyoming (-74%), North Dakota (-55%), and Missouri (-41%).

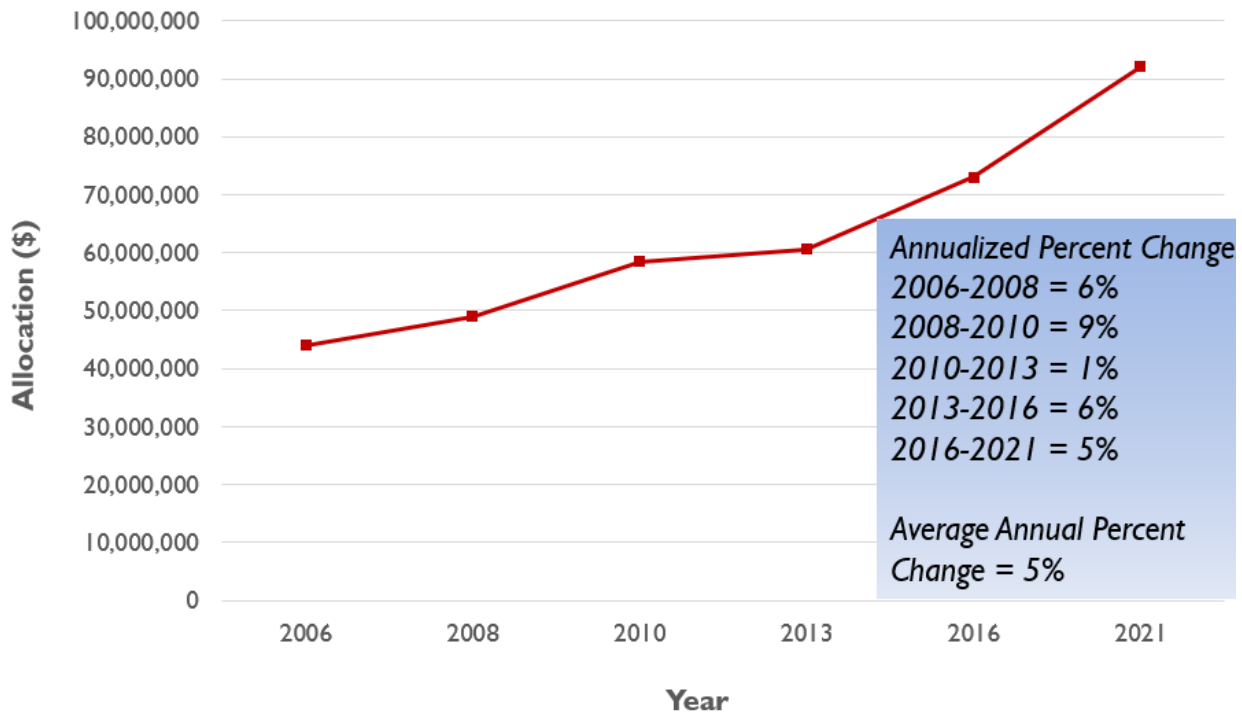
Figure 12. Comparison Between 2016 and 2021: State Allocations on Problem Gambling Services



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

Stepping back and looking at trends at the national level, Figure 13 shows total funding across the six Surveys. The data showed a clear upward investment trend during the 15-year period; funding increased from \$44 million in 2006 to \$94 million in 2021. That growth represents an average annualized percent increase of 5%.

Figure 13. U.S. State Allocations for Problem Gambling Services Across 15 Years



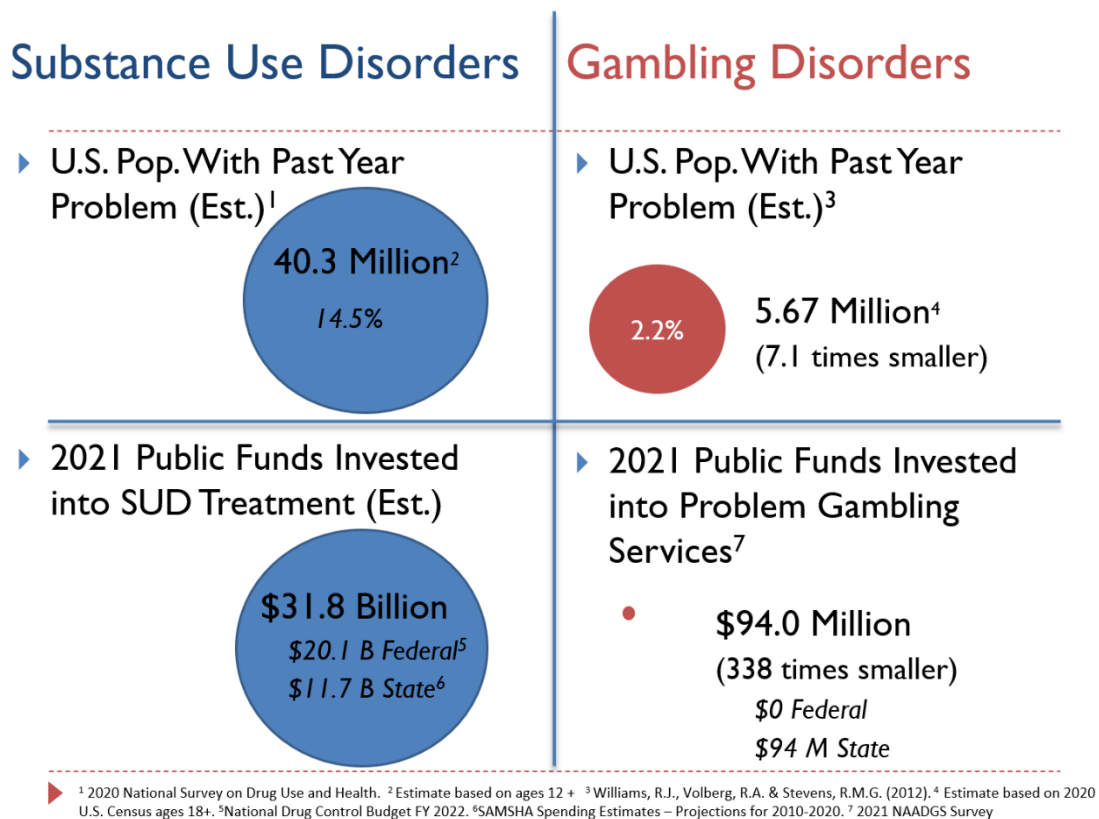
► Data based on past six NAADGS Surveys; Change in allocation between 2016 and 2021 is 26%. Five states reported to have underspent their allocations (AR, DC, IA, NJ, and SD).

Although the growth rate in problem gambling services spending is encouraging, it is important to put the spending levels in perspective. Considering the objective of investing in problem gambling services is to reduce gambling-related harm, the larger the public health threat the greater the response to that threat. If the problem gambling threat to public health were to be gauged by the size of the gambling industry, as measured by gross gambling revenues (GGR), then as GGR increases there should be an equal increase in spending on problem gambling services. The past six NAADGS Surveys suggest that the growth rate of problem gambling service spending has been keeping pace with the growth of the gaming industry. Between 2006 to 2021, spending on problem gambling services increased by 52% while the GGR, as reported by the American Gaming Association, has increased by 41% over that same period. What is obfuscated from this comparison is the relative spending on problem gambling services could be classified as extremely inadequate. In 2021, \$11.69 billion in direct gaming tax revenue was paid to U.S. state and local governments by commercial gaming operations.¹¹ These same governments spent a combined \$92 million on problem gambling services, or approximately one-tenth of one percent of revenues derived from legalized gambling.

¹¹ American Gaming Association (2022). State of the States 2022: The AGA Survey of the Commercial Casino Industry. Retrieved from: <https://www.americangaming.org/wp-content/uploads/2022/05/AGA-State-of-the-States-2022.pdf>

An alternative perspective to U.S. state spending on problem gambling services can be made through comparison to other publicly funded health promotion programs. For example, \$94 million was allocated to program gambling services in the United States in 2021. That budget addressed a disorder that affected an estimated 5.4 million adults (2.1% of the adult population) in the US who have or had a gambling disorder during a 12-month period. That amounts to \$17.28 per adult with a gambling disorder. In contrast, total public funds invested in substance abuse treatment in the United States was an estimated \$31.8 billion in 2021,¹² which was directed at an estimated 40.3 million people in the U.S. with a past year substance use disorder.¹³ That amounts to \$789.08 per person with a substance use disorder. In other words, per capita spending on substance use disorder was 46 times larger than on gambling disorder and the public funds invested to address substance use disorders were 338 times larger than for gambling disorder, despite the estimated number of people with substance use disorders being only seven times larger than the estimated number of adults with a gambling disorder. See Figure 14 for further details.

Figure 14. Comparison of Prevalence and Public Funding for Substance Use Disorders and Gambling Disorders in the U.S.



¹² Federal spending source: Office of National Drug Control Policy. 2021. National Drug Control Budget FY 2022-Funding-Highlight. Retrieved from <https://www.whitehouse.gov/wp-content/uploads/2021/05/National-Drug-Control-Budget-FY-2022-Funding-Highlights.pdf>

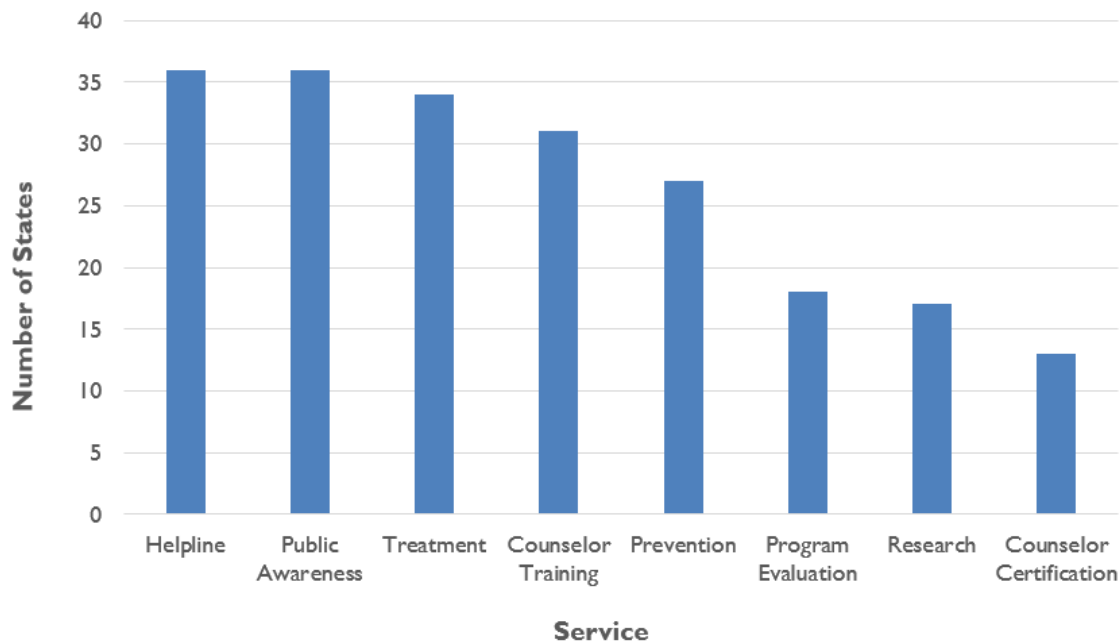
State spending source: Substance Abuse and Mental Health Services Administration. *Projections of national expenditures for treatment of mental and substance use disorders, 2010–2020*. HHS Publication No. SMA-14-4883. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. Table A.6

¹³ Substance Abuse and Mental Health Services Administration. 2020 National Survey on Drug Use and Health. SAMSHA publication no. PEP21-07-01-003. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration; 2021.

Types of Problem Gambling Services Funded

Across all states, there was a lack of uniformity regarding what types of problem gambling services were funded. Some states funded a comprehensive array of services ranging from prevention through multiple levels of treatment and recovery supports, while other states targeted a few service categories. The average number of reported service categories funded was 5.5, with 16 states offering seven or more service categories and six states offering two or fewer service categories. Figure 15 shows the number of states offering various problem gambling service categories. Helpline and media/public awareness campaigns were the most prevalent service categories, followed by treatment, counselor training, and prevention. Among state agencies, the variability in services provided was often rooted in the legislation that originally established the problem gambling services program. Some states had legislation that restricted the use of funding to specific service areas. Another driving factor for what services were funded was linked to budget pragmatics such as having insufficient funds to expand the range of services offered. For example, the states with the smallest budgets (\$20,000 and \$55,000) offered only two services (helpline and public awareness services), while the states with the largest budgets offered services from all 8 service categories defined in this report.

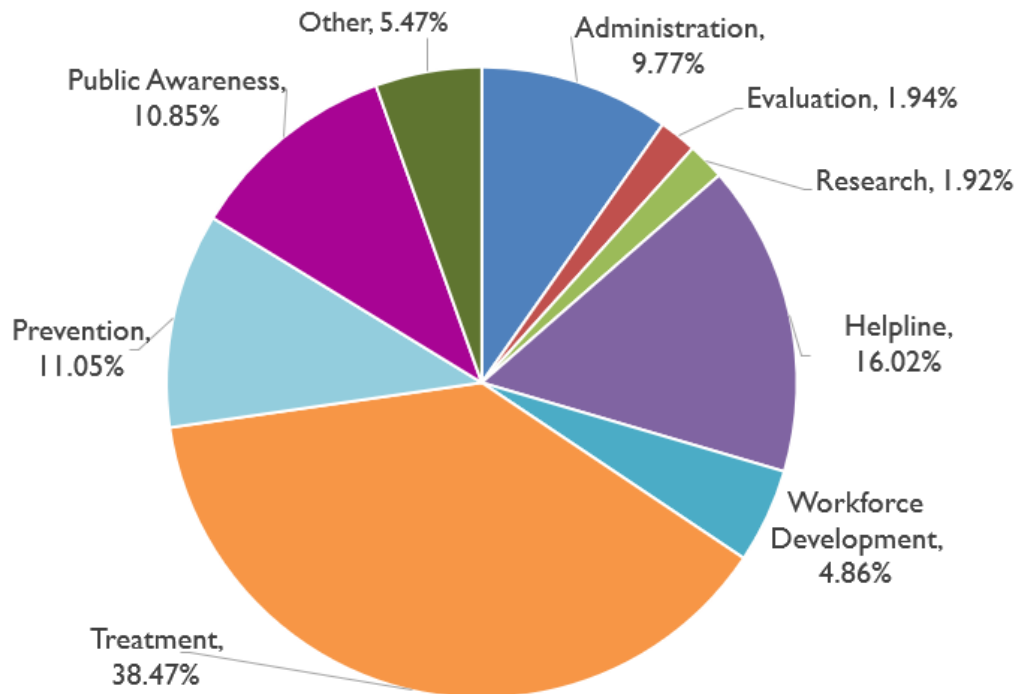
Figure 15. Number of States Allocating Funding for Specific Problem Gambling Service Categories



► Note: Data limited to reports from state agencies that had a budget line specifically assigned for problem gambling services. (N=40)

Survey respondents were asked to provide a breakdown of their states' problem gambling service budgets by service type. Figure 16 displays these results.¹⁴ By taking the budget allocations of each state and averaging, we found that treatment accounted for the largest portion of state budgets (38%), followed by helpline services (16%), prevention programs (11%), media or public awareness projects (11%), and administration (10%). All other budget categories each accounted for less than 10% of the budget.

Figure 16. State Budget Allocations by Service Category, By % Allocation



► (N=40)

In the 2006, 2008, and 2010 Surveys, average state allocations for treatment services were about 50% of the total budget. In the last 3 Surveys (conducted in 2013, 2016, and 2021), that figure has held steady at around 37%.

It is important to keep in mind that each state agency representative was asked to provide a percentage breakdown of its problem gambling service budget based on the categories presented in Figure 16. As there are no federal mandates regarding how problem gambling service funding should be allocated and each state is different in terms of funding and administrative structure, there

¹⁴ Stated "allocations by service category" are based on proportional averages as opposed to actual aggregate budget allocations. Utilizing the aggregate of actual spending levels (which accounts for both percent of budget and budget size) across service areas yield different results. For example, aggregate spending on treatment amounted to 33.8% of total funding rather than the 38.5% shown in Figure 16.

is considerable variation between state budget allocations. For example, on average, 11% of problem gambling service funds from all states were used for prevention activities; however, the range of values varied between 0% and 65%. As noted, this wide range of values is partly driven by each state allocating funds based on its circumstances, without any federal guidance. In addition, the differences in percentage allocations are also influenced by overall budget size. Programs, such as treatment services, often have large, fixed costs so states with smaller budgets end up spending a larger fraction of their budgets even if they provide the same number of treatments.

It is also important to keep in mind that if a state does not provide a specific service, then that state will report allocating 0% of its funds to that service. For example, 31% of states did not offer treatment services. Thus, these states allocated 0% of their funds to treatment services. If we were to compute the percent of the budget that is accounted for by treatment services, excluding those states that did not provide the service, then treatment accounts for 47% rather than 38% of the budget. In other words, if a state is considering adding treatment to its services, then it can expect to spend a larger portion of its budget than implied in Figure 16.

The distribution of problem gambling service funds exhibited several notable changes between the 2016 and 2021 Surveys. The administration's share nearly doubled, from 5.3% to 9.8%. One state reported an increase from 4% to 50%. In contrast, research's share decreased 70% (from 6.3% to 1.9%) and two states reported eliminating all funding (from previous levels of 41% and 50%). Also, media or public awareness' share decreased by 27%, from 14.9% to 10.9%. One state reported reducing funding by 89%, from 45% to 5%. Part of the reduction in this category might be due to migrating to less expensive forms of media platforms (e.g., from TV to websites.)

As noted, there is considerable variation between the types of problem gambling service categories funded by state agencies. This is in stark contrast to services addressing other addiction disorders where state service categories and programming are more similar across the U.S. states. The primary reason accounting for this difference is the federal government's lack of involvement in problem gambling services and heavy involvement in substance abuse services. The U.S. Department of Health & Human Services, as mandated by Congress, provides federally funded Substance Abuse and Mental Health Block Grants that provide funding for substance abuse and mental health services to all U.S. states. Additionally, the Substance Abuse and Mental Health Service Administration, an office within the U.S. Department of Health & Human Services, provides policy and practice guidance to states to address substance abuse. Substance Abuse Prevention and Treatment Block Grant (SABG) funding includes provisions that stipulate to states how funds are to be used, including a provision that the funds only support services addressing chemical addictions and cannot be used to support services that primarily address behavioral addictions, such as Gambling Disorder. The SABG is just one example of many federal programs addressing substance abuse, a serious public health concern deserving of federal attention, that has no counterpart in the field of problem gambling services, another service area needed to promote public health.

Administrative Structures

The Survey included eight questions related to the administration of problem gambling services. These questions focused on the agency with administrative authority over problem gambling services, the administrative structures for service provision, and the state employees who managed the problem gambling service contracts.

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

The 2021 Survey found that 31 states (76% of reporting states) placed administrative authority over their gambling services programs within the state's Department of Health and Human Services. Six states placed their programs under a regulatory agency or state lottery and four states relied on other administrative structures, such as an independent Commission on Problem Gambling (i.e., Nebraska). Slightly less than one-half (49%) of these programs were designated to a problem gambling-specific office, unit, or program team.

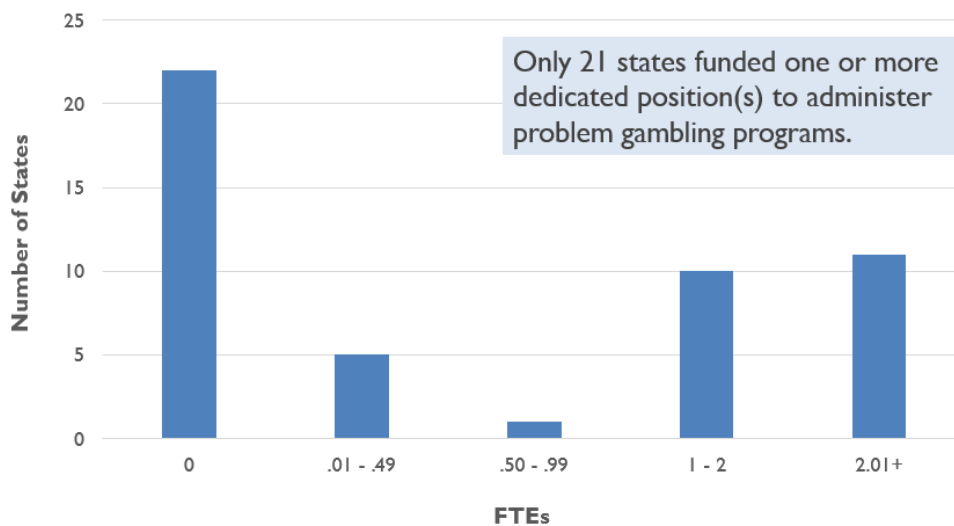
Seven state agencies outsourced the provisioning of their states' problem gambling programs. These agencies were typically from states with relatively low funding rates; the average problem gambling budget for these states was \$705,640 compared to the overall average of \$2,227,730. The states with

larger problem gambling services budgets relied on two forms of service provisioning: Twenty states managed multiple service contracts **without utilizing** state employees in the delivery of services. Fourteen states managed multiple service contracts while **utilizing** state employees in the delivery of problem gambling services.

There was considerable variability between states in the number of state employees assigned administrative responsibility, per their job description, for overseeing state-funded problem gambling services. The survey asked, “Is the [top level state agency] position [who manages the problem gambling contracts] assigned 0.5 FTE or greater to problem gambling services?” Twenty-four states (63% of respondents) answered affirmatively. Respondents were also asked to provide descriptions of all positions and Full-Time Equivalent (FTE) staff hours dedicated to the administration of problem gambling services for all agency staff with problem gambling service duties in their job descriptions. Analysis of these responses revealed that among the state agencies, there was a total of 77 positions – 54 full-time positions and 23 part-time positions. The median FTE per state was 1.0 (mean of 1.48), with a range of 0 to 8.45. If we include states with no gambling services funding (and hence, by definition, no dedicated problem gambling FTEs) then the median falls to 0.09 and the mean to 1.16.

Figure 17 illustrates the data binned into FTE categories. (Note, the figure includes the nine states with no problem gambling funding.) As can be seen, only 21 state agencies funded one or more dedicated positions to administer problem gambling programs, one state agency dedicated between 0.5 to .99 FTE, and five state agencies dedicated less than 0.5 of an FTE. Taking a deeper look into these last five state agencies, two of the five outsourced their problem gambling services entirely, and the remaining three state agencies had relatively small problem gambling budgets (average of \$171,062).

Figure 17. Number of States and District of Columbia FTE Positions Dedicated to PGS



► Note: Includes only state employees, not contracted positions. (N=49)

Just as there was variability in the number of state employees assigned to administer problem gambling programs, there was also considerable variability in the proportion of problem gambling funds that states used to pay for the administrative costs related to managing these funds. For example, on average, 10% of problem gambling service funds were used for administrative expenses; however, the range of values was between 0% and 50%. The small sample size makes it difficult to statistically identify multiple factors that are predictive of administration expenses. However, it appears that the size of the problem gambling budget, the decision to outsource provisioning of problem gambling services, and the number and type of services provided are factors that might impact administrative budgeting considerations.

Whatever the factors are driving employment decisions, few states are investing sufficiently in administrative personnel to support problem gambling services and there is arguably a need for problem gambling service expansion in the public sector. Without adequate investment of administrative personnel to oversee the growth and development of problem gambling services, gambling-related harm will take its toll on the public's physical, social, and economic health.

Prevention

Background

While prevention services to address alcohol, tobacco and other drugs have been implemented for decades, services to address the prevention of problem gambling are relatively new. Initial problem gambling “prevention” initiatives often involved general awareness building, outreach to treatment, or stand-alone activities that were often framed without foundations in effective prevention practices. Most of these early prevention efforts were not informed by comprehensive, evidence-based approaches, such as those recommended by the Substance Abuse and Mental Health Services Administration and Centers for Disease Control and Prevention.¹⁵

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

¹⁵ Williams, R.J., West, B.L., & Simpson, R.I. (2012). Prevention of problem gambling: A comprehensive review of the evidence and identified best practices. Report prepared for the Ontario Problem Gambling Research Centre and the Ontario Ministry of Health and Long-Term Care. October 1, 2012.

gambling. Early problem gambling prevention efforts were typically school-based, and not necessarily delivered by prevention specialists. To some extent, these challenges remain to this day.

While many, if not most, problem gambling prevention practitioners have subscribed to the public health approach to problem gambling prevention, it was not until 2015 that a “common understanding” of the prevention of problem gambling was articulated on a national level.¹⁶ The *Prevention of Gambling Disorders: A Common Understanding* aimed to provide clarity on the roles and responsibilities of those in the problem gambling field by articulating the comprehensive nature of effective prevention strategies in using the public health approach and SAMHSA models, rather than framing the prevention of problem gambling as limited to awareness and education efforts.

Problem gambling prevention specialists typically model programs and services based upon the Behavioral Health Continuum of Care Model, in which health promotion and prevention services are differentiated from treatment and recovery services, in that prevention services are those delivered before the onset of a disorder.¹⁷

2021 Survey

Past Surveys of problem gambling services collected information about prevention funding and prevention activities but did not systematically deconstruct different types of prevention activities or targeted populations. Both the 2016 and 2021 Surveys expanded the section on prevention to more clearly differentiate the types of prevention activities taking place and high-risk groups targeted for prevention efforts. “Prevention” choices were defined in the survey as something to “only endorse if the activity is aimed at preventing the onset of the problem.”

A total of 27 state agencies reported providing prevention services. That is an increase from the 2016 survey in which 23 states reported providing prevention services. The majority of states (14) contracted out prevention services, while 12 states provided prevention services by a combination of contractors and government employees. Only one state agency relied on government employees only.

While the *number* of states providing prevention services increased since 2016, *budget allocation* for problem gambling prevention services decreased since 2016; the average spending of the total budget on prevention services in 2016 was 13% by state agencies compared to 11% in 2021. Among states that provided prevention services, the lowest percentage of budget spent on prevention was 1% and the highest was 65%. Despite total (national) public gambling funding increasing between 2016 and 2021 (from \$73 million to \$94 million), prevention spending decreased 12% from \$16.6 million to

¹⁶ National Council on Problem Gambling Prevention Committee. (2015, July). *Prevention of gambling disorders: A common understanding*. Washington, DC: National Council on Problem Gambling.

¹⁷ Substance Abuse and Mental Health Services Administration (n.d.). *Prevention of substance abuse and mental illness*. Retrieved from <https://www.samhsa.gov/prevention>.

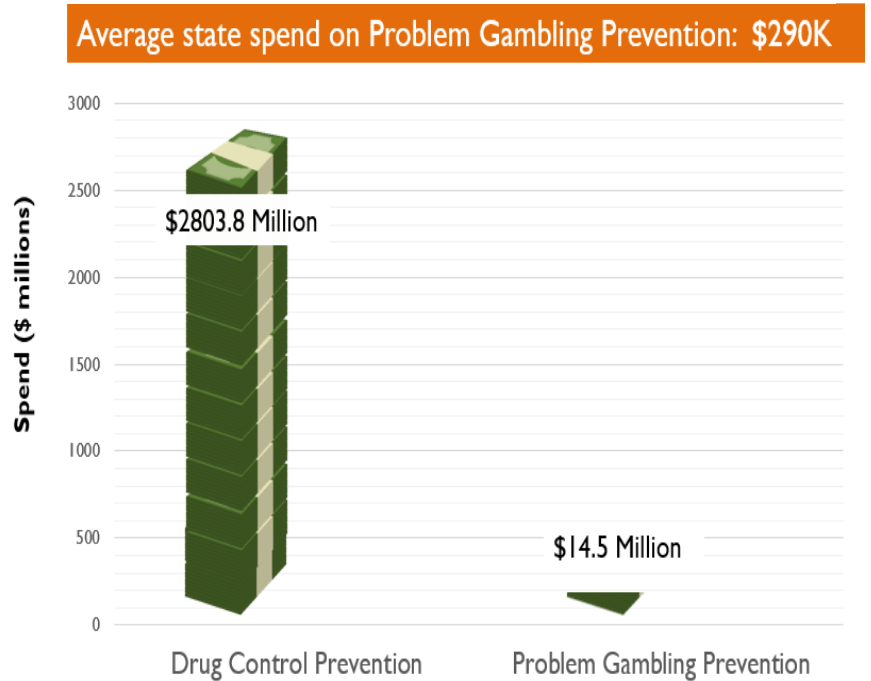
\$14.8 million in 2016 and 2021, respectively. In one case, a state eliminated prevention funding, and, in another case, funding was decreased by 80%.

The \$14.8 million in problem gambling prevention services is very low when compared to spending on preventing substance use disorder, which is \$2.8 billion, or 190 times larger. (See Figure 18).

Figure 19 illustrates prevention services by type. The average number of supported services was 4.3 per state. The most reported prevention activities were coalition building (17 states), parent education (16 states), and gambling-specific community readiness assessment (14 states).

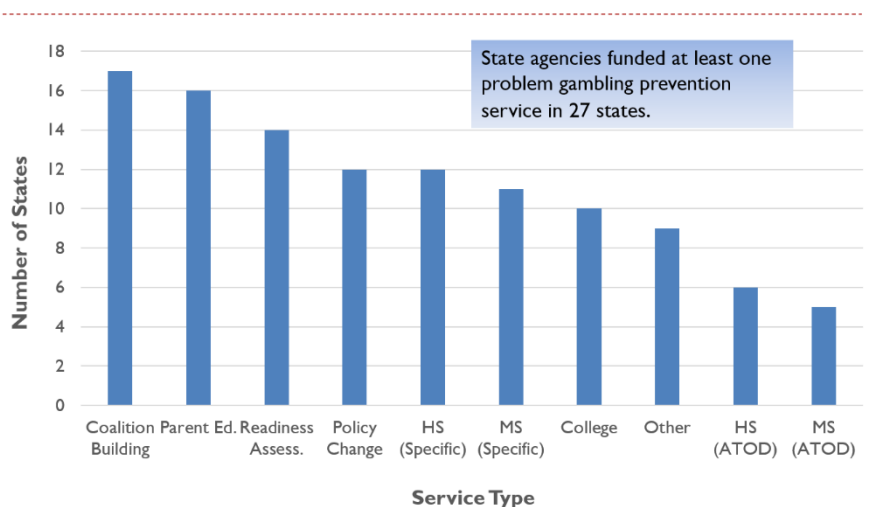
State agencies provided prevention services to specifically targeted (often known as “vulnerable”) population groups, as shown in Figure 20. On average, states were targeting six different vulnerable groups. Of these specific population groups, state agencies were most likely to deliver prevention services to youth (23 states), people with addiction history (20 states), college students (18 states), and older adults (17 states). Other groups commonly targeted were people with military backgrounds, mental health histories, and criminal justice system histories. Groups less

Figure 18. Spending on Problem Gambling Prevention



► SUD (substance use disorder) funding data source: National Drug Control Budget FY2022 Funding Highlights. <https://www.whitehouse.gov/wp-content/uploads/2021/05/National-Drug-Control-Budget-FY-2022-Funding-Highlights.pdf>

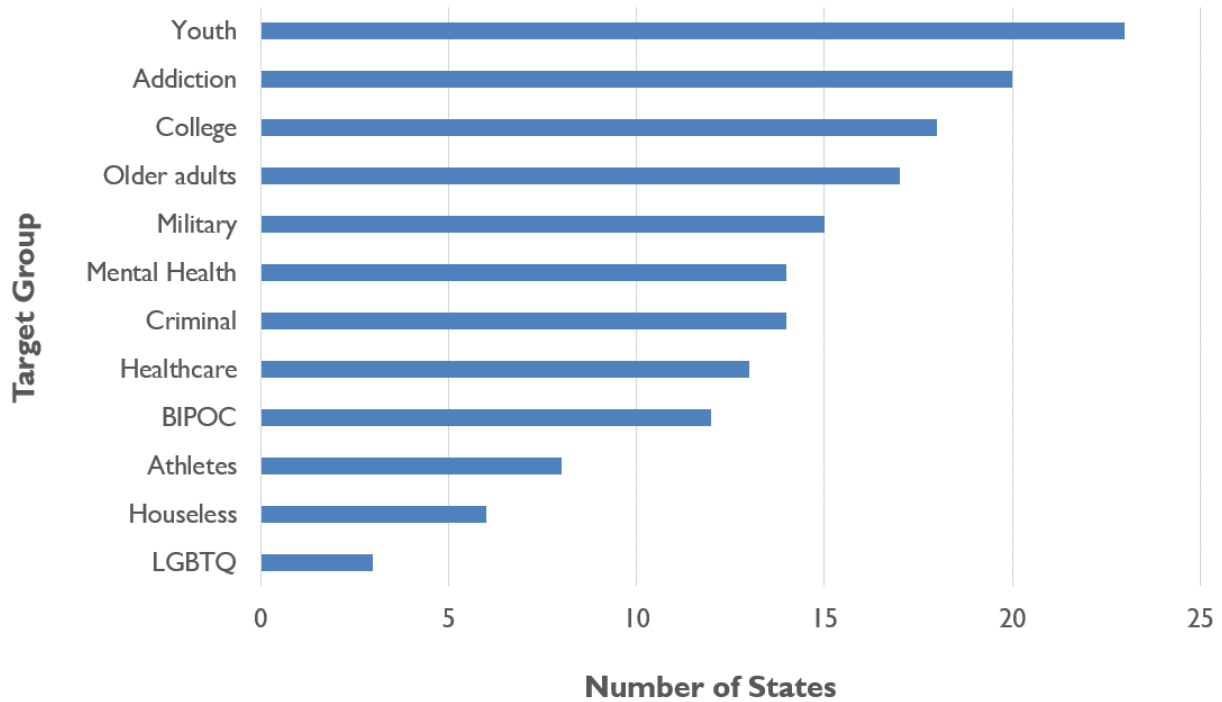
Figure 19. Prevention Services by Service Type



► **Types of Prevention Activities:** Gambling-specific community readiness assessment; Middle school programming (gambling-specific); Middle school programming (integrated with ATOD/health curriculum); Prevention: High school programming (gambling-specific); High school programming (integrated with ATOD/health curriculum); College student interventions; Coalition building / community-based process; Parent education; Policy change. (N=27)

commonly targeted included health care communities, People of Color, athletes, the homeless, and Lesbian, Gay, Bisexual, Transgender, and Questioning/Queer (LGBTQ) communities.

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



► (N=26)

Although SAMHSA Block Grants do not specifically fund problem gambling prevention efforts, four state agencies (12%) included descriptions of their problem gambling prevention efforts as a value-added activity within their Block Grant application. Fourteen state agencies (42%) used the Strategic Prevention Framework in planning, implementing, and evaluating their problem gambling prevention programs. The low rates of using the SAMHSA Strategic Prevention Framework (SPF) for addressing problem gambling is not surprising given that many agencies had very few problem gambling services and those with relatively larger budgets were not required to utilize SPF, a resource-intensive, comprehensive prevention approach.

Within the prevention section of the survey, respondents were asked, “what are your state’s largest gaps around problem gambling public awareness and prevention?” The gaps in prevention services most listed by state agency administrators were 1) funding and lack of resources, 2) integration into the education system (grade school and colleges) and medical systems, and 3) improved research and evidence-based data to inform programs.

Awareness

Background

Awareness activities are broadly defined as information dissemination efforts meant to increase the awareness of problem gambling as a public health issue and to promote awareness among the public of the availability of services to treat problem gamblers and, in some cases, their loved ones.

Awareness services are differentiated from prevention services in that, simply put, they are meant to increase community awareness of the problem, and not offer intervention efforts meant specifically to prevent the problem or promote health (see “Prevention” section). Information dissemination efforts can be, and often are, part of an overall prevention approach; however, these efforts are in and of themselves not comprehensive strategies.

Activities to promote awareness are quite common in the problem gambling service field, particularly since problem gambling community readiness tends to be low and studies have found negative public stigma around the issue.¹⁸ Awareness efforts are commonly conducted across the continuum of care and are often conducted as part of the gambling industry’s responsible gambling campaigns. Some state agencies tend to focus on allocating resources to prevention efforts and rely on their lotteries to deliver public awareness campaigns, which are typically more costly to develop and deliver, across a variety of media platforms.

Responsible Gaming: Gaming Industry Contributions

As mentioned within the Funding section of this report, state agency problem gambling service systems are often funded in part or entirely with revenue generated from the gaming industry. In addition to providing funding for problem gambling services, state lotteries, commercial casinos, tribal casinos, gaming trade associations, segments of legalized online gambling, and others have collectively contributed toward increasing public awareness of problem gambling and available help resources.

State lotteries hold an important distinction from other segments of the gambling industry in that they are both gambling operators and, in most cases, quasi-public entities. Lotteries, such as South Carolina’s, Connecticut’s, Rhode Island’s, and many others, are entities that are not full-fledged arms of state governments; they are allowed to operate more like businesses (with fewer government controls), yet are not fully independent private operations either. As state quasi-agencies, some have argued State lotteries have placed greater attention to responsible gambling practices in recent years than ever before, as witnessed by the proliferation of state lotteries with responsible gambling certifications; at the time of this writing, almost half the lotteries in the US have completed the

¹⁸ Hing, N., Russell, A.M., Gainsbury, S.M., & Nuske, E. (2015). The public stigma of problem gambling: Its nature and relative intensity compared to other health conditions. *Journal of Gambling Studies*, 32, 847-864. doi: 10.1007/s10899-015-9580-8

NASPL-NCPG Responsible Gambling Verification Program (22 states).¹⁹ However, recent research suggests that most state lotteries poorly communicate responsible gambling strategies to the public and lottery operators should strive to increase their adoption of a greater range of responsible gambling approaches.²⁰

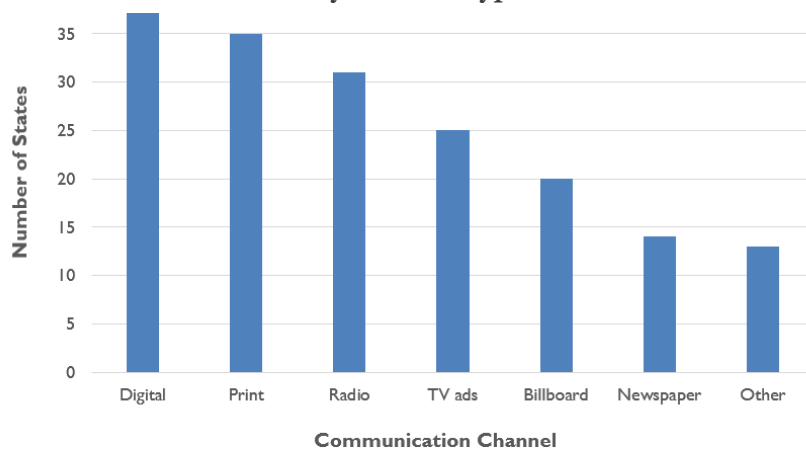
2021 Survey

In the 2016 and 2021 Surveys, prevention and awareness activities were separated so that each could be measured as accurately as possible. As stated in the “Prevention” section of this report, “prevention” choices were defined in the survey as “only endorse if the activity is aimed at preventing the onset of the problem.” An example of a prevention awareness activity counted as a prevention service would be a campaign encouraging parents to talk with their children about the risks of gambling. A campaign addressing setting limits on time and money in gambling would be considered an awareness activity.

In this Survey, a total of 36 public agencies reported providing public awareness services. On average, states allocated 11% of their budgets to media and public awareness services; that amount represents a 27% decrease from 2016. Nearly the majority of these states (48%) contracted out the provisioning of awareness services. Forty-five percent relied on both government employees and contractors to provide services, and seven percent of state agencies relied entirely on government employees.

On average, state agencies relied on five communication channels through which to communicate their messages, with the most common channels of public awareness campaigns being digital (online, social media, etc.), printed material, and radio. See Figure 21 for further details.

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



► Note, 39 states reported data. Due to data inconsistencies, only 36 states reported providing Public Awareness services.

¹⁹ Information found 6/15/22 on the National Council on Problem Gambling website: <https://www.ncpgambling.org/programs-resources/responsible-gaming/naspl-rgv/>

²⁰ Mark van der Maas, Lia Nower & Kyra Saniewski (2022) Responsible gambling strategy information available on public-facing state lottery websites in the U.S, *International Gambling Studies*, 22:1, 1-17, DOI: 10.1080/14459795.2021.1946125

Problem Gambling Helplines

Overview of Problem Gambling Helpline in the U.S.

Often viewed as cornerstones of problem gambling systems, helplines were among the first services established by many states. In the 2021 Survey, 39 states reported offering problem gambling helpline services, with 36 utilizing public funds designated to address problem gambling and three states supporting non-government-funded helpline services.²¹ Fifty-five percent of these helpline services are legislatively mandated. The average proportion of state funding for problem gambling services allocated for helplines has continued to increase from 7% in 2010, to 12% in 2013, 14% in 2016, and 16% in 2021. The increased costs to support gambling helpline services might be related to the finding that more helplines were offering a wider array of services. For example, since the 2016 survey, the percentage of helplines providing warm transfers was up from 47% to 51%, web-based chats were up 50% to 62%, and texting services were up from 53% to 62%.

With one exception, all state problem gambling helplines were contracted out to specialized providers; the state that had not contracted out helpline services utilized government employees who were mental health professionals. Twenty-seven states offered helplines that operated exclusively as problem gambling helpline centers (i.e., stand-alone), and 12 states used helpline services that were embedded within broader helpline centers that also fielded calls related to other addictions or mental health issues. Some states (e.g., GA and NV) advertised both their specialty problem gambling helpline and their statewide “211” public assistance service to access help for gambling problems.

National Problem Gambling Helpline Network

The National Council on Problem Gambling (NCPG) operates the National Problem Gambling Helpline Network (NPGHN). The network is a single national access point to local resources for those seeking help for a gambling problem. When people call the NPGHN (1-800-522-4700) they are connected to their states’ designated problem gambling helpline call centers if they exist; if not, then the NCPG pays the Louisiana Association on Compulsive Gambling (LACG) to handle calls from the 12 states that have no funding for helpline services. The NPGHN also includes text and chat services. These features enable those who are gambling online or on their mobile phones to access help the same way they play.

²¹ The three states that offer problem gambling helpline services that are not supported with designated public funds to address problem gambling are NV, WA, and WY.

The survey identified 27 organizations that operated problem gambling helplines, of which 30% were out-of-state. Four organizations (Beacon Health Options, First Choice Services, LifeWorks, and the Louisiana Association of Compulsive Gambling) provided services to multiple states but most organizations that provided a state's problem gambling helpline service serviced a single state. Five states reported utilizing multiple organizations to manage their helpline services. Despite the existence of the NPGHN, many local jurisdictions and states promoted and operated independent helpline services, resulting in multiple problem gambling helpline numbers operating in the U.S. and it was not uncommon for more than one problem gambling helpline number to be marketed in the same state. Recognizing this issue, the NCPG embarked on a National Problem Gambling Helpline Modernization Project that recently included a six-year license agreement with the Council on Compulsive Gambling of New Jersey, Inc. (CCGNJ) for the use of its 1-800-GAMBLER number. Efforts are underway to consolidate the various helpline numbers under the newly licensed 1-800-GAMBLER number; however, some key informants have expressed hesitation to abandon their state-specific gambling helpline numbers after a long history of investing in their helplines branding and marketing.

Helpline Staff Credentials and Training

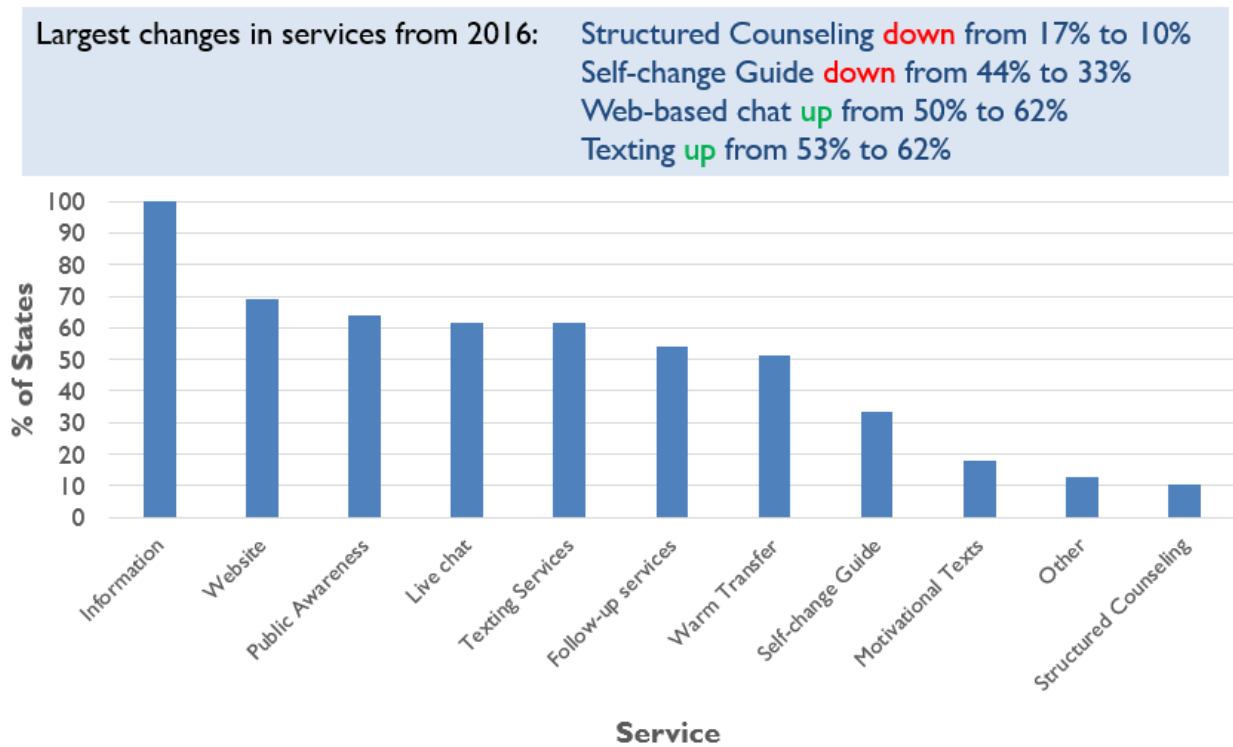
There was much variation in the credentials and training of helpline staff that answered calls to the various call centers. Individuals who answered helpline calls ranged from uncredentialed volunteers to master's degree level counseling professionals. The Survey asked respondents to check one of four categories that best described helpline staff in their states' primary helpline service: certified gambling counselors, professional counselors not certified in problem gambling treatment, a mix of certified and non-certified problem gambling counselors, or "other." Seventeen of the call centers utilized a mix of certified and non-certified problem gambling counselors, six utilized professional, and non-certified counselors, three utilized certified professional counselors, and 12 utilized other types of qualification criteria. In addition, 36 of the helpline centers utilized paid staff, and three utilized a mix of paid staff and volunteers.

Helpline Services by Types

Figure 22 depicts the different types of helpline services offered along with the proportion of state agencies offering the ten defined services. Providing information, crisis management, and referrals were universal among the helplines. Providing a website, generating public awareness, offering live chat and texting services, providing follow-up services (e.g., routine call-backs to check on referral status), and providing warm transfer services were part of more than half of the helpline organizations. The less prevalent helpline offerings were among non-traditional helpline services. For example, only four of the helpline organizations (10%) offered counseling services, defined as providing problem gambling treatment through regularly scheduled phone or other electronic communication between a helpline counselor and identified client. About one out of every three helplines provided callers with self-change guides or informational packets on cognitive-behavioral approaches to self-regulate gambling behavior, either by email, physical mail, or by making these guides available on their websites. In 2010, less than

10% of helplines utilized web-based technologies (e.g., live chat services) to expand the number of access points or user options. In 2016, the proportion of helplines using web-based technologies was 50% and in 2021 that percentage grew to 69%.

Figure 22. Helpline Services



► For service to be included it must be operationally standardized. (N=39)

Helpline Advertising and Utilization

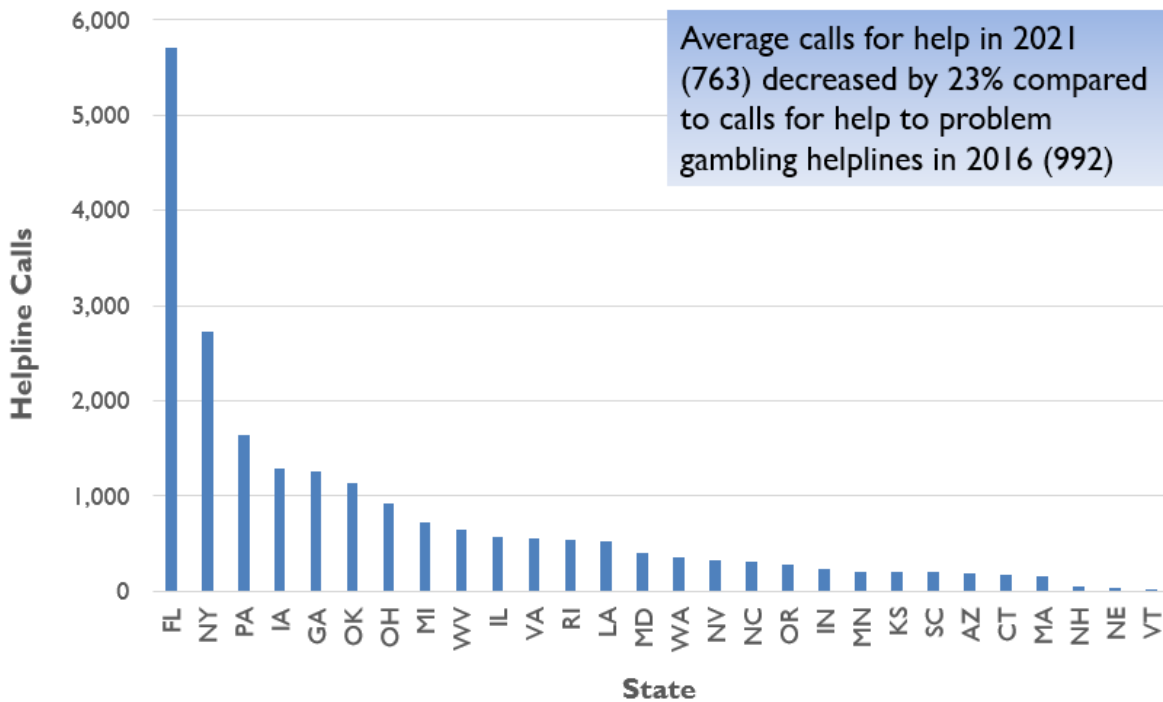
State agencies utilized an average of five channels to advertise their helpline services. Print (e.g., signage on lottery tickets) was the most prevalent channel used by 36 states; digital was used by 35 states, followed by radio (33), TV (28), billboards (21), and newspapers (16). Thirteen states also used “other” means of communicating to their constituents.

The Survey asked about total call volume and separately about “calls for help”; however, only 27 states tracked call volume in this way. Among the states that did provide information about both calls for help and total call volume, there was a large variation between states, with an average of 19% of the calls to a problem gambling helpline being “calls for help.” The percentages ranged from 3% to 70%. When the Survey respondents were asked in prior surveys about the large volume of non-problem gambling-related calls, respondents hypothesized callers often confused the problem gambling helpline with a general information line for gamblers, as evidenced by the large number of

calls inquiring about winning lottery numbers, casino meal and entertainment updates, etc. Some of this confusion appears related to the placement of the number on lottery tickets and casino marketing materials along with the use of a helpline acronym that does not associate the number with problem gambling help.

Figure 23 depicts the state-by-state numbers of “calls for help,” defined as calls seeking help or information related to problem gambling. Average calls for help to problem gambling helplines in 2021 were 763, a 23% decrease from 2016, in which there was an average of 992 calls per state. When operators were asked why they believed “calls for help” were down, several stated they experienced a corresponding increase in visits to their states’ problem gambling websites, leading several key informants to believe that more people were seeking help and information from Internet browsing and that the U.S. population was less inclined to use traditional telephone calling than in the past.

Figure 23. Helpline Calls for Help

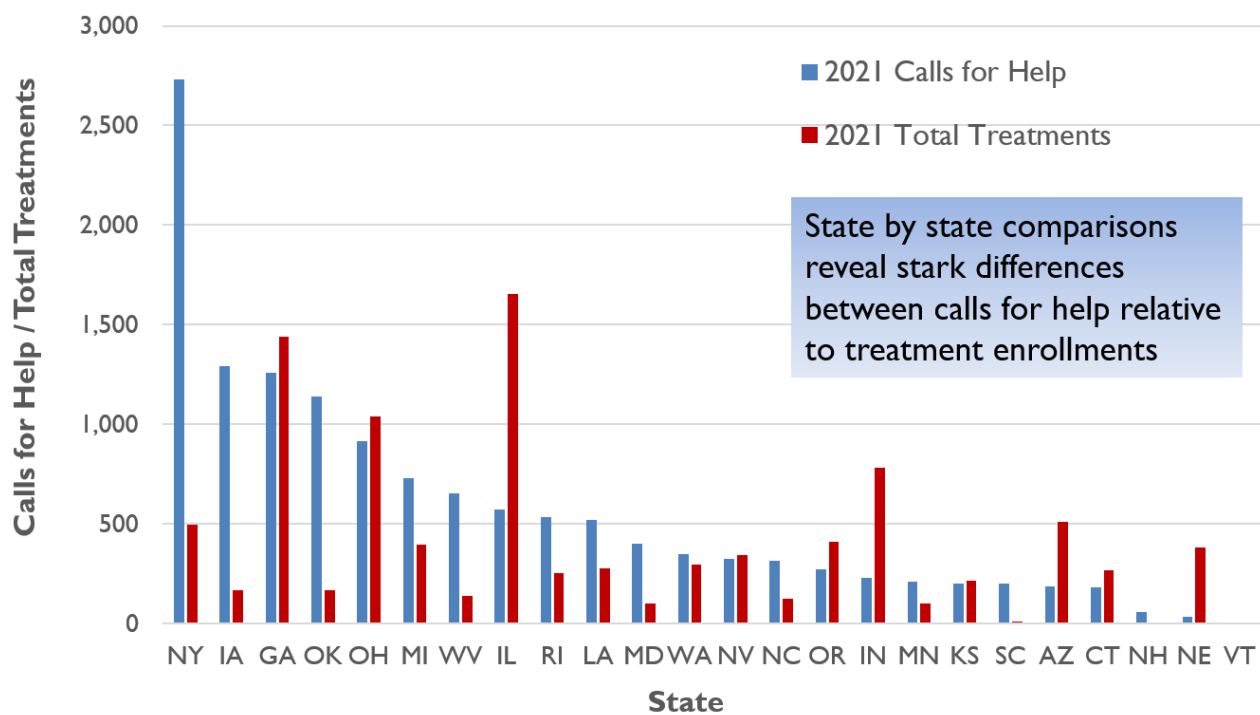


► Note: 28 states reported Helpline call numbers

Figure 24 shows the relationship between the number of individuals seeking help by calling a state problem gambling helpline and the number entering problem gambling treatment programs funded by state agencies (based on the 24 states that provided both helpline and treatment enrollment data). Since not all helpline callers end up in treatment and not all treatment enrollees called the helpline,

the ratio of helpline calls to treatment enrollment can be less than or greater than one. The median treatment to help call ratio was .54, meaning that on average treatment volume was slightly more than half the volume of calls for help. There was a large variation in ratios across states, ranging from 11.26 to 0.06. Fifty-eight percent of the states reported more calls for help than gambling treatment enrollments. The remaining 42% of the states had more people enrolled for treatment than called for help, demonstrating that there were many ways to access treatment and that greater gambling treatment enrollments may not be dependent on increasing calls to a state's problem gambling helpline.

Figure 24. Calls for Help Compared to Treatment Enrollments



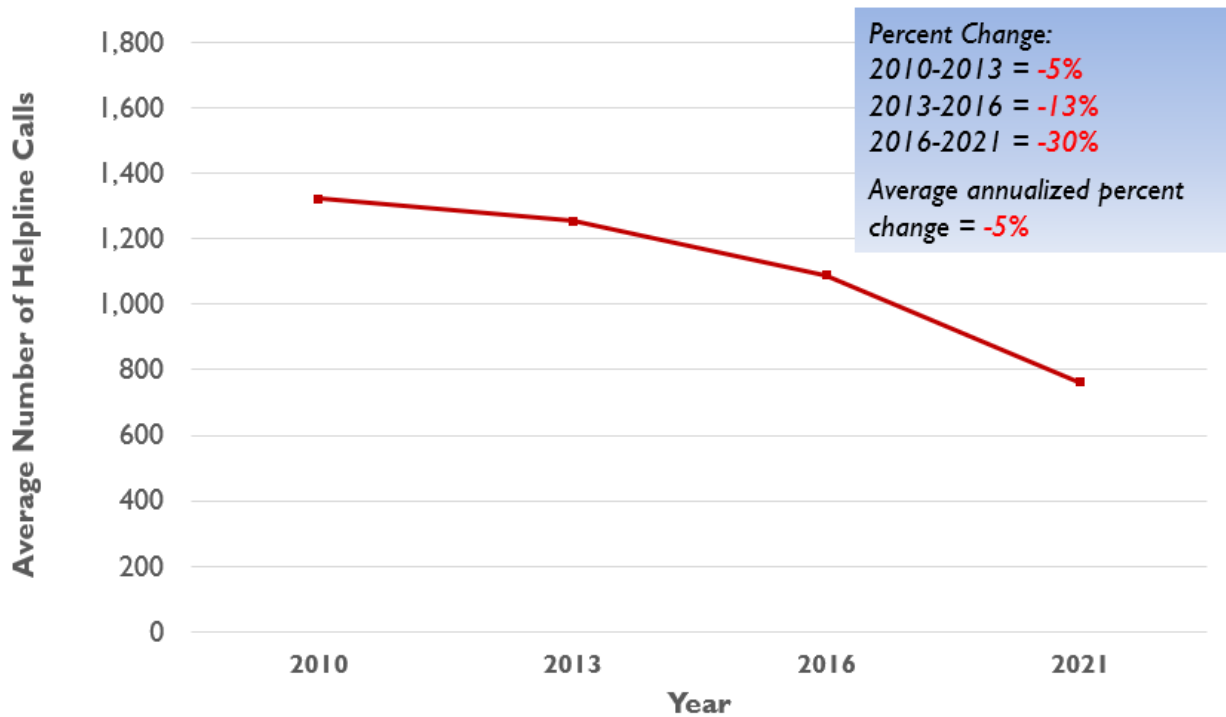
Note: Includes only those 24 states that reported both treatment enrollments and helpline calls for help. Illinois calculated numbers served differently than the other states that reported. IL data include clients whose services are paid through SAMHSA federal block grant and Medicaid fee for service.

Several factors contributed to the variability observed in viewing state-by-state data on helpline calls for help compared to treatment enrollments. These factors may have included 1) different rates of community awareness and/or perception about gambling treatment, 2) differences in rates of converting calls for help into treatment enrollments, 3) different rates of phone usage versus other means of communication (e.g., direct messaging), 4) differences in treatment accessibility and/or affordability, 5) differences in treatment capacity, and 6) differences in the maturation of the various problem gambling treatment systems. Whatever the reasons for the variability displayed in Figure 24,

this data underscored one of the main findings of this Survey: that there were vast differences between states in the level of support for and operation of problem gambling services.

Figure 25 illustrates the average calls for help over the past 11 years. Since 2010, average calls have fallen at an annualized rate of 5%, with the biggest decline occurring between the 2016 and 2021 Surveys. This is surprising given the corresponding increases in the estimated number of problem gamblers, increases in lottery sales, and increases in the number of legalized gambling activities (18%, 24%, and 31%, respectively, between 2016 and 2021). All these factors might be expected to increase the demand for helpline services.

Figure 25. Average Calls for Help Over the Past 11 Years



► Notes: Data based on past 4 NAADGS Surveys. “Calls for help” distinguished from “total calls” as the figure does not include wrong number, questions about winning lottery number, etc. Sample sizes vary across survey years.

It is important to note that, just as there are multiple pathways to treatment for problem gambling, there are many support resources beyond those identified in these Surveys. For example, Gamblers Anonymous (GA) is one of the chief problem gambling support networks throughout the country. Frequently, callers to gambling helplines are referred to both GA and professional treatment resources. In the many states that do not fund treatment nor have certified gambling treatment counselors within the caller’s proximity, individuals may call a helpline and be referred to GA instead of professional treatment.

Treatment Systems

Background

This Survey reports on the number of individuals enrolled in state-supported problem gambling treatment. Others, in need of assistance to address a gambling problem, can be treated outside of state-funded gambling specialty treatment; however, knowledge from the broader field suggests that relatively few gamblers in need of assistance seek out support. Results from two large national U.S. surveys found only 7%–12% of persons with a history of a gambling disorder had ever sought either formal treatment or attended meetings of Gamblers Anonymous.²² Further, behavioral health professionals providing services outside of a gambling specialty treatment setting are typically not trained in working with clients who have gambling disorders. For example, in a recent survey of 1,777 social workers, participants answered less than half of the problem gambling knowledge questions correctly, and a majority were unaware of the current diagnostic classification for gambling disorder.²³ Because so few individuals in need of gambling treatment receive it and because the general behavioral health workforce is not adequately prepared to deliver gambling treatment services, publicly funded problem gambling treatment systems are of critical importance.

Within the U.S., approximately 5.41 million gamblers aged 18 or older (about 1 in 48 adults – 2.1%) are estimated to need gambling treatment each year.²⁴ In this Survey, the 26 states that reported treatment numbers accounted for an estimated 3.3 million individuals with a gambling problem. Of this number, 10,620 individuals were reported treated in U.S. state-funded problem gambling treatment programs. Because all state-funded gambling treatment programs utilize behavioral health providers with documented education in gambling disorder treatment, state-funded gambling treatment is considered “specialty treatment.” These figures suggest that state-funded gambling disorder specialty treatment was provided to about one-half of one percent (0.5%) of individuals with gambling disorder from those states with publicly funded gambling treatment specialty programs in 2021.²⁵ Treatment rates varied from a high of 1.3% to a low of .01% of the estimated number of persons with a gambling disorder within a state possessing publicly funded gambling treatment.

For comparison purposes, in 2020, 40.3 million people aged 12 or older (or 14.5%) had a substance use disorder (SUD) in the past year, and 1.4 percent (or 4.0 million people) received any substance use treatment in the past year, and 1.0 percent (or 2.7 million people) received substance use treatment at a

²² Slutske, W. S. (2006). Natural recovery and treatment-seeking in pathological gambling: Results of two US national surveys. *American Journal of Psychiatry*, 163(2), 297–302.

²³ Nower, L., Anthony, W. L., Stanmyre, J. F., & Behan, D. (2022). Gambling knowledge and experience among clinical social workers. *Journal of Social Work Practice in the Addictions*, 1–13.

²⁴ Based on an estimated past year pathological gambling prevalence rate of 2.1 % (Williams, Volberg & Stevens, 2012) and the 2020 U.S. adult (age 18+) population estimate of 258,327,312 (U.S. Census, 2020). For this report, people are defined as needing gambling treatment if they had a gambling disorder in the past year.

²⁵ The % is based on averaging the percent treated in each state that reported gambling treatment numbers (N=26).

specialty facility in the past year.²⁶ Of those receiving SUD treatment at a specialty facility, an estimated 45% were covered through private insurance, Medicare, or Medicaid. Thus, about 55% or 1.49 million people received publicly funded SUD treatment through federal services and block grants, state funds, and local government funds.²⁷

These statistics suggest that on an annual basis, about 1 in 27 individuals with a substance use disorder receive publicly funded specialty treatment each year compared to 1 in 455 disordered gamblers who receive publicly funded problem gambling specialty treatment each year.²⁸

The Impact of COVID-19 Pandemic on Gambling Treatment

When reviewing this Survey's gambling treatment utilization figures, it is important to take into consideration the impacts on the publicly funded gambling treatment system caused by the COVID-19 pandemic. The survey collected data for the state fiscal year 2021, which for most states spans from July 1, 2020, to June 30, 2021, and coincides with a period when the nation and world were amid a public health crisis. Key informants were asked to comment on the impacts of the COVID-19 pandemic on their gambling treatment systems. The comments below represent a sample of the responses to open ended questions collected from the "COVID-19 Impacts" section of the Survey:²⁹

Arizona: "Treatment providers reported the level of client need during COVID-19 was greater, resulting in an increased number of sessions. New enrollments were down almost 50% in SFY21 compared to the year prior."

Colorado: "Funds in the problem gambling line item were redirected to the general fund because of a COVID-19-related state fiscal crisis leaving no dollars available to the Office of Behavioral Health to address problem gambling."

Illinois: "Several providers pivoted to telehealth and reported clients responded positively to telehealth methods of service delivery. Most providers have struggled with hiring staff, related to COVID-19 impacts on the workforce and hiring."

Indiana: "Treatment numbers decreased for several reasons. In some cases, a few providers lost staff who were key to their Gambling Disorder services. This has caused gambling services to be less of a priority for certain agencies, but we are hoping that this will change as things "get back to normal" over the next year or so."

²⁶ Center for Behavioral Health Statistics and Quality (2021). 2020 National Survey on Drug Use and Health (NSDUH). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

²⁷ Mark TL, Yee T, Levit KR, Camacho-Cook J, Cutler E, Carroll CD. Insurance financing increased for mental health conditions but not for substance use disorders, 1986–2014. *Health Affairs*. 2016;35(6):958–965

²⁸ Estimated gambling disorder treatment penetration (1:455) based on est. PG prevalence from states reporting treatment enrollments or known not to have publicly funded specialty gambling treatment (4.7M). This calculation accounts for missing data from DE, MA ME, MN, MO, NJ, PA, SD.

²⁹ Some minor edits are made to the comments for expository purposes.

Iowa: “Prior to COVID-19, approx. 50 Iowans were served each month for problem gambling treatment. This fell to the low 30's in late spring and early summer of 2020. The last half of SFY 2021 saw the average number of Iowans served each month plateau around 43 per month.”

Louisiana: “We saw a decrease in referrals for residential treatment and we saw a 31% decrease in referrals for outpatient treatment. Several counselors reported difficulties moving from providing services in-person to virtually; however, eventually they were able to successfully offer services virtually.”

Massachusetts: “COVID-19 placed additional stress on the broader behavioral health treatment system. The movement toward telehealth accentuated economic disparities as those without internet or telehealth tools had less access to care.”

Nevada: “The problem gambling services budget was reduced by 48% due to a state fiscal crisis resulting from COVID-19 which resulted in a suspension of treatment marketing efforts. Additionally, residential gambling treatment programs temporarily closed when COVID-19 outbreaks occurred within the facilities.”

New York: “During the COVID-19 declared disaster emergency, OASAS’ problem gambling treatment, recovery, and prevention providers made quick pivots to continue operations by transitioning to virtual engagement for all services.”

North Carolina: “Fewer people seeking and accepting treatment; not sure why but it could be less access to legalized gambling, more people moving to illegal forms of gambling, and therefore not receiving problem gambling awareness materials that legalized gambling operators provide. Another reason could be with spouses at home the individual with problem gambling may be reluctant to call as a spouse is more likely to find out.”

Ohio: “Many treatment centers were temporarily closed, and most were primarily telehealth for a while. Numbers in care bounced back.”

Oklahoma: “Treatment numbers declined at the beginning of the COVID-19 pandemic, especially during the period when casinos were forced to be closed; however, numbers have more recently increased to pre-pandemic levels.”

Oregon: “The state’s only gambling treatment residential facility temporarily closed for 10 of the 12 months of SFY21. Following the opening of the residential facility, fewer than normal intakes occurred and capacity was lower due to the precaution of no longer sharing bedrooms. We learned it is difficult to successfully offer residential treatment with low census due to the inability to offer groups and community support.”

Tennessee: “Interestingly, we have found our clients are more frequently visiting illegal gambling sites. Some clients are fully aware that these sites are illegal. Others seem completely unaware.”

Rhode Island: “The pandemic impacted various aspects of the problem gambling service system. On the training side, there were fewer trainings due to lack of opportunity (normally, attend

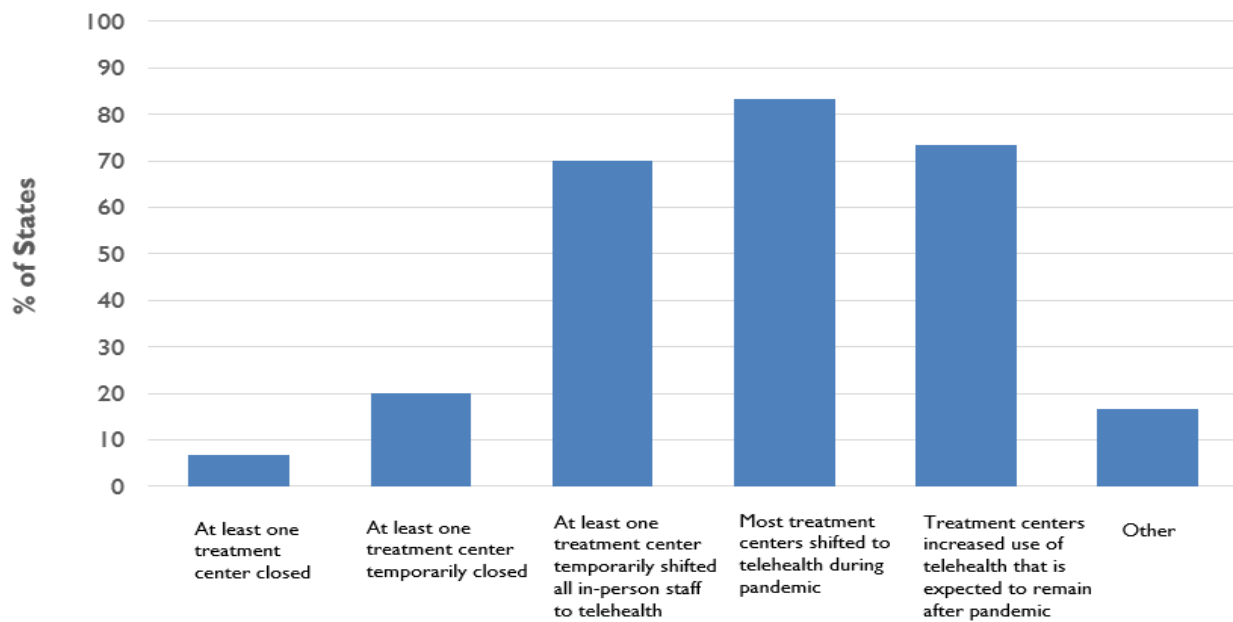
groups on an invitation basis to offer education). On the treatment side, the number of persons treated did not decrease, the no show rate decreased, and access increased due to moving to telehealth methods. A client survey was conducted during COVID-19 asking about gambling treatment services and several clients expressed they liked using telehealth and were satisfied with services, other than missing in-person groups. Some of the greater impacts were on the treatment staff as they had to pivot to telehealth and learn new technologies and became comfortable working remotely. Several clinicians left the field during the past year.”

Washington: “Several treatment agencies were struggling, state provided “enhanced funding” to help stabilize the agencies. Treatment numbers dropped, several clients did not want to continue via telehealth, problem gambling services were within broader behavioral health treatment system so impacts to broader system impacted problem gambling treatment. Some agencies experienced an increase in treatment toward the end of SFY21 when public health restrictions loosened.”

West Virginia: “Clinicians who serve broader mental health needs, in addition to serving persons with gambling problems, are increasingly busier. Many have had to stop accepting referrals temporarily/periodically.”

The Survey asked participants what changes were made to their problem gambling treatment systems in response to the COVID-19 pandemic. They were allowed to check all options that applied. Figure 26 displays the results. The most prevalent change was a transition to telehealth that resulted in 83% of state agencies shifting most of their treatment centers to telehealth. Seventy-three percent of the state agencies plan to continue the increased use of telehealth services after the pandemic.

Figure 26. Changes Made to Problem Gambling Treatment Systems in Response to the COVID-19 Pandemic



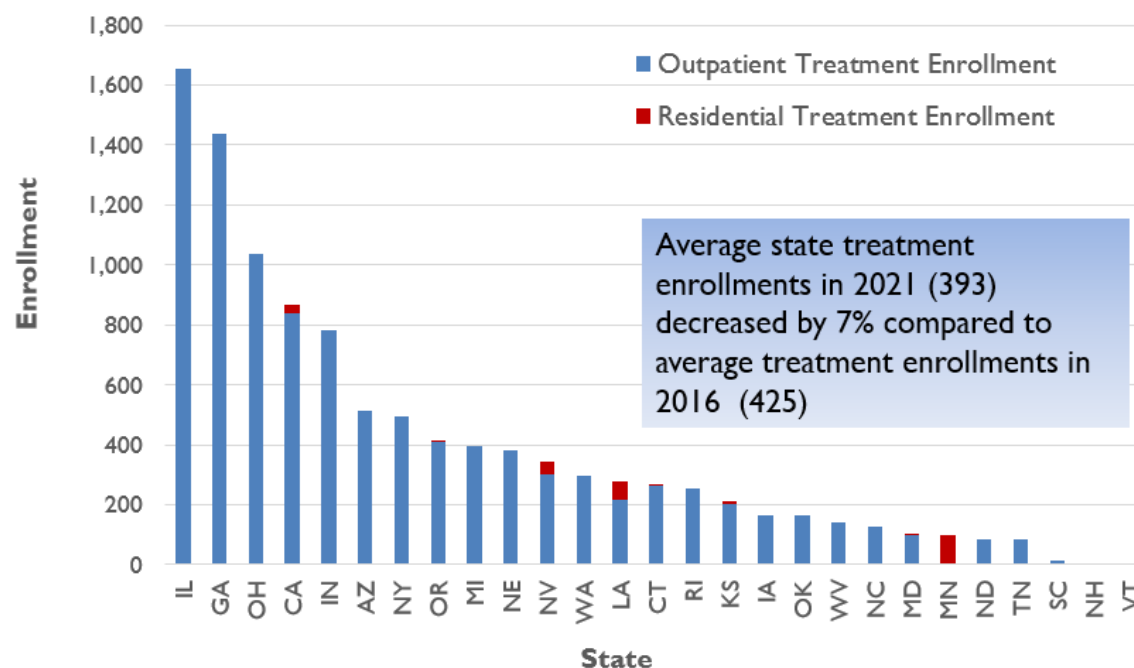
► (N=30)

Numbers Treated

The Survey reports on the number of persons enrolled in a state-funded problem gambling treatment program. What is not reflected in this Survey's reports of gambling treatment numbers are persons who use private insurance, Medicaid, or Medicare for a gambling disorder treatment. For most state-funded gambling treatment programs, state funds are used to fill treatment gaps by providing free or low-cost treatment to the uninsured and others who cannot afford their deductibles or copays.

The average number of persons treated within publicly funded gambling treatment systems in 2021 was 393 per state (based on reporting from 27 states). On average, the average wait time, defined as the time from first contact to treatment entry, was 3.7 days, with a low of same-day admission to a high of a 7.8-day waiting period.³⁰ Most of the services were provided on an outpatient basis. In the nine states that offered publicly funded outpatient and residential treatment services and provided information on both, an average of about 6% of the population seeking gambling treatment obtained a residential level of care. Figure 27 provides a state-by-state breakdown of the number of consumers obtaining problem gambling treatments.

Figure 27. Numbers Treated with Problem Gambling Funds



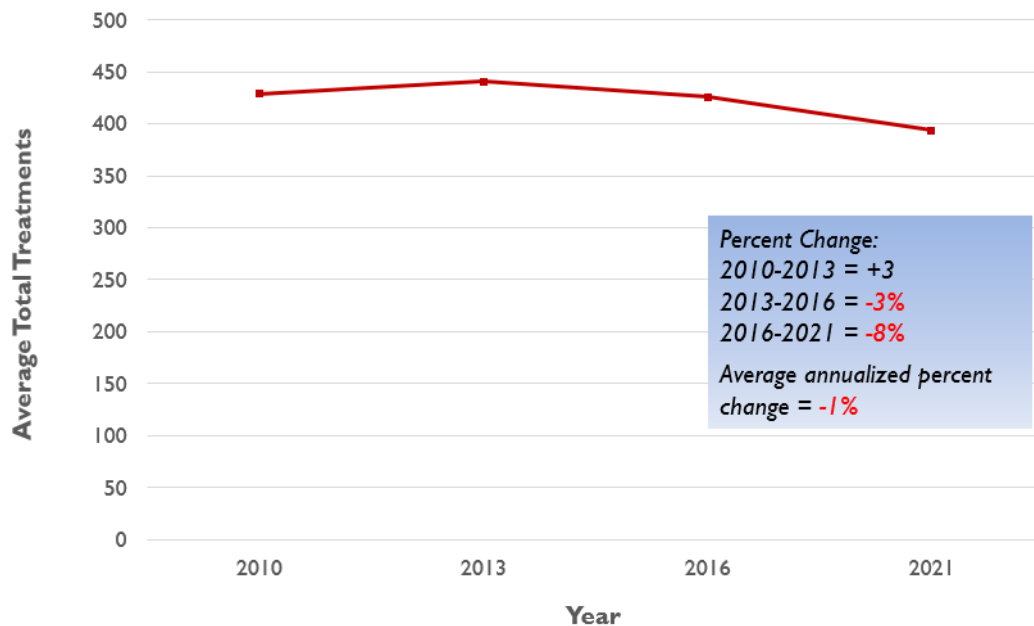
Notes: 27 states provided PG treatment through dedicated funding. Illinois calculated numbers served differently than the other states that reported. IL data include clients whose services are paid through SAMHSA federal block grant and Medicaid fee for service. Other states reported only those clients served with dedicated PGS funds.

³⁰ Note, the states reported average wait times. Thus, the 3.7 survey average represent the average of the states' averages. Similarly, the 7.8 maximum number represents an average for one of the states. Eleven states reported data on wait times.

The survey included questions regarding the number of treatment enrollments for persons affected by another's gambling (e.g., family member) that we termed "affected others". Not all key informants were able to provide treatment numbers based on consumer type. In the 20 states that reported on the number of treatment enrollments for persons with a gambling disorder and separately for affected others, 12% of the population obtaining publicly funded treatment were affected others. This figure is important when considering research that found involvement of an affected other is associated with better outcome rates for the person with a gambling disorder when compared to outcomes without affected other / family involvement.³¹

Figure 28 shows average total treatment enrollment numbers over the last four Surveys, between 2010 and 2021. Overall, there has been a slight downward trend in treatment levels, with a 1% annualized rate of decline over the 11-year period.

Figure 28. Numbers Treated with Problem Gambling Funds Over an 11-Year Period



► Note, Total Treatments includes outpatient and residential care (for states that reported complete data)

Levels of Care

Utilizing the American Society of Addiction Medicine (ASAM) classification system defining levels of care, survey respondents were asked what type of problem gambling treatment services were offered in their state during the fiscal year 2021. The five broad ASAM levels of care are Level 0.5, Early Intervention; Level I, Outpatient Treatment; Level II, Intensive Outpatient/Partial

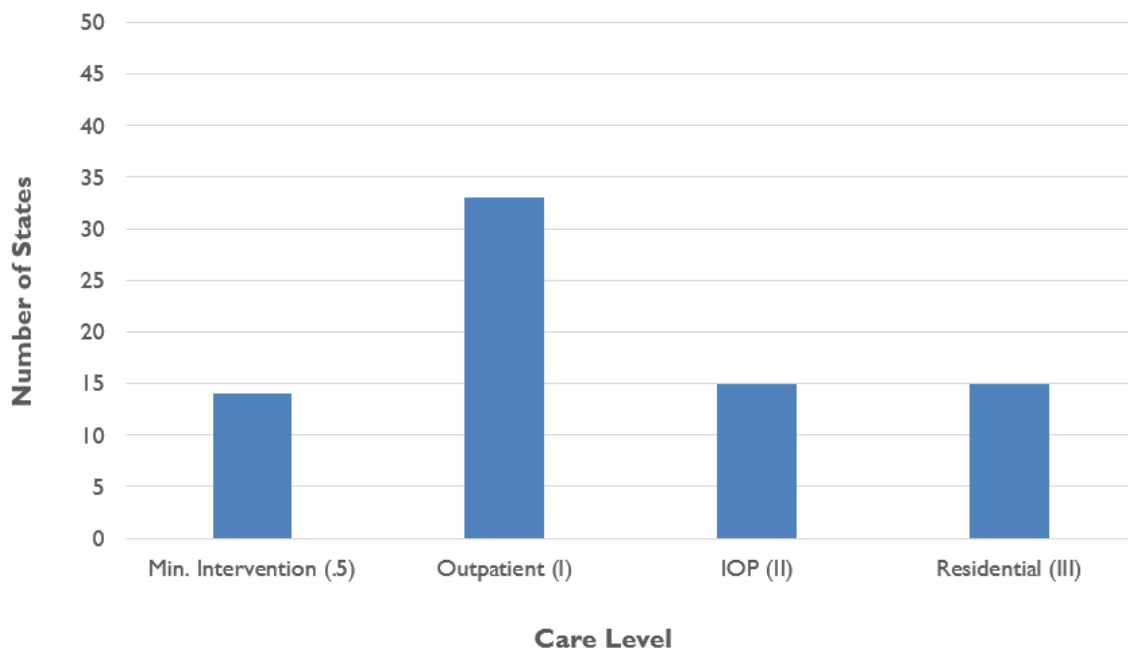
³¹ Ingle PJ, Marotta J, McMillan G & Wisdom JP. (2008). Significant Others and Gambling Treatment Outcomes. *Journal of Gambling Studies*, 24, 381-392.

Hospitalization; Level III, Residential/Inpatient Treatment; and Level IV, Medically Managed Intensive Inpatient Treatment.

Level 0.5, what we termed “minimal intervention,” referred to a structured program that included assessment, psychoeducation, and typically included some telephone counseling and/or distribution of a gambling self-change guide. Level I was defined as a treatment program structured to provide less than nine hours of counseling per week. Level II, intensive outpatient treatment (IOP), was defined as structured interventions involving at least nine hours per week of outpatient counseling either in a group, individual, or family/couples’ format. What we termed “residential” corresponded to ASAM Level III treatment and Level IV inpatient treatment is differentiated from Level III by virtue of treatment occurring within a medically managed facility, commonly a psychiatric crisis center.

Figure 29 depicts the number of states with publicly funded problem gambling treatment that offered each level of care. Of the 33 states that reported offering treatment, all offered Level I outpatient services, while the other levels were offered much less frequently. Fourteen states provided Level 0.5 care (an increase from 10 states in 2016) and 15 states offered both Levels II and III (compared to 15 and 13 in 2016, respectively). No states reported offering Level IV care in either the 2021 or 2016 Surveys.

Figure 29. Number of States Offering Levels of Care



► Includes only those states offering publicly funded gambling treatment and reported on levels of care (N = 33)

Who Provided Treatment

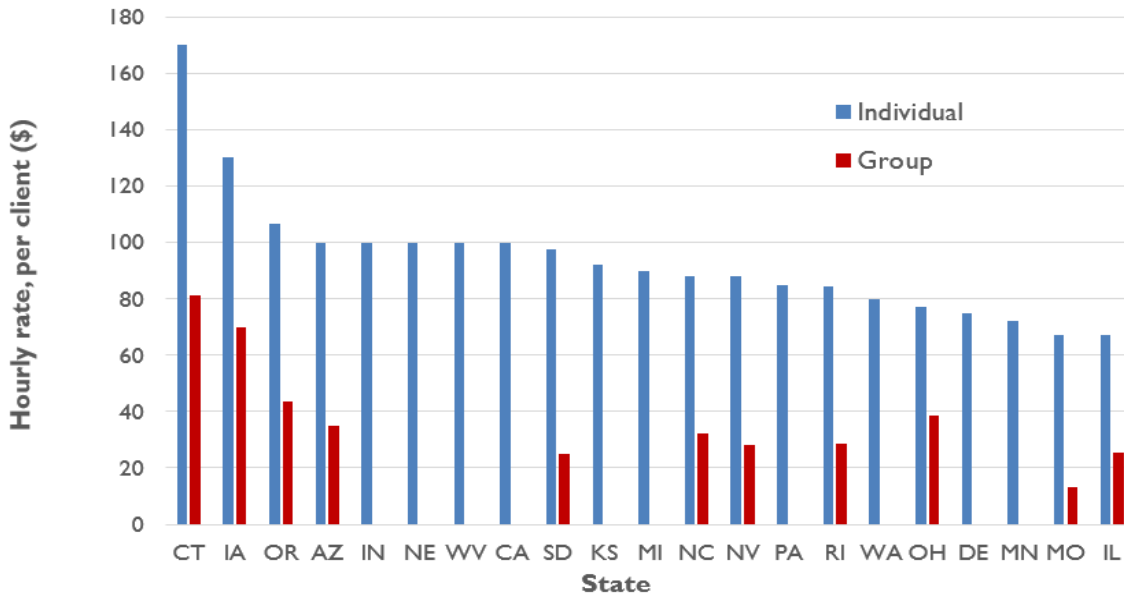
States were asked if contracts for problem gambling outpatient treatment were awarded to state licensed or certified behavioral health agencies, to qualified individuals, or both. Twenty-one states (or 66% of the reporting state agencies) contracted only with agencies. Ten states (31%) contracted with individuals or agencies and one state (3%) contracted only with individuals. These survey results continue the trend of a shift away from contracting only with individual providers, which has steadily decreased from 17% in 2010 to 3% in 2021. Survey respondents were also asked if their states required treatment providers to be Certified Problem Gambling Counselors (CPGC) or CPGC variant such as Internationally Certified Gambling Counselors; ten states reported that holding a CPGC was a requirement in their state. In the states that did not require special certification, there were other qualifying factors such as special training, education, and supervision.

Reimbursement Rates

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

For assessments, eight state agencies are reimbursed on a per-event basis rather than an hourly basis. The per-event intake assessment rates for these eight states averaged \$179, with a low of \$115 to a high of \$250. Eleven other state agencies reimbursed on an hourly rate with one state placing a maximum limit on the number of reimbursable assessment hours. The average hourly reimbursement rate for an assessment was \$117, with a low of \$70 and a high of \$250. For individuals, reimbursement rates for counseling ranged from \$67 an hour to \$170 an hour, with an average \$94 hourly rate. Some states varied their rates depending on counselor qualifications. See Figure 30 for details. For group counseling, eight states provided rates in terms of per client, per event, or per-hour, but not the per client, per hourly rate asked for in the survey. For the 11 states that provided per client, hourly rates, the average was \$38, with a low of \$13 and a high of \$81.

Figure 30. Reimbursement Rates for State-Funded Treatment: Fiscal Year 2021



► Note: Not all states reporting problem gambling treatment service reimbursement rates are presented in graph due to reported rates not conforming to 'Hourly rate, per client' units. See Report Notes for further details.

Treatment Eligibility and Cost Containment

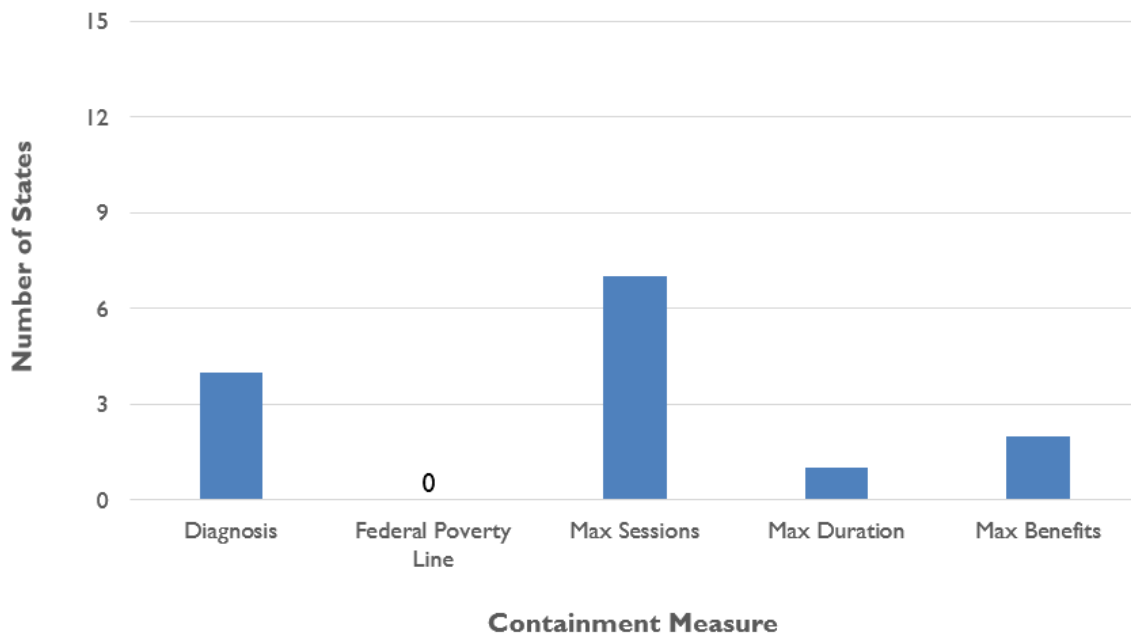
The survey included questions to provide administrators with information about what other states were doing to contain costs and stretch funding for services. This information can help to inform policy decisions in cases of budget contractions or inadequate funding to meet demand. Compared to spending on substance-related addictive disorders, states invested relatively little in publicly funded gambling disorder services. The national average was \$0.33 per capita in 2021. For those states that provided public funding for problem gambling treatment and were insufficiently funded, a variety of methods were employed to stretch available funds to provide services to the greatest number of individuals. This Survey collected information on client eligibility, client co-pay structures, and treatment parameters. The Survey was not constructed to specifically probe for background information on service structure; however, during interview discussions, it was observed that some service structure policies were written into the enabling legislation while others were established at the discretion of the agency administering the problem gambling programs.

Figure 31 depicts a variety of conditions placed upon problem gambling treatment systems that may be thought of as cost-containment measures. The first two categories listed relate to client eligibility. Four states (of 14 state agencies that provided information) required that individuals covered under the problem gambling funds have a Gambling Disorder diagnosis. This eligibility requirement typically excludes individuals with sub-clinical presentations and in five states excludes family

members from receiving services as the identified client. No state required that the person receiving subsidized service meet a Federal Poverty Level means test. This finding is important as earlier surveys found means-testing was a more common practice and one that was believed to be detrimental to the performance of a state's gambling treatment system. That is, many individuals presenting for gambling treatment hold jobs that place them above the Federal Poverty Level; however, their gambling may have left them with large debts and unable to afford treatment.

Past surveys found a much higher rate of cost containment measures than those reported in 2021. In 2016, 42% of reporting states had a diagnosis requirement versus just 13% in 2021. As reported earlier, no state had a federal poverty line requirement in 2021, versus 6% in 2016. Maximum session requirements declined to 23% in 2021, from 25% in 2016. In addition, maximum duration requirements³² declined to 3% in 2021, from 6% in 2016. Maximum benefits containment measures held steady at 6% in both 2016 and 2021. It is interesting to note that even though most state agencies did not impose many gambling treatment cost-containment measures, the average case costs for gambling treatments have remained relatively low and relatively stable when accounting for inflation; the average case cost in the 2016 and 2021 Surveys were \$1,333 and \$1,642 respectively,³³ representing a 4% annual growth rate.³⁴

Figure 31. Number of States With Cost Containment Measures



► *Duration Cap includes only those states reporting a maximum treatment duration of less than one year. (N=31)*

³² Session limits less than 1 year are considered as a constraint.

³³ Note, average costs should be interpreted with caution. Different states operate under different funding models (e.g., fee for service, expense reimbursement, etc.) that significantly influence cost computations.

³⁴ Note, average cost was based on the data from 14 states, with 1 outlier (IL) dropped.

Medicaid

During the period between the 2013 Survey and the present survey, the Affordable Care Act (ACA) greatly expanded Medicaid eligibility. Under the law as written, all U.S. citizens and legal residents with income up to 133% of the poverty line, including adults without dependent children, would qualify for coverage in any state that participated in the Medicaid program. Beginning in 2014, the ACA established mandatory “essential health benefits” (EHBs) for newly eligible Medicaid enrollees and most individual and small group health plans. The ACA’s EHB language included both “mental health and substance use disorders” as well as “behavioral health treatment,” suggesting treatment for gambling disorder would be a covered diagnosis. However, EHB packages do not explicitly include or exclude gambling disorder which has resulted in some states including gambling disorder in their list of eligible diagnoses and others not. To gain a better understanding of which state Medicaid programs cover gambling disorder, the 2021 Survey asked, “Is gambling disorder a covered diagnosis under your state’s Medicaid program?” Key informants from 15 states indicated gambling disorder was covered under their Medicaid program and 22 state agencies reported gambling disorder was not a covered diagnosis within their state’s Medicaid program. The Survey also included the question, “Are funds specifically designated to address problem gambling being used to fund your state’s Medicaid program?” This is the case for only one state (out of the 37 reporting states). This question was included as state Medicaid programs are designed as cost-share arrangements between state and federal governments with a larger share of funding coming from the federal government. As more states include Gambling Disorder as a Medicaid-eligible diagnosis, this Survey tracks if problem gambling set-aside funds are used to offset other state Medicaid fund contributions.

Research & Evaluation

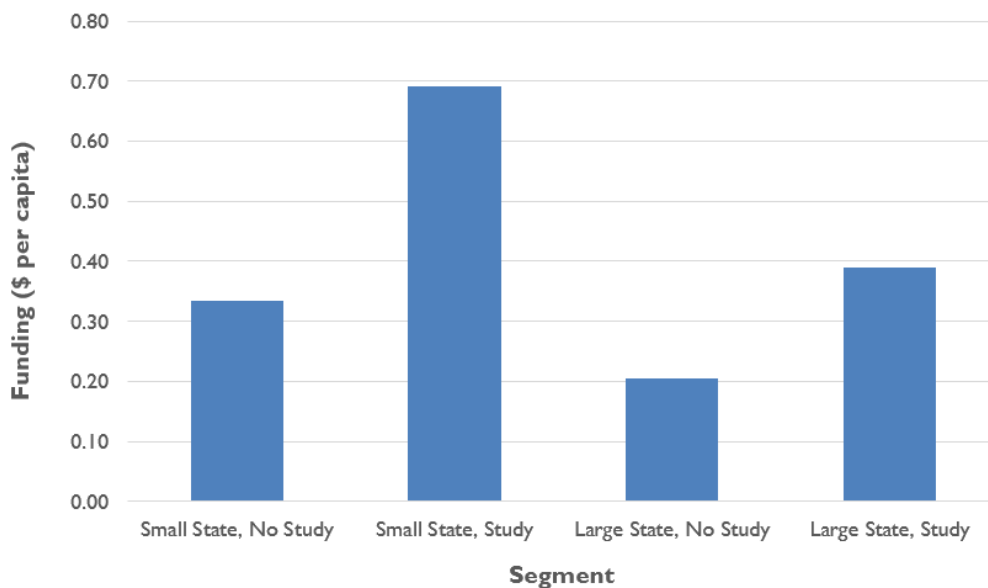
Research and evaluation are widely considered integral components of a behavioral health service system. Systematically gathered and analyzed information can be crucial for justifying budget requests, guiding program spending, design, and implementation. Yet results of each of the six Surveys of problem gambling services in the United States indicate spending on research and evaluation systems has been very low. In the 2021 Survey, 21 state agencies funded research or evaluation services. Among the states with publicly funded problem gambling services that reported 2021 budget allocation figures, an average of 2% of their budgets was spent on “research” (defined as prevalence studies, risk behavior surveys, and issue research) and an average of 2% was spent on program evaluation.

The Survey also asked whether states had funded problem gambling prevalence studies. Out of the 38 states that provided responses, 15 states (39%) had not conducted any such studies and the remaining 61% of states had conducted one or more, some within the past five years and others more than five years ago. Survey data analysis found states that conducted prevalence studies had

higher per capita funding rates. To explore this relationship further, the 38 states were divided into four groups based on whether they were a small or large state and whether they conducted a prevalence study. A small state was defined as less than the median population of the 38 states. The states were segmented by size to account for the fact that larger states, with larger budgets, are more likely to conduct prevalence studies, everything else constant. Figure 32 presents the results. Small states that conducted a prevalence study had a per capita funding rate that was 107% higher than those that did not (\$0.69 vs \$0.33, respectively). Similarly, large states that conducted a prevalence study had a per capita funding rate that was 91% higher than those that did not (\$0.39 vs \$0.20, respectively).

One possible explanation for these findings is that the insights that emerge from the prevalence studies provide a basis of fact to justify additional funding. Alternatively, conducting prevalence studies might be a proxy for state agencies that focus on fact-based analyses to drive decision-making, which in turn leads to greater success in advocating for funding increases.

Figure 32. Relationship Between States That Have Conducted Gambling Prevalence Studies and Funding



► (N=38)

Notwithstanding the previous analysis, low rates of spending on research and evaluation likely reflect pressures on service agencies to allocate funds for direct services and may further reflect perceptions about the value of research and evaluation. With critical direct service needs and few resources, state agencies appear to be finding little room in their budgets to support research and evaluation.

Surveillance Studies

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

Questions related to gambling behavior are not on the lists of standard or optional questions. Four states opted out of administering the YRBS in favor of using their state youth behavior surveys and all included items on gambling behaviors.³⁵ Of the states that utilized the YRBS in 2021, eight states (out of the reporting 39 states) included gambling questions in their youth risk survey. In addition, 11 states responded “yes” to the question: “Does your state ask any gambling-related questions on youth risk behavior surveys other than the YRBS?” Survey questions varied widely. Common topics covered included the frequency of gambling, types of gambling activities (e.g., card games, sporting events, games of skill, etc.), and issues related to gambling.

Regarding adult behavior surveys, eight states reported asking gambling-related questions on the Behavioral Risk Factor Surveillance System (BRFSS) survey. These questions have been added on at the state level since the CDC’s BRFSS does not ask questions related to gambling behavior.³⁶ In addition, five states asked gambling-related adult questions on surveys other than the BRFSS.

Other common forms of problem gambling-related research are problem gambling-specific prevalence surveys and gambling behavior surveys. In response to the question “Has your state-funded a problem gambling prevalence survey?” five states reported funding multiple gambling prevalence surveys, nine states reported funding a prevalence survey within the past five years, and nine states reported funding a prevalence survey that was over five years old at the time of this survey. Fifteen respondents reported that their states had not funded any problem gambling prevalence surveys. Surveys that were conducted included topics on general prevalence studies, adult gambling behaviors, and gambling disorders.

In addition, seven states reported funding gambling-related research that did not fall under ‘treatment evaluation services’ or ‘surveillance research.’ Example studies include 1) gambling attitudes, norms, and beliefs, 2) barriers to care, 3) research briefs on fantasy sports, and 4) the impact of COVID-19 on gambling, alcohol, cannabis, and gaming.

³⁵ Centers for Disease Control and Prevention (n.d.). Adolescent and school health: YRBSS participation maps & history. Retrieved from <https://www.cdc.gov/healthyyouth/data/yrbs/participation.htm>

³⁶ Centers for Disease Control and Prevention (n.d.). *Behavioral risk factor surveillance system: BRFSS questionnaires*. Retrieved from <https://www.cdc.gov/brfss/questionnaires/>

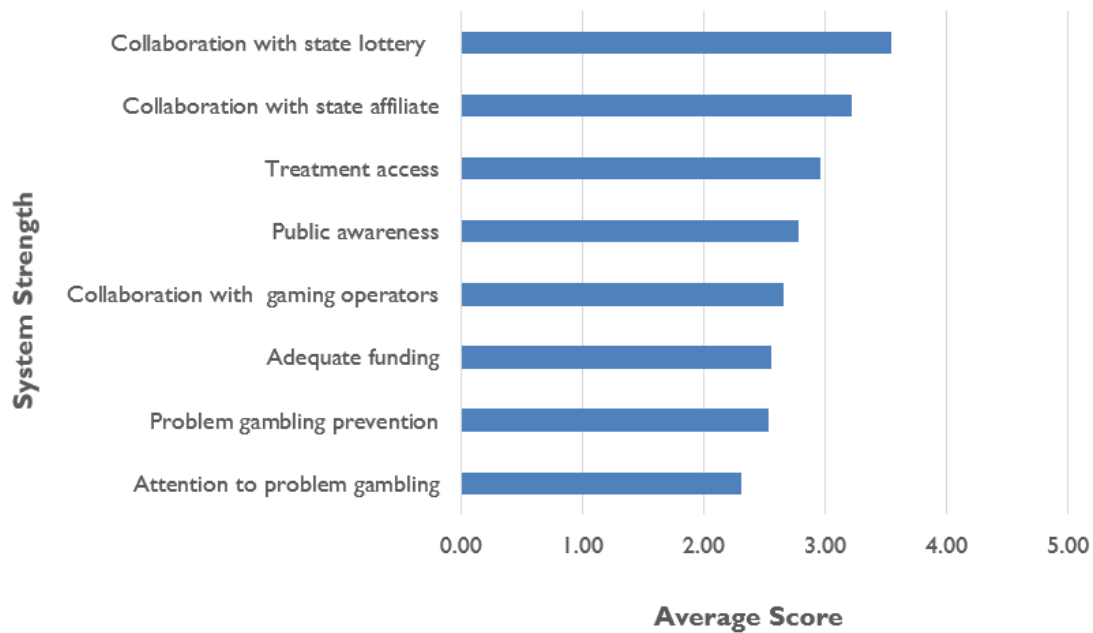
Service Strengths & Needs

The key informants that completed the Survey were state employees in administrative positions, and all had oversight responsibilities for managing all or part of their states' funds allocated for problem gambling services. From this vantage point, they were considered expert observers and analysts of their states' problem gambling services. Questions concerning policy issues have been an important part of all previous Surveys.

Strengths

Survey key informants were provided a list of possible strengths possessed by a problem gambling service system and instructed: "On a scale of 0 to 5 (with 0 representing "weakness" and 5 representing "significant strength"), please rate the following strengths of your state's problem gambling service system" (see Figure 33). Respondents gave an average score of 2.8 across these metrics so, overall, state systems' strengths were perceived as slightly above the 2.5 midpoint score. The lowest average score was 0.4 and the highest was 4.5.

Figure 33. System Strengths



► 0 = weakness, 5 = significant strength; N=37

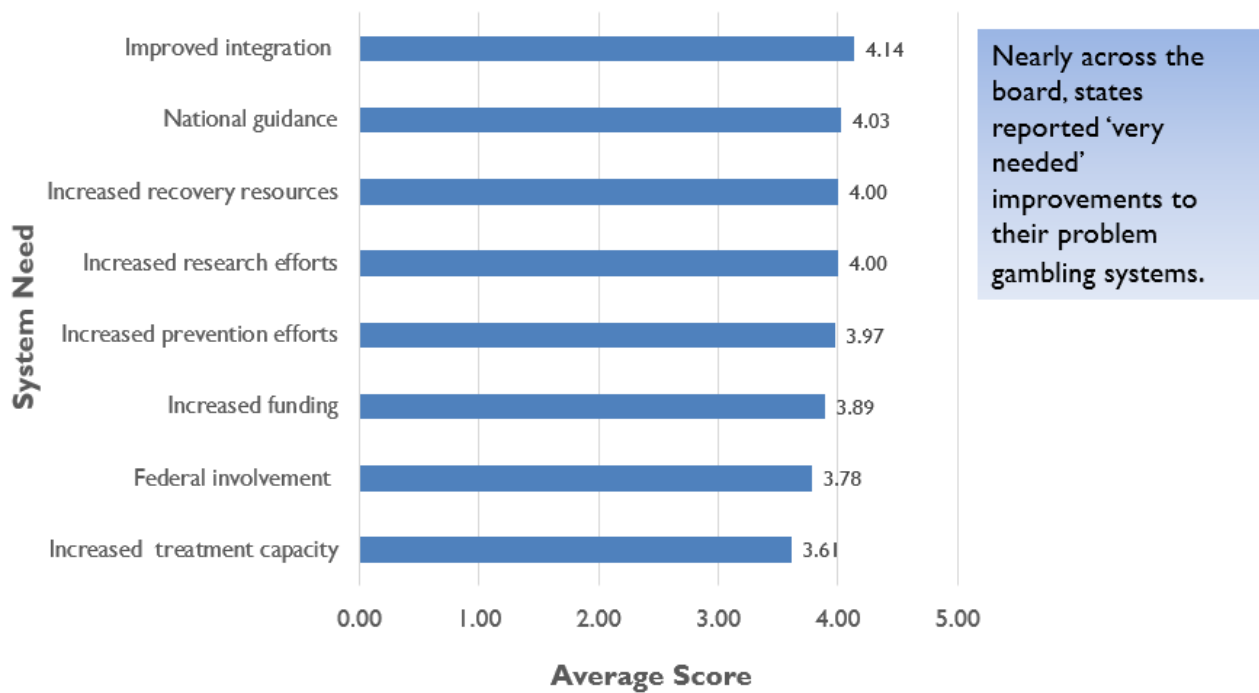
Figure 33 displays the average scores for each system strength. Two strengths had average scores above 3 - "collaboration with the state lottery" (3.5) and "collaboration with state affiliate to the National Council on Problem Gambling" (3.2). The weakest strengths were "attention to problem gambling within behavior health system" (2.3) and "problem gambling prevention efforts" (2.5).

Needs

Key informants were also asked to rate eight “needs” statements (see Figure 34) on a five-point scale ranging from “no need” (0) to “critically needed” (5). Respondents gave an average score of 3.9 across these metrics. Thus, overall system needs were above the 2.5 midpoint score. The scores ranged from a high of 5 (reported by 4 states) and a low of 1.6.

Figure 34 displays the average scores for each system need. The highest-rated need statement was for “improved integration of problem gambling into behavioral health services” (4.1), followed by “national guidance on best practices to address daily fantasy sports and other forms of Internet-based gambling” (4.0). The lowest-rated needs statements were “increased problem gambling treatment capacity” (3.6) and “federal involvement (e.g., funding, policy, and technical assistance programs)” (3.8).

Figure 34. System Needs



► 0 = no need, 3 = somewhat needed, 5 = critically needed; N=37

Statistical tests were conducted to determine statistically significant correlations between funding levels and individual service system strengths and needs. Two statistically significant positive correlations were found between funding levels and program strengths: “adequate funding” (p-value < .01) and “treatment access” (p-value < .01).

Key informants were asked to provide comments to the question; **“What are your state’s largest gaps or needs around problem gambling services?”** A sample of excerpts from some of those responses are provided below:³⁷

Colorado: “Funding to support prevention, treatment, and education around problem gambling. Legislative concerns regarding sports betting.”

Connecticut: “Research and awareness with marginalized at-risk groups (BIPOC and school-aged youth).”

Delaware: “Lack of adequate funding; funding has been relatively flat despite a significant increase in legal gambling activities that produce state revenues and corresponding increases in persons harmed by gambling.”

District of Columbia: “Education and training for network providers with the DBH system and adequate sustainable funding.”

Florida: “To date there is no statewide policy and/or regulatory authority that has responsibility for addressing the various aspects of gambling, associated impacts, and/or policy implications.”

Illinois: “Need national guidance on funding opportunities.”

Louisiana: “Availability of Certified Gambling Counselors and the need to increase prevention efforts for adults.”

Michigan: “Lack of research, especially with recent changes in the legalization of sports betting. Also need to develop services with the Department of Corrections and other services for those in the criminal justice system. Need dedicated research efforts. To do this, need more personnel to administer problem gambling services.”

Minnesota: “Increase statewide access to gambling treatment services for all levels of care, including residential, intensive outpatient and community-based services. Lack of primary prevention among secondary education and culturally responsive prevention, intervention treatment, and recovery support and services.”

Nebraska: “Unserved and underserved communities in rural areas; lack of local and regional outreach and education; lack of education on topics related to gambling disorder in post-secondary behavioral health curriculum.”

North Carolina: “Funding and awareness. With increased funding, we would be able to increase visibility and provide more educational opportunities for people other than clinicians.”

New York: “Funding and research.”

³⁷ Some minor edits are made to the comments for expository purposes.

North Dakota: “Prevention and early intervention.”

Ohio: “We will need additional funding to meet the current need for at least one formal, established residential treatment unit in the state. More evaluation is important to improve services.”

Oregon: “Housing, workforce, peer support services, and more prevention efforts, all due to lack of funding to support fully.”

Rhode Island: “Increase prevention efforts in colleges and schools. Mandate screening at alcohol and drug treatment and behavioral health facilities.”

Washington: “We need funding for **everything**.”

West Virginia: “We did not receive an increase in funding when sports betting was legalized. This would be helpful to expand our services related to the increase in sports and online gambling calls. I would like to be able to expand treatment options in our state to include inpatient/residential programs. It would also be helpful if all behavioral health centers (and similar agencies) would be mandated to assess gambling.”

Wisconsin: “Inadequate funding to address treatment specifically and for more robust awareness and prevention efforts.”

Wyoming: “Knowing best practices, especially with addressing online gambling with appropriate public health measures.”

The findings from the quantitative and qualitative data on problem gambling service needs suggest that system needs, as evaluated by key informants from 37 states, are present within a state’s problem gambling service system independent of where they fall on the state ranking of per-capita dollar investment in problem gambling services. This could be attributed to larger issues such as even those states with the largest budgets to address problem gambling are underfunded and a reflection of the lack of a federal agency charged with addressing gambling-related harm by providing funding, targeted research, policy and practice guidance, and technical support for state problem gambling services efforts.

Associations Between Variables of Interest: Statistical Explorations

One of the objectives of the Survey was to identify associations between key variables (such as total problem gambling services allocations, also referred to as funding) and other data that were either collected in the Survey or collected from secondary sources (e.g., state gaming revenue). The results of the analyses can be used to better understand what drives changes in program variables, which can then be used by program administrators to inform decisions.

It is important to remind the reader of the general limitations of the data on which the analyses in this section are based. First, the sample sizes are relatively small, typically between 20 and 40 observations. That limits the statistical tools used to two-variable techniques, such as Pearson correlations and in some cases linear regression with two explanatory variables when strong theoretical foundations exist. This is a severe limitation since the relationships that are being explored (e.g., funding levels and gambling landscape) are complex and arguably dependent on multiple variables. Second, almost all of the surveys have missing data and many are substantially incomplete due to the data either not existing or there not being sufficient resources to locate, extract, and compile the data. This point is especially relevant in this year's Survey as the impact of COVID-19 disrupted data collection systems and left many state agencies short-handed. These issues raise the possibility of sample bias, which means that the analyses conducted on this Survey sample might not be an accurate representation of what is occurring nationally. Third, many of the questions in the Survey require the participants to use their judgments and make educated approximations. Thus, it is reasonable to assume that some of the variables were measured with error. We expect that the errors were approximately random and relatively small. In this case, we expect regression models to have larger model variances (when the dependent variable is measured with error) and parameter estimates that are biased towards zero (when the independent variable is measured with error).

Addressing outliers, in general, is a complicated subject. In this Survey, we encountered two types of extreme values. One type involved a data point that was large or small, compared to its expected behavior (e.g., its mean or median). The other type involved a data point that was not abnormal compared to its expected behavior but was nonetheless an extreme value compared to other data. For example, comparing total helpline calls in Rhode Island to California is problematic for obvious reasons; California has a population that is about 40 times larger than Rhode Island. In this example, it might make sense to convert the data into per capita units to account for population size. However, such data transformations were not always possible. In such cases, sometimes extreme data points were not removed so that larger states would have representation in the analyses. In the end, each example of extreme values was addressed on a case-by-case basis using a combination of outlier detection methods and research team judgment.

P-values are provided so that the reader can assess statistical significance. The research team interpreted a p-value of less than 5% as indicating a statistically reliable rejection of a null hypothesis. All of the hypothesis statements made in this section imply one-sided hypothesis tests; however, we have elected to be conservative and perform two-sided tests given the aforementioned data quality issues. In terms of language, the phrase "statistically significant" is shorthand for "statistically different from 0" or, more generally, the null hypothesis has been rejected.

All computations were conducted using the Python and R statistical software programs.

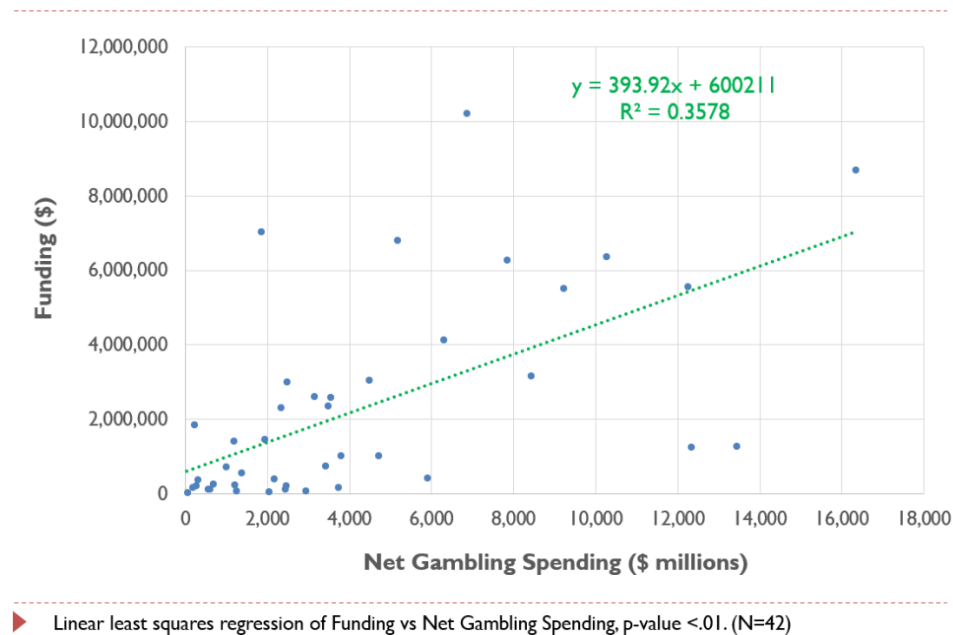
Correlates of Problem Gambling Service Funding Levels

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

Is problem gambling service funding related to a state’s gambling landscape?

The research team hypothesized that larger gambling states, in terms of spending on gambling and the number of legalized gaming forms, would be more likely to have larger problem gambling service budgets than states where legalized gaming was less developed. To test this hypothesis, two separate analyses were performed. First, state lottery sales, tribal revenues, and commercial casino revenues were aggregated into a single variable (denoted as net gambling spending) and used to predict problem gambling service funding in a linear regression model. Figure 35 shows the scatter plot of the variables and the estimated linear regression line. The slope coefficient (slope of the line) is statistically significant ($p\text{-value} < .01$)³⁸. Taken literally, the model suggests that problem gambling funding increased by \$393, for every \$1 million increase in net gambling spending. Put differently, every \$25 of gambling expenditure translated into 1 cent of problem gambling funding. As mentioned earlier, owing to several concerns about the data quality, the results should be interpreted with caution.

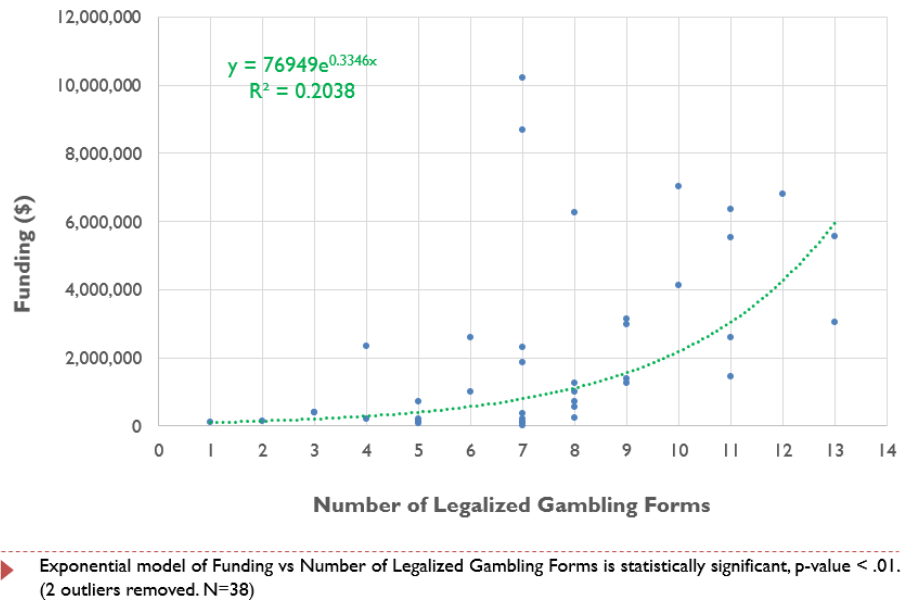
Figure 35. Relationship of Funding vs Net Gambling Spending



³⁸ The pattern of data suggests that the variance of funding increases with the independent variable (net gambling spending). If this is true, then the hypothesis test would be invalid. We use both the Breusch Pagan and Whites methods to test for nonconstant variance. We failed to reject the hypothesis in both cases ($p\text{-value} = .053$ and $p\text{-value} = .089$, respectively.)

The second approach we took to test the hypothesis that funding rates were positively related to a more significant gambling landscape, was to use the number of legalized gambling forms (e.g., state lottery, commercial casinos, and card rooms) to predict funding. Figure 36 shows the scatter plot of the data. The relationship between the two variables is nonlinear, with larger numbers of legalized gambling forms leading to increasingly larger funding levels. As such, we estimated an exponential model, which is shown in the graph. The model is statistically significant (p -value < .01). In summary, funding levels appear to be positively related to both net gambling spending and the number of legalized gambling forms, both of which are proxies for a state’s “gambling landscape.”

Figure 36. Relationship between Funding and Number of Legalized Types of Gambling



Is problem gambling services funding related to a state’s estimated number of residents with a gambling problem?

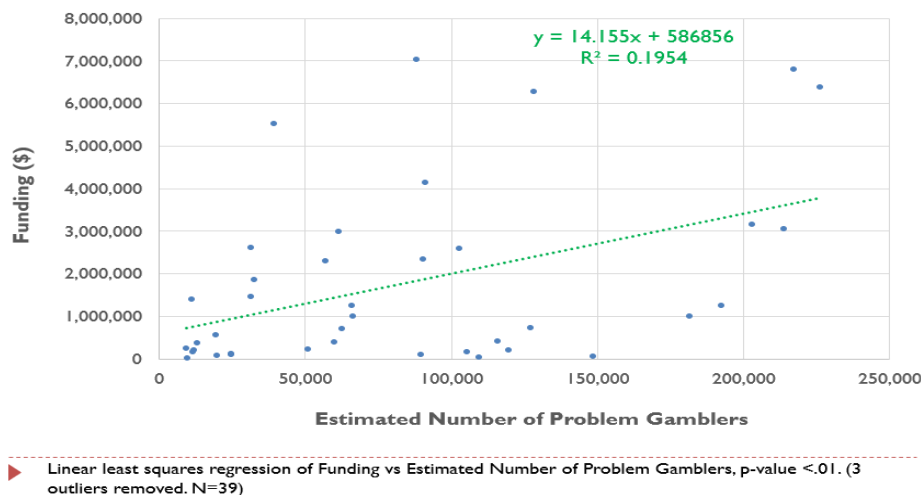
Federal funding for Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Block Grants is based, in part, on a “baseline” allotment for a state as determined by three factors: the Population At-Risk Index, the Cost-of-Services Index, and the Fiscal Capacity Index. If a Population At-Risk Index were applied to the field of problem gambling services, one factor of that index would be the estimated number of adult problem gamblers in the community at large. That is, if a systematic approach to funding problem gambling services across U.S. states existed, then we would expect there to be a relationship between a state’s estimated number of problem gamblers and funding levels to address this issue. As there are no federal oversight agencies to distribute funds to treat and prevent problem gambling, the research team did not expect to find any such relationship between a state’s need and funding level for problem gambling services. However, a statistical relationship was found between these variables. Figure 37 shows the scatter plot of funding and the estimated number of problem gamblers. The plot also includes the estimated linear regression line, which is statistically

significant (p-value <.01).^{39,40} Based on the estimated regression line, the model suggests that, on average, states spent an additional \$14.16 annually for each additional resident estimated to possess a gambling problem.⁴¹

The graph suggests that the relationship between the two variables may not be linear (but not exponentially related as in the previous case). To provide evidence of a positive association between the variables, if the linear regression model is inappropriate, we conducted a test using the Spearman coefficient, which does not assume linearity. That test results in a statistically significant positive association (p-value < .05).

There are several reasons why the variables were shown to be statistically related, despite there not being federal mandates that link funding to the number of problem gamblers. First, it is plausible that the larger the number of problem gamblers, the larger the number of public problems (crime, mental health issues, and so on), and hence the greater the negative publicity. Thus, advocacy groups and the political process might have led to greater problem gambling funding. Second, the statistical relationship may be confounded by a third variable – state size. Everything else constant, larger states have larger funding levels and more problem gamblers. Thus, the two variables were related only because they both were correlated with state size but were otherwise unrelated. Supporting this line of reasoning is that adding a population variable to the model (to control for state size) renders the number of problem gamblers variable statistically insignificant (p-value = .31). However, that result, in and of itself, does not entirely invalidate the preceding results. The sample size is small and the funding data is highly variable, so it is very difficult to separate the independent effects of population size and the number of problem gamblers.

Figure 37. Relationship between Funding and Estimated Number of Problem Gamblers



³⁹ Tests of constant variance were conducted using the Breusch Pagan and Whites methods to rule out heteroskedasticity. Both tests were statistically insignificant (p-value = .10 and p-value = .11, respectively).

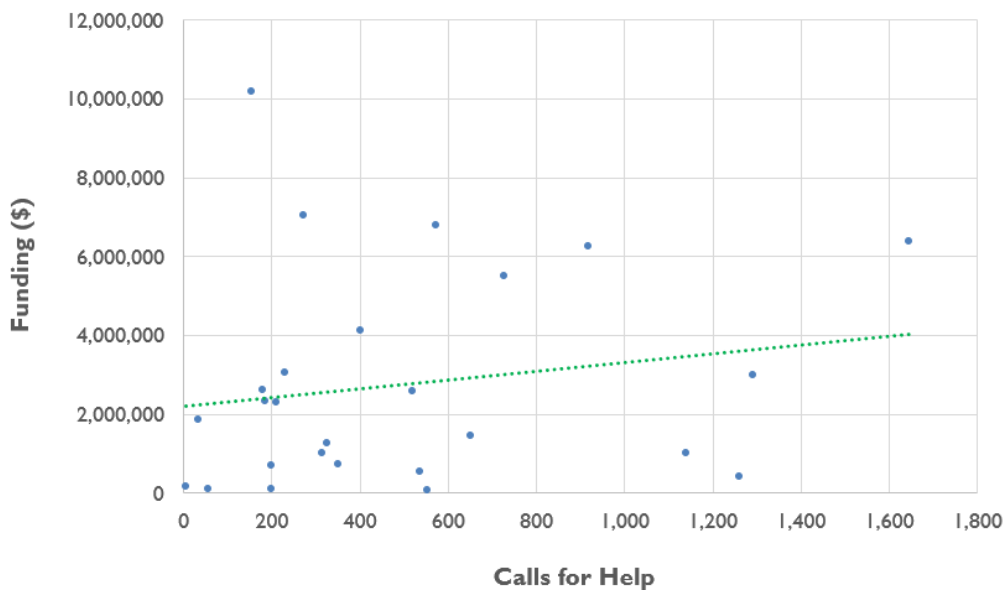
⁴⁰ Note: Several outliers were removed from the data.

⁴¹ Note: The R-squared (shown in the chart) is .19, which means that the number of problem gamblers only explains 19% of the variation in funding levels. Such low R-squared values imply that the model should be viewed as a gross approximation of reality.

Is problem gambling services funding related to a state’s volume of “calls for help”?

The research team hypothesized that problem gambling funding would be positively associated with an increased number of problem gambling “calls for help” to the state’s helpline system. The rationale is that greater numbers of calls would be direct evidence of larger numbers of gamblers seeking mental health assistance. That in turn might lead to increased efforts by advocacy groups and politicians to push for increased funding. Figure 38 shows the scatter plot of problem gambling funding dollars and “calls for help.” The linear regression line, which is statistically **insignificant**, is shown for expository reasons. There does not appear to be any evidence of a positive, linear relationship between the two variables. The research team attempted to transform the data to uncover nonlinear relationships but was unsuccessful.

Figure 38. Relationship between Funding and a State’s Volume of “Calls for Help”



► (2 outliers removed from data. N=26)

Correlates of Problem Gambling Calls for Help & Treatment Enrollments

Two common performance indicators of a state’s problem gambling services system are the number of “calls for help” to a state’s problem gambling helpline and the number of enrollments into problem gambling treatment. “Calls for help” are distinguished from “total calls” in that only those gambling helpline calls asking for assistance with a gambling problem are counted. To better understand factors that may have contributed to greater numbers of “calls for help” and gambling

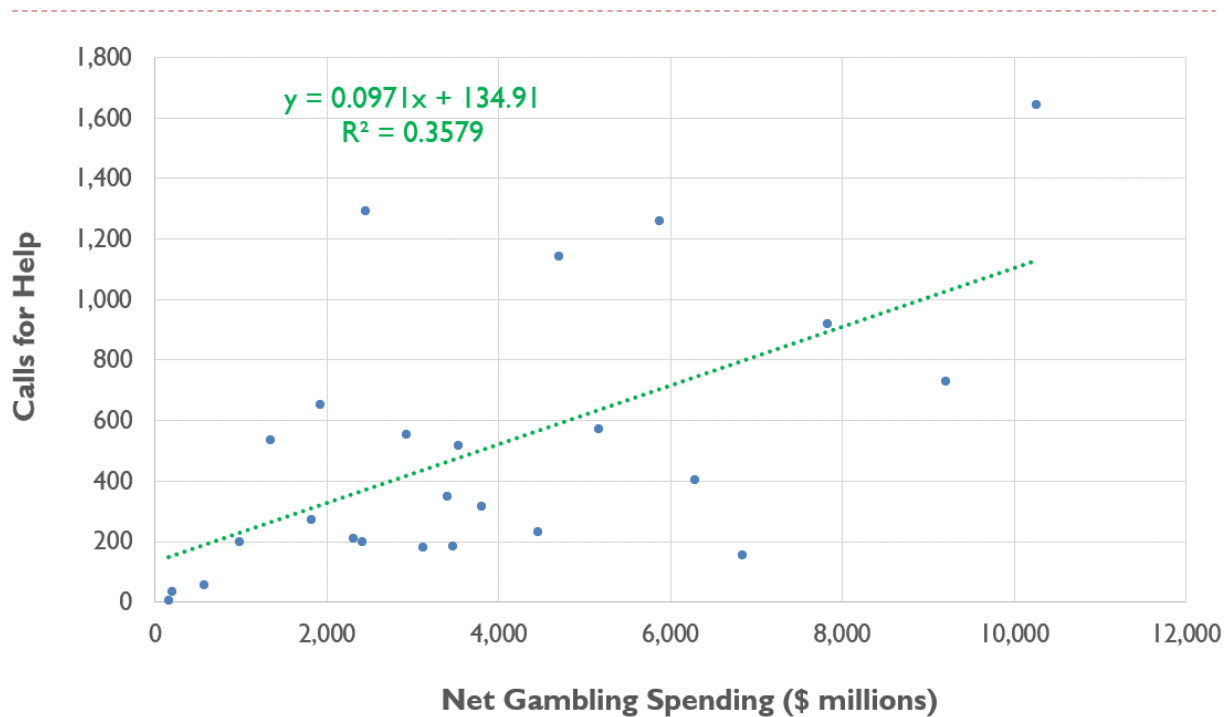
treatment enrollments, a series of tests were conducted between these performance variables and variables hypothesized to influence service levels. The following questions were explored:

Are “calls for help” related to a state’s gambling landscape?

The research team hypothesized that the more developed a state’s gaming landscape, the more problem gambling helpline “calls for help.” The analyses utilized the same ‘gambling landscape’ variables discussed in the previous section, namely 1) combined state lottery sales and gaming and tribal revenues and 2) the number of types of legalized gambling forms within each state.

Figure 39 shows the scatter plot of “calls for help” and net gambling spending. The estimated linear regression line, which is statistically significant (p-value < .01), is also shown.^{42,43} Thus, the results suggest that increases in spending activity is associated with higher levels of problem gambling “calls for help.”

Figure 39. Relationship between Problem Gambling “Calls for Help” and Net Gambling Spending.



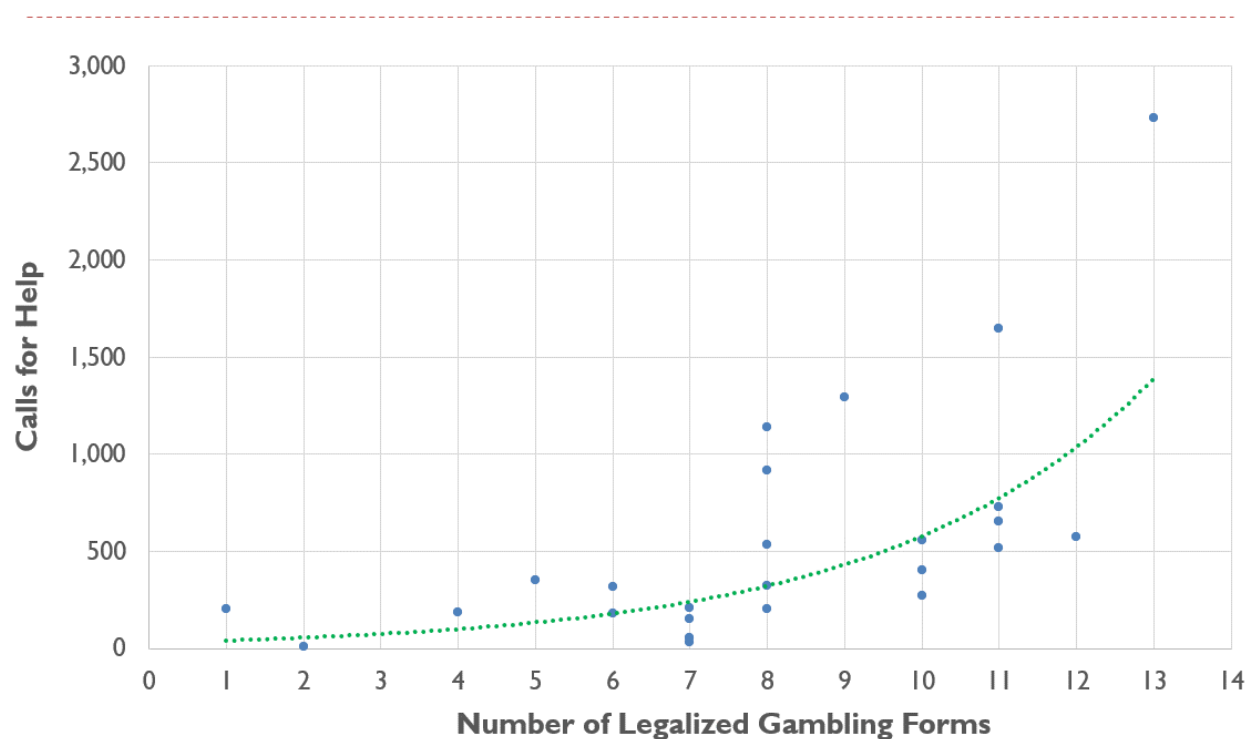
► Linear least squares regression of Calls for Help vs Net Gambling Spending, p-value < .01. (3 outliers removed. N=25)

⁴² Tests for nonconstant variance using both the Breusch Pagan and Whites tests were conducted with insignificant p-values of .24 and .45, respectively.

⁴³ Note: Several outliers were removed from the data.

Figure 40 shows the scatter plot of “calls for help” and the number of legalized types of gambling forms. The relationship between the variables is not linear, as increases in numbers of legalized gambling forms lead to increasingly larger levels of “calls for help.” The pattern of the data implies an exponential relationship. However, it was not possible to estimate such a model that satisfied all the statistical requirements, in particular, the constant variance assumption. As such, we selected two alternative approaches. The first approach was to compute the Spearman coefficient, which measures the strength and direction of association between two variables, without imposing a specific functional form (such as linearity). The Spearman coefficient was positive and statistically significant ($p\text{-value} < .01$), indicating a positive association between the two variables. The other approach was to segment the data into low numbers of gambling forms (less than eight) and high numbers of gambling forms (greater than eight). The former group had 168 average calls and the latter had 832 – a 395% increase. The difference is statistically significant ($p\text{-value} < .01$).⁴⁴

Figure 40. Relationship between “Calls for Help” and Number of Legalized Types of Gambling Forms



► (3 outliers removed. N=25)

These results statistically confirm the observed positive relationship between “calls for help” and measures of gambling activities. Conceptually, higher levels of gambling activities might lead to more

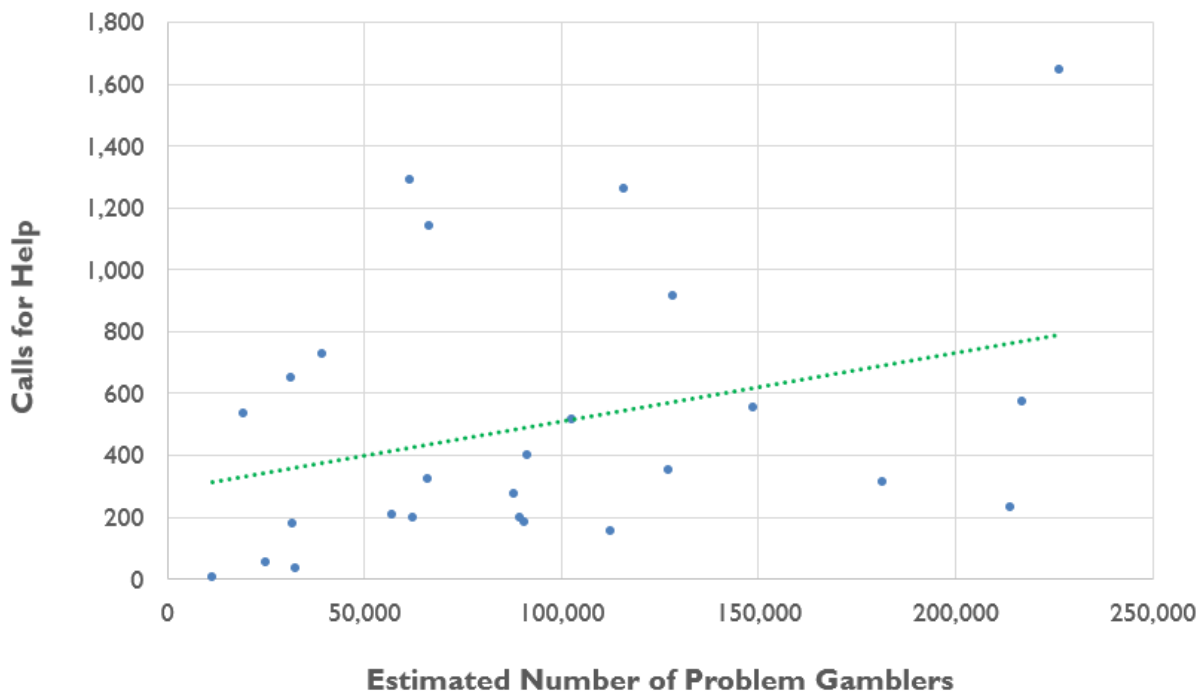
⁴⁴ The test was conducted using Welch’s two-sample t-test with unequal variances.

problem gamblers which lead to a greater demand for problem gambling services that in turn leads to higher levels of helpline calls.

Are “calls for help” related to a state’s estimated number of problem gamblers?

Figure 41 shows the scatter plot of “calls for help” and the estimated number of problem gamblers. The estimated linear regression line is also shown but is not statistically significant ($p\text{-value} = .11$). Because the $p\text{-value}$ is relatively small and a relationship between “calls for help” and the number of problem gamblers might be expected, we performed a follow-up Spearman test of association between the variables. The hypothesis of no relationship could not be rejected ($p\text{-value}$ of .06). Thus, we were unable to uncover statistical evidence that “calls for help” and the estimated number of problem gamblers are related.

Figure 41. Relationship between “Calls for Help” and Estimated Number of Problem Gamblers



► (2 outliers removed. N=26)

Are problem gambling treatment enrollments related to a state's gambling landscape?

Figure 42 shows the scatter plot of problem gambling treatment enrollments and net gambling expenditures (described earlier as the combination of lottery sales, commercial gaming gross gambling revenues, and tribal gaming gross gambling revenues) are an indicator of a state's gambling landscape. The linear regression line is also shown and is statistically significant (p-value < .01).⁴⁵ At face value, the model implies that, on average, every additional \$27 million of net gambling expenditures translates into an increase in treatment enrollment.

Figure 42. Relationship between Treatment Enrollments and Net Gambling Spending

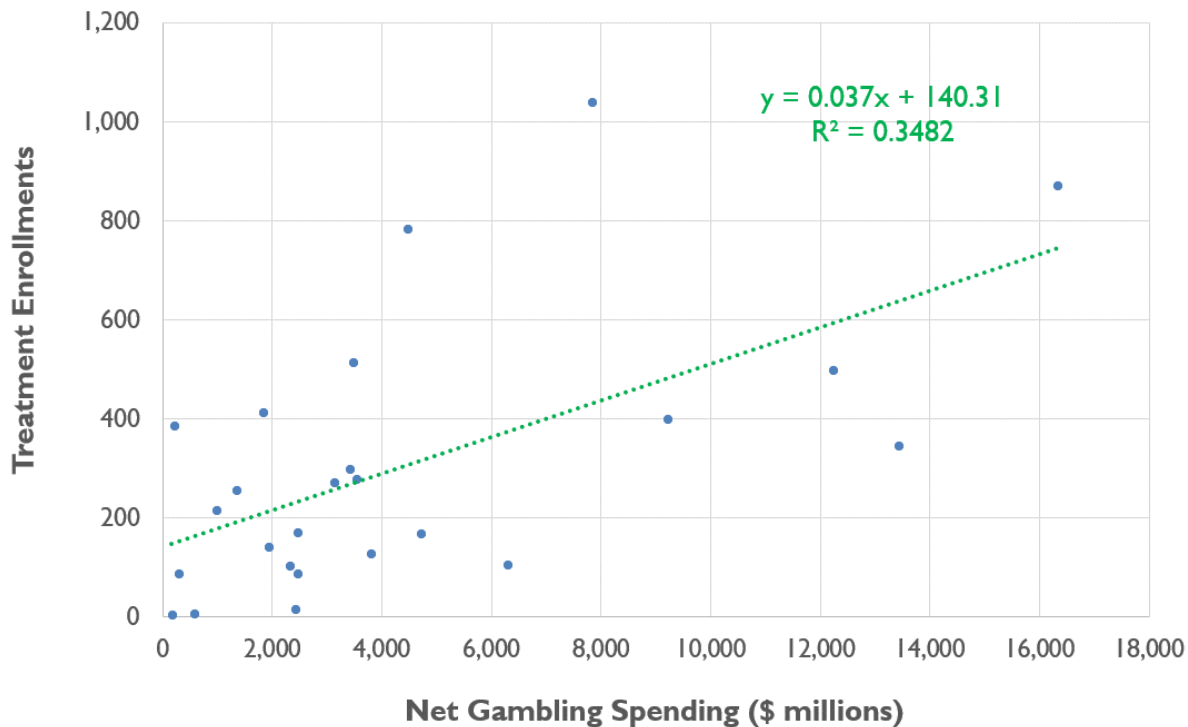
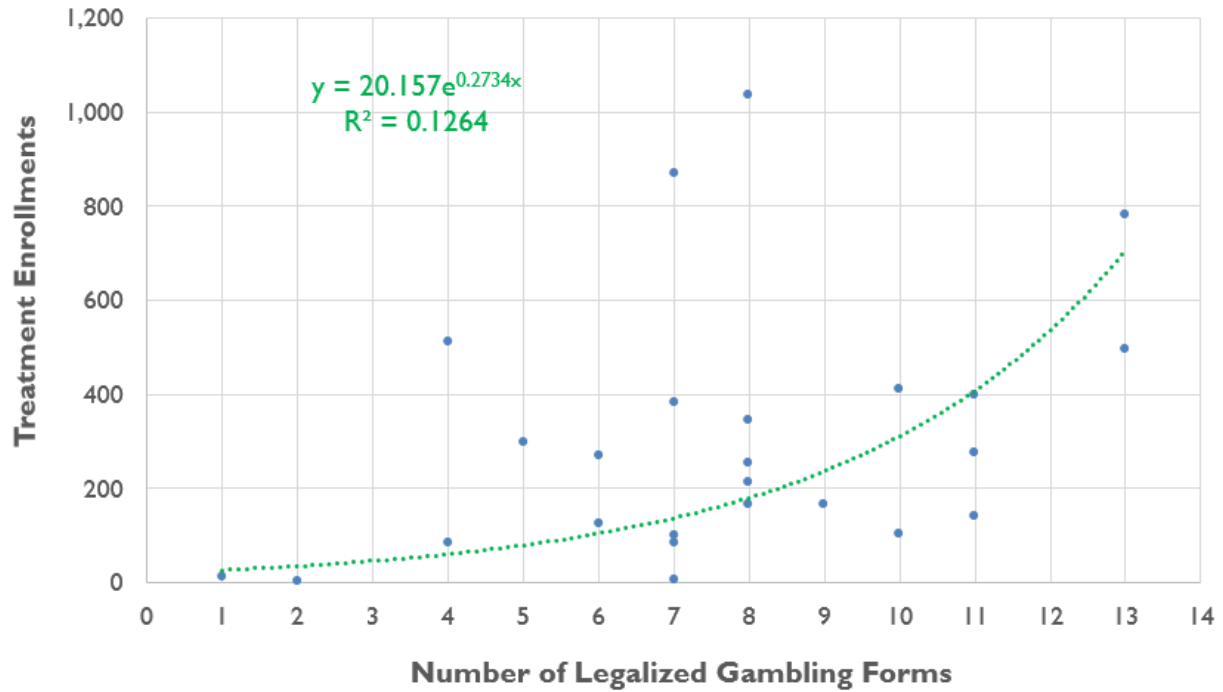


Figure 43 shows the scatter plot of treatment enrollments and the number of legalized types of gambling forms. As in previous analyses, it appears that the relationship between treatment

⁴⁵ Tests for nonconstant variance using both the Breusch Pagan and Whites tests were conducted with insignificant p-values of .20 and .11, respectively.

enrollments and the number of legalized gambling forms can be approximated by an exponential model. The estimated model is shown in the graph and is statistically significant (p-value < .01).

Figure 43. Relationship between Treatment Enrollments and the Number of Legalized Types of Gambling Forms



► Exponential model of Funding vs Number of Legalized Gambling Forms is statistically significant, p-value < .01. (2 outliers removed. N=25)

Thus, akin to the results of “calls for help,” it appears that treatment enrollments have a positive association with a state’s “gambling landscape.” These findings support other research that have found a dose-response relationship suggesting that gambling problems and the “gambling landscape” are positively correlated.^{46, 47, 48} That is, as the amount of money spent on gambling increases and as more forms of gambling are legalized, the greater the help-seeking for gambling problems which could be viewed as a proxy in determining broader population impacts.

⁴⁶ Currie, S. R., Miller, N. V., Hodgins, D. C. & Wang, J. (2009). Defining a threshold of harm from gambling for population health surveillance research. *International Gambling Studies*, 9, 19–38.

⁴⁷ Brosowski, T., Hayer, T., Meyer, G., Rumpf, H.-J., John, U. & Bischof, A. (2015). Thresholds of Probable Problematic Gambling Involvement for the German Population: Results of the Pathological Gambling and Epidemiology (PAGE) Study. *Psychology of Addictive Behaviors*, 29, 794–804.

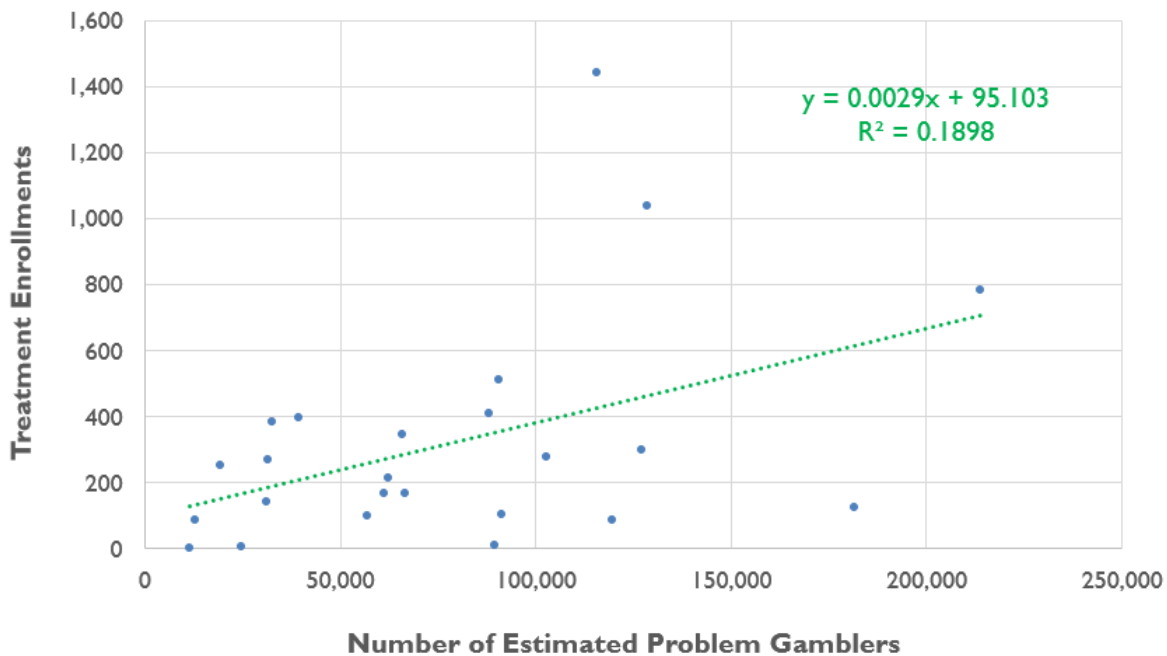
⁴⁸ Fiedler, Ingo, Kairouz, Sylvia, Costes, Jean-Michel, & Weißmüller, Kristina S. (2019). Gambling spending and its concentration on problem gamblers. *Journal of Business Research* 98 (5), 82-91.

Are problem gambling treatment enrollments related to a state's estimated number of problem gamblers?

Figure 44 shows the scatter plot of total treatment enrollments and the estimated number of problem gamblers. The graph also shows the estimated regression line, which is statistically significant ($p\text{-value} < .05$).^{49, 50} Taken at face value, the model implies that, on average, for every 1,000 additional problem gamblers, treatment enrollments increase by 3 (slightly less than one-third of 1 percent).

It is important to note that individuals seek help for gambling problems outside of state-sponsored gambling treatment specialty programs. For example, problem gamblers can seek help through 1) Gamblers Anonymous, 2) private insurance carriers, and 3) from the state but through a diagnosis other than Disordered Gambling. Thus, more problem gamblers are receiving treatment than is implied by the regression model results.

Figure 44. Relationship between Treatment Enrollments and the Estimated Number of Problem Gamblers



► Linear least squares regression of Treatment Enrollments vs Estimated Number of Problem Gamblers, $p\text{-value} < .05$. (3 outliers removed. $N=24$)

⁴⁹ Tests for nonconstant variance using both the Breusch Pagan and Whites tests were conducted with insignificant $p\text{-values}$ of .11 and .16, respectively.

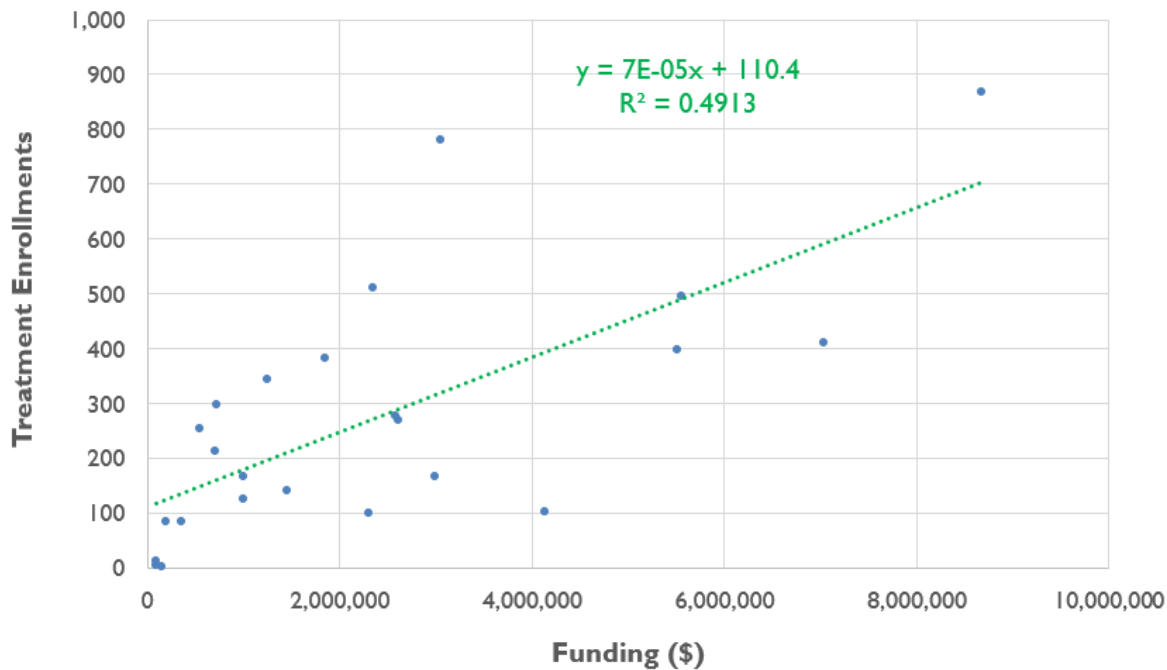
⁵⁰ Note: Several outliers were removed from the data.

Are problem gambling treatment enrollments related to a state's gambling service funding?

Figure 45 shows the scatter plot of treatment enrollments and problem gambling services funding levels. The estimated linear regression model is also displayed and is statistically significant (p-value < .01).^{51, 52} The model implies that every \$14,500 increase in overall funding is associated with an additional one problem gambler enrolled for treatment.

Given that only a portion of funds is allocated to treatment services (an average of 38%), a more direct method of assessing the relationship between treatment enrollments to dollar spent is to compare treatment enrollments to funds allocated specifically to treatment. Based on that analysis, every \$3,750 increase in allocated treatment dollars is associated with an additional problem gambler enrolled for treatment.

Figure 45. Relationship between Treatment Enrollments and Problem Gambling Services Funding



► Linear least squares regression of Treatment Enrollments vs Funding, p-value < .01). (3 outliers were removed. N=24)

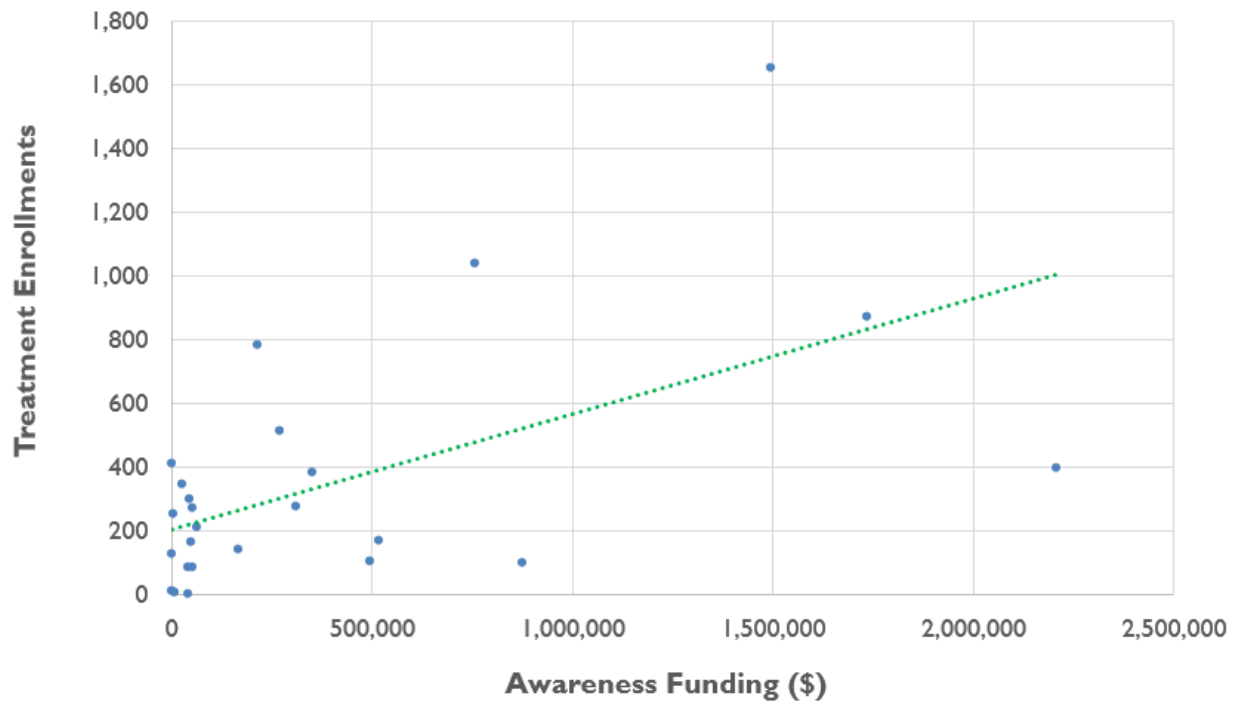
⁵¹ Tests for nonconstant variance using both the Breusch Pagan and Whites tests were conducted with insignificant p-values of .33 and .20, respectively.

⁵² Note: Several outliers were removed from the data.

Are problem gambling treatment enrollments related to a state's problem gambling awareness funding?

The research team hypothesized that problem gambling enrollments would be positively related to public awareness services, reasoning that the more educated the public was about available treatment options the more likely the services would be utilized. Figure 46 is the scatter plot of treatment enrollments and funding for public awareness services. Unfortunately, the pattern of the data does not satisfy the assumptions of the linear regression model.

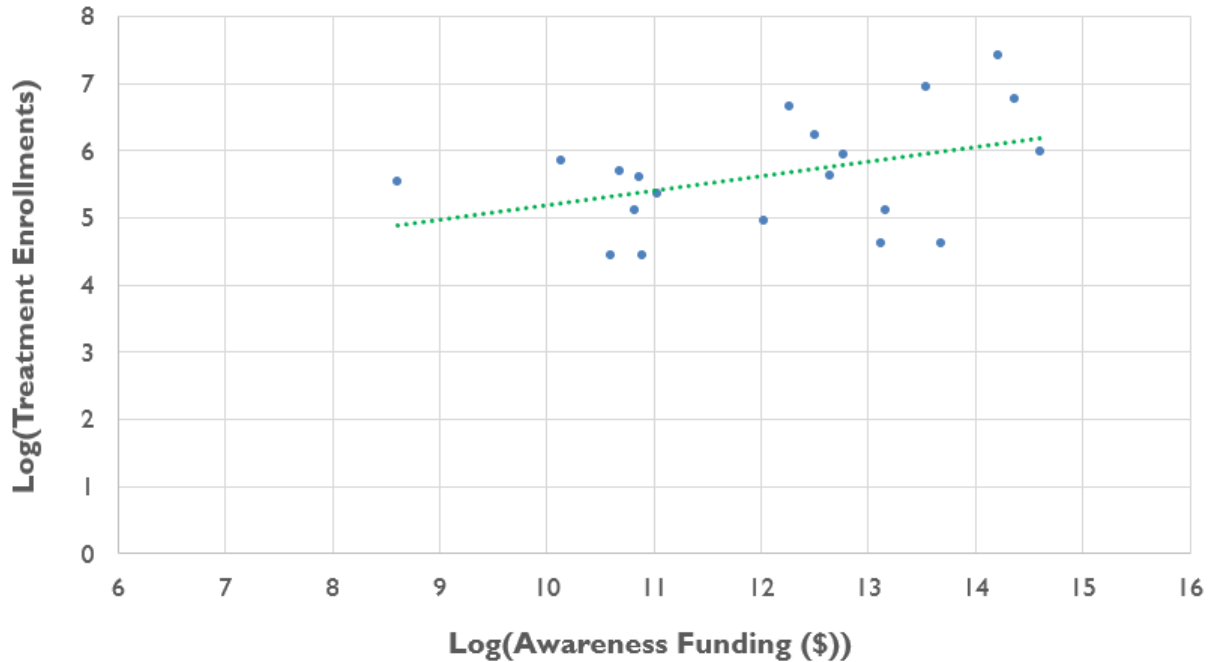
Figure 46. Relationship Between Problem Gambling Treatment Enrollments and Problem Gambling Awareness Funding



► (1 outlier was removed. N=25)

As an alternative, we computed the Spearman coefficient of association, which was statistically insignificant ($p\text{-value} = .10$). In a previous section, we ran into a similar problem and transformed the data into the natural logarithm scale, which has the property of reducing the variability. Figure 47 shows the transformed data. The relationship between the transformed variables has taken on a stronger linear relationship and the variance around the linear regression line is much more stable. The regression coefficient (slope of the line) is positive but remains statistically insignificant ($p\text{-value} = .07$).

Figure 47. Relationship Between Log (Problem Gambling Treatment Enrollments) and Log(Problem Gambling Awareness Funding)



► Note, the data have been transformed into natural logarithms. (2 outliers, and 0 values from the untransformed data, were removed from the data. N=20)

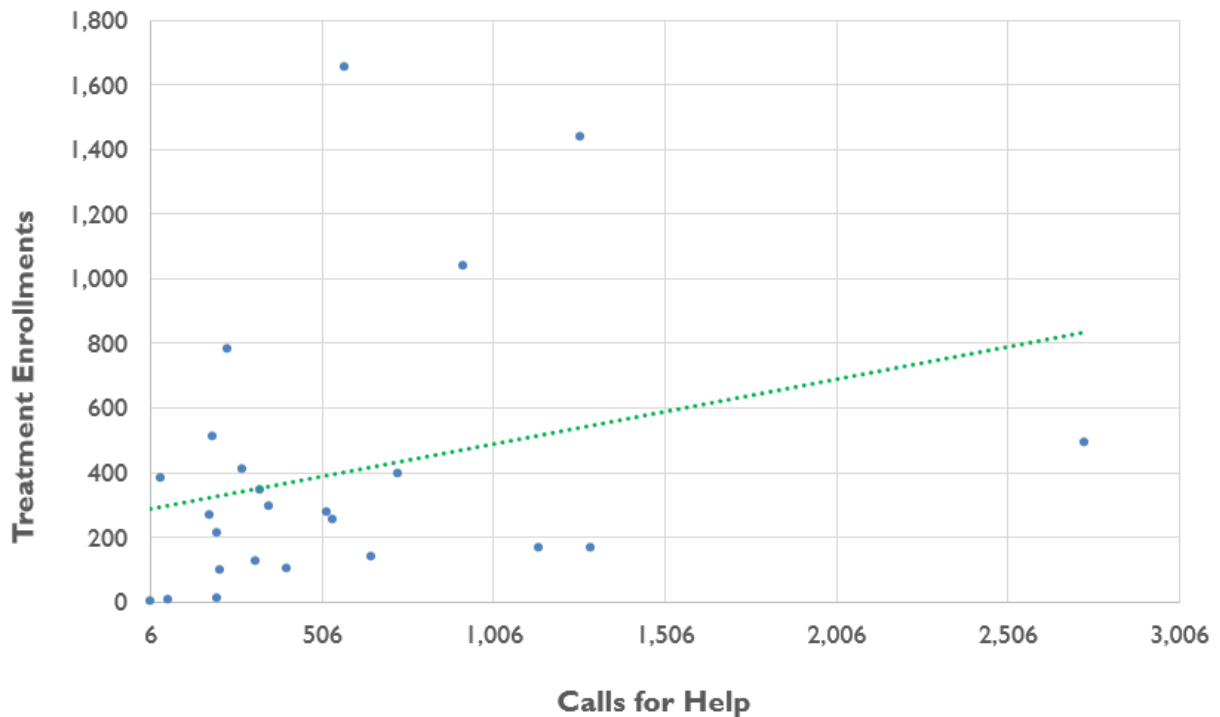
As an additional note on the impact of a state’s awareness spending, the research team found that the estimated number of problem gamblers is positively related to awareness spending (p -value < .01). Thus, although awareness spending is positively related to the number of problem gamblers and the number of problem gamblers is positively related to treatment enrollments, we have been unable to show that awareness spending is related to treatment enrollments.

Are problem gambling treatment enrollments related to a state’s problem gambling “Calls for Help”?

The research team hypothesized that higher volumes of problem gambling “calls for help” would translate into a higher number of problem gambling treatment enrollments, reasoning that the calls would be useful in directing problem gamblers to treatment services. Figure 48 is the scatter plot of problem gambling treatment enrollments and “calls for help.” Similar to the previous section, the

pattern of the data rules out the use of the linear regression model.⁵³ To stabilize the variance, the data was transformed into the natural logarithmic scale and used in a linear regression model. That model, after eliminating several outlying data, was also statistically insignificant. By looking at the data (in Figure 48), there does not appear to be a strong linear relationship, even though the statistically insignificant regression line has an upward slope.

Figure 48. Relationship Between Problem Gambling Treatment Enrollments and Problem Gambling “Calls for Help”



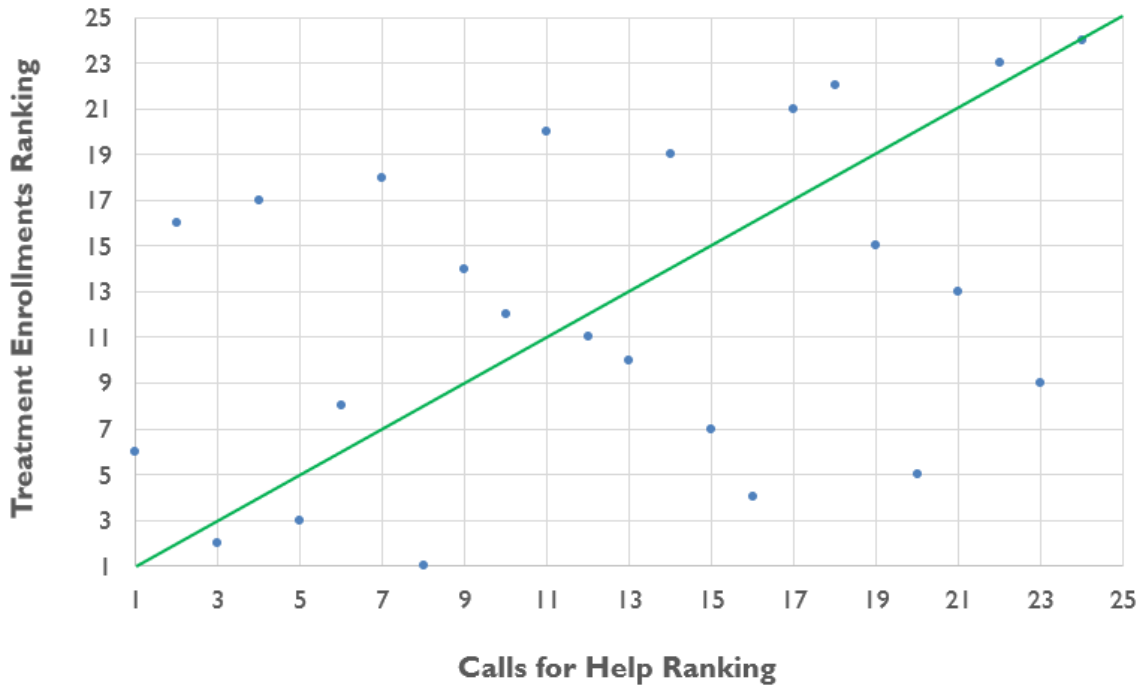
► (N=24)

To investigate the relationship between treatment enrollments and “calls for help” further, each state is ranked along each of these variables. In other words, the state that has the highest treatment enrollment is ranked first, the state with the second-highest treatment enrollment is ranked second, and so on. Similarly, states are ranked in terms of their number of “calls for help.” Figure 49 shows the results of the rankings. If there were perfect correlation in the rankings (that is, a state that ranks in the *n*th position on treatments also ranks in the *n*th position on “calls for help”) then all of the data would land on the green diagonal line. It is evident that there is not a strong relationship between the two rankings.

⁵³ Note: Statistical tests were conducted to confirm the nonconstant variance.

Based on the analyses, we do not detect an association between treatment enrollments and “calls for help.” This finding is consistent with field observations that individuals enrolled in treatment often do so without having been referred by helplines and individuals who call the helplines do not always end up in treatment.

Figure 49. Relationship Between State Problem Gambling Treatment Enrollments Rank and Problem Gambling “Calls for Help” Rank



► (N=24)

Summary

Statistical methods were applied to determine if relationships existed for (a) the levels of problem gambling service funding, (b) numbers of “calls for help” to the problem gambling helpline, and (c) numbers of persons served within publicly funded problem gambling treatment programs. The results were:

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

- Net spending on gambling within a state
- The number of legalized types of gaming
- The estimated number of adult problem gamblers within a state

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

- Net spending on gambling within a state
- The number of legalized types of gaming within a state

The number of problem gamblers treated significantly correlated with:

- Amount spent on problem gambling services
- Net spending on gambling within a state
- The number of legalized types of gaming within a state
- The estimated number of adult problem gamblers within a state

DISCUSSION

Information collected from six Surveys taken over the past 15 years documented progress in the growth of problem gambling services. However, great disparities exist between state efforts to address problem gambling despite growing evidence that the acceptance and proliferation of legalized gambling presents a public health threat to the entire country. Gambling harms can take many forms including financial insecurity, loss of productivity, suicide, and physical and psychological disorders, and extends beyond the individual to include interpersonal, community, and societal levels of impact.⁵⁴ In contrast to the federal government spending billions of dollars and enlisting more than a dozen agencies to help address drug misuse and its effects, there is very little federal government attention to gambling-related harms. The lack of a national strategy to minimize gambling harms has resulted in poor funding for problem gambling services and a patchwork of gambling-related policies and programs across the United States.

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

Results from this Survey found a positive correlation between the number of dollars gambled within a state and the level of funding for problem gambling services. However, on a state-by-state basis, the relationship between these variables was not always present. The Survey found that the amount of dedicated funding for problem gambling programs in 2021 varied greatly, including nine states that did not provide any dedicated funding. The consequence of disparate funding levels for

⁵⁴ Li E, Browne M, Rawat V et al (2017) Breaking bad: comparing gambling harms among gamblers and affected others. *J Gambl Stud* 33:223–248.

problem gambling services across states is that there are extremely uneven levels of services for individuals with gambling problems across the country.

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

Contemporary research and policy papers on how best to confront gambling-related harm have focused on adopting public health approaches, frameworks, and models.^{55,56} While some elements of the public health model have seen adoption in states that fund problem gambling services, with so few resources, most efforts do not reflect a robust and coordinated public health approach. Findings from this survey support the need to develop federal funding and guidelines that can fill gaps in America's safety net for problem gamblers and begin to address health service disparities for preventing and treating problem gambling.



⁵⁵ Gambling Commission (2019) National strategy to reduce gambling harms. Gambling Commission, Birmingham

⁵⁶ Price, A., Hilbrecht, M., & Billi, R. (2021). Charting a path towards a public health approach for gambling harm prevention. *Journal of Public Health*, 29, 37-53.

Appendix A

State by State Spending on Problem Gambling Services (Fiscal Year 2021)

State Agency	Budget
Alabama	\$0
Alaska	\$0
Arizona	\$2,344,300
Arkansas	\$220,000
California	\$8,681,501
Colorado	\$30,000
Connecticut	\$2,609,799
Delaware	\$1,389,842
District of Columbia	\$200,000
Florida	\$1,250,000
Georgia	\$400,000
Hawaii	\$0
Idaho	\$0
Illinois	\$6,800,000
Indiana	\$3,047,034
Iowa	\$2,992,114
Kansas	\$712,316
Kentucky	\$0
Louisiana	\$2,583,873
Maine	\$106,000
Maryland	\$4,132,375
Massachusetts	\$10,200,000
Michigan	\$5,515,300
Minnesota	\$2,301,271
Mississippi	\$0

Missouri	\$153,606
Montana	\$0
Nebraska	\$1,850,000
Nevada	\$1,252,693
New Hampshire	\$100,000
New Jersey	\$3,150,000
New Mexico	\$70,000
New York	\$5,557,398
North Carolina	\$1,000,000
North Dakota	\$360,000
Ohio	\$6,265,840
Oklahoma	\$1,000,000
Oregon	\$7,034,955
Pennsylvania	\$6,369,000
Rhode Island	\$549,617
South Carolina	\$100,000
South Dakota	\$244,000
Tennessee	\$200,000
Texas	\$0
Utah	\$0
Vermont	\$149,800
Virginia	\$55,000
Washington	\$730,000
West Virginia	\$1,453,840
Wisconsin	\$396,000
Wyoming	\$7,188

Appendix B

State Profiles

ALABAMA

Problem Gambling Services

As of FY2021 Alabama did not provide public funds to specifically address problem gambling. Alabama has no publicly funded problem gambling specialty treatment or prevention programs in place. The Alabama Department of Mental Health (ADMH) is responsible for mental health and addiction services in this state. There are no specific problem gambling services listed within the ADMH website.

Alabama has a relatively small, legalized gambling industry within the state with no state lottery, no commercial casinos, and limited tribal gaming operations. There are numerous bingo operations and one Native American tribe that operates several casinos in Alabama; however, these casinos are limited to Class II slots and bingo games.

Although no legislation exists to support publicly funded problem gambling services in Alabama, during the 2021 legislative session Alabama state senators passed a constitutional amendment, along with three companion bills, to allow a lottery to be created in the state and allow for casino-style gambling, with a portion of proceeds earmarked for mental health services. The bill later died in the House. However, the Senate's support for SB310 signals the potential for significant changes to the Alabama gambling landscape in the not-too-distant future.

Alabama is home to one of the state affiliates to the National Council on Problem Gambling, the Alabama Council on Compulsive Gambling (ACCG). The ACCG operates a gambling helpline for Alabama. When callers use the national helpline, they are referred to the state's 211 service number. From there, the helpline can make a referral or if needed can redirect the caller to someone who can help immediately.

As of December 2021, seven Gamblers Anonymous (GA) meeting locations were listed on the GA website with two identified as temporarily closed due to COVID. Within Alabama there are no certified problem gambling counselors listed within the International Gambling Counselor Certification Board (IGCCB) directory. This, combined with no state specific problem gambling counselor certification available in Alabama, suggests Alabama does not have a well-developed problem gambling counselor workforce.

Resources

Problem Gambling Helpline:
Within Alabama call 211

Outside of Alabama call
1-800-522-4700

Alabama Council on
Compulsive Gambling
www.alccg.org

Problem Gambling Prevalence

An estimated 2.2% of
Alabama adults (86,188) are
believed to manifest a
gambling problem in
Alabama.¹

¹ Based on a 2016 U.S. Census Bureau estimate of 3,917,625 persons aged 18 and standardized past year problem gambling rate reported for Alabama by Williams, Volberg, & Stevens (2012).

ALASKA

Problem Gambling Services

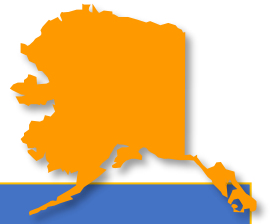
The Alaska Department of Health and Social Services, Division of Behavioral Health, reported that it does not receive any set-aside funding to specifically address problem gambling, nor does any other state agency in Alaska.

Alaska has a relatively small, legalized gambling industry within the state with no state lottery, no commercial casinos, and only two Class II tribal gaming operations.² In 2020, the state Senate introduced a bill to create the Alaska Lottery Corporation. That effort stalled. However, the groundwork has been set for Alaska to approach legalized gambling expansion.

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

¹ Based on a 2020 U.S. Census Bureau estimate of 553,317 persons aged 18 and standardized past year problem gambling rate reported for Alaska by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).



Resources

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

The Alaska Department of Health and Social Services, Division of Behavioral Health:

dhss.alaska.gov/dbh

Problem Gambling Prevalence

An estimated 2.2% of Alaska adults (12,173) are believed to manifest a gambling problem in Alaska.¹

ARIZONA

Problem Gambling Services



Since 1999, the Arizona State legislature has appropriated Lottery funds for Problem Gambling services; in FY2021, Lottery appropriation was \$300,000. In 2002, the Arizona voters passed a proposition that provided for 2% of monies paid to the State by Indian tribes, pursuant to the Arizona Tribal-State Compacts, be deposited into the Arizona Benefits Fund and be used to fund state and local programs for the education, prevention, and treatment of problem gambling. In FY2021, that appropriation was \$2,044,300.

The Arizona Department of Gaming is responsible for administering programs supported by the above-described problem gambling funds (\$2,344,300 in total in FY2021). The funds support an array of problem gambling services, including counselor training, helpline, treatment, prevention, and public awareness programs.

Arizona ranked 20th in the U.S. in terms of per capita public funds dedicated to problem gambling services. Arizona's per capita public investment was 32 cents. Of the 42 states that specifically funded problem gambling services, the 2021 per capita average was \$0.40.

The Department of Gaming contracts out its gambling helpline to LifeWorks, which responds to calls made to 1-800-NEXT-STEP. There were 185 calls for help and 49 texts to that number in FY2021. The Department of Gaming administered a gambling treatment system that served 512 individuals in FY2021 and reported that, due to the impacts of the pandemic, new enrollments were down almost 50% compared to the prior year and for the first time in over 14 years treatment claims were under \$1,000,000.

In addition to the Arizona Department of Gaming's efforts to address problem gambling, the Arizona Lottery helps to raise awareness of problem gambling services by posting the problem gambling helpline number on its game tickets and website and is a sponsor of an annual problem gambling symposium. Some of Arizona's tribal casinos also sponsor this event and contribute to raising problem gambling awareness as part of its responsible gambling efforts. All casinos operating in Arizona participate in a statewide self-exclusion program. Further, Arizona is one of 35 states with a state affiliate to the National Council on Problem Gambling (NCPG). Arizona's state affiliate, the Arizona Council on Compulsive Gambling (AZCCG) operates on a limited budget. It offers a problem gambling helpline and peer support services, and helps raise awareness through community presentations and maintains a website with information about problem gambling including local resources.

Resources

Problem Gambling Helpline:
1-800-NEXT-STEP

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

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

Problem Gambling Prevalence

An estimated 1.6% of Arizona adults 90,597 are believed to manifest a gambling problem in Arizona.¹

Money Spent Gambling²

In 2021, approximately \$3.5 billion was spent on legalized gambling in Arizona.²

¹ Based on a 2020 U.S. Census Bureau estimate of 5,662,328 persons aged 18 and standardized past year problem gambling rate reported for Arizona by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

ARKANSAS

Problem Gambling Services



Arkansas has had an interesting history in funding problem gambling services. When the lottery was enacted in 2009, state legislators set aside \$200,000 annually for a gambling hotline, treatment services, and education programs to increase public awareness of problem gambling. This was the only dedicated funding for problem gambling available in the state. In 2015, legislation was enacted to eliminate the Arkansas Scholarship Lottery's \$200,000-a-year contribution to compulsive-gambling treatment and education programs. Then in 2018, voters approved Amendment 100 to the Arkansas Constitution requiring the Racing Commission to provide at least \$200,000 annually for problem gambling services. However, as of December 2021, the Arkansas Racing Commission and the Arkansas Department of Finance and Administration had not fulfilled their constitutional duty to distribute funds for gambling disorder treatment and educational programs. This lack of action in programming funds for problem gambling services is reflected in a December 2021 search of the Arkansas Department of Human Services website and the Arkansas Department of Health website that revealed no results for key words: gamble, gambling, and problem gambling.

The one state agency that had invested in addressing problem gambling in FY2021 was the Arkansas Scholarship Lottery through a \$20,000 contract for gambling helpline services with the Louisiana Association on Compulsive Gambling. The Lottery promotes the problem gambling helpline number through a variety of mediums including on all point-of-sale print materials.

If Arkansas expended the entire \$220,000 of funds earmarked for problem gambling services in FY2021, it would have ranked 31st in the U.S. in terms of per capita public funds dedicated to problem gambling services (\$0.07). Of the 42 states that specifically funded problem gambling services, the 2021 per capita average was \$0.40.

The National Problem Gambling Helpline covers calls originating from Arkansas through \$20,000 in support from the Arkansas Scholarship Lottery plus support from Southland Casino Racing and Oaklawn Racing & Gaming who each donated \$12,500 in FY2021; however, referral sources in Arkansas are scarce, with only four Gamblers Anonymous meetings listed on www.gamblersanonymous.org and only three certified problem gambling counselors listed on the International Gambling Counselor Certification Board (IGCCB) directory (as of 2021).

Resources

Problem Gambling Helpline:
1-800-522-4700

Problem Gambling Prevalence

An estimated 2.2% of Arkansas adults (51,095) are believed to manifest a gambling problem in Arkansas.¹

Money Spent Gambling

In 2021, approximately \$1,197 million was spent on legalized gambling in Arkansas.²

¹ Based on a 2020 U.S. Census Bureau estimate of 2,322,502 persons aged 18 and standardized past year problem gambling rate reported for Arkansas by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

CALIFORNIA

Problem Gambling Services



Legislation was passed in 2003 creating the Welfare and Institutions Code 4369, which provided the California Department of Public Health, Office of Problem Gambling (OPG), with funding and administrative oversight to operate a problem gambling service program. In FY2021, the OPG obtained \$139,000 in funding from the California Lottery, \$150,000 from cardrooms, and \$8,392,501 from tribal casinos. These funds supported an array of programs that address problem gambling, including helplines, research, outpatient and residential treatment services, several prevention programs, counselor training, and public awareness initiatives.

In 2021, California ranked second in the U.S. in the total amount of public funds invested in problem gambling services and 27th in per capita public funds invested in problem gambling services. California provided 22 cents of publicly funded monies per capita to problem gambling services in FY2021. Of the 42 states that specifically funded problem gambling services, the 2021 per capita average was \$0.40.

California problem gambling helpline services are available in English, Spanish, Chinese, with telehealth and on-demand interpreters for 200+ languages through a 3rd party language line.. State funded gambling treatment services are widely available in California through OPG contracts with licensed mental health professionals with specialized training in gambling treatment. In calendar year 2021, the California problem gambling helplines received 25,364 calls, 505 texts, and 2,405 chats. In FY 2021-22, these calls, and other treatment access point, resulted in 687 individuals enrolled in state supported problem gambling treatment and 207 affected individuals enrolled in treated for a combined total of 894. In FY2021, the COVID-19 pandemic was attributed to decreased demand for gambling treatment services partially due to staff who provided outreach and educational services having been redirected to work on pandemic response measures.

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

Resources

Problem Gambling Helpline:
1-800-GAMBLER

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

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

Problem Gambling Prevalence

An estimated 1.7% of California adults (517,908) are believed to manifest a gambling problem in California.¹

Money Spent Gambling

In 2021, approximately \$16.3 billion was spent on legalized gambling in California.²

¹ Based on a 2020 U.S. Census Bureau estimate of 30,465,205 persons aged 18 and standardized past year problem gambling rate reported for California by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

COLORADO

Problem Gambling Services

During the 2019 legislative session, House Bill 19-1327 titled, “Authorize And Tax Sports Betting Refer Under Taxpayer’s Bill” was passed and signed into law. Within this bill, a sports betting fund was created and the Colorado Department of Human Services (DHS), Office of Behavioral Health (OBH), was allocated \$130,000 annually from this fund to be used as follows:

-\$30,000 for the operation of a crisis hotline for gamblers by Rocky Mountain Crisis Partners or its successor organization; and

-\$100,000 for prevention, education, treatment, and workforce development by, and including the payment of salaries of, counselors certified in the treatment of gambling disorders.

However, the allocation was delayed due to the COVID-19 pandemic, resulting in no transfers from this fund in FY2021. Additionally, carryforward funds that had been set aside for problem gambling services were transferred in FY2021 to general funds because of a state fiscal crisis resulting from the pandemic. The result was DHS had no funding to address problem gambling in FY2021. In the absence of DHS funding for problem gambling services, the Colorado Lottery donated \$30,000 to the Problem Gambling Coalition of Colorado (PGCC) that was used to support a contract with the Louisiana Council on Problem Gambling for helpline services and for general overhead which included operating a Facebook page and website that helped increase problem gambling awareness. The Colorado Lottery also supports a responsible gambling campaign and promotes the problem gambling helpline number.

For 2021, Colorado ranked 42nd in the U.S. in terms of per capita public funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in Colorado was less than one cent. Of the 42 states that specifically funded problem gambling services, the 2021 per capita average was \$0.40.

For FY2022, the Office of Behavioral Health reported that efforts are being taken to implement a problem gambling strategic plan including building the infrastructure for gambling treatment services and implementing a pilot program to integrate problem gambling into some programs. With only \$130,000 annually invested in these efforts, scholars have noted this level of funding is insufficient to meet need.³

Resources

Problem Gambling Helpline:
1-800-522-4700

State Agency:
Dept. of Human Services
Office of Behavioral Health
cdhs.colorado.gov/behavioral-health

State Affiliate:
Problem Gambling Coalition of Colorado
www.problemgamblingcolorado.org

Problem Gambling Prevalence

An estimated 2.4% of Colorado adults (109,647) are believed to manifest a gambling problem in Colorado.¹

Money Spent Gambling

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

1 Based on a 2020 U.S. Census Bureau estimate of 4,568,613 persons aged 18 and standardized past year problem gambling rate reported for Colorado by Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

3. Wall Jr, L. (2020). *Societal Impacts of Sports Betting in Colorado*.

CONNECTICUT

Problem Gambling Services

In 1992, the State of Connecticut enacted legislation that designated how monies from the state's lottery, pari-mutuels, and charitable gaming were to be allocated to address problem gambling and authorized the Department of Mental Health and Addiction Services (DMHAS) to administer programs supported by those funds. In FY2021, this problem gambling fund (named the Chronic Gamblers Treatment Fund), received \$2.3 million from lottery revenues and \$90,675 from pari-mutuel and charitable gaming. DMHAS supplemented those monies to address problem gambling with a \$219,124 in-kind contribution. DMHAS/Problem Gambling Services (PGS) administered an array of programs to address problem gambling, including supporting a helpline, sponsoring research activities, counselor training, counselor certification, treatment programs, prevention programs, public awareness initiatives, and an educational initiative to integrate problem gambling awareness into mental health and substance use treatment services through the Disordered Gambling Integration (DiGiIn) program.

In FY2021, Connecticut ranked 7th in the U.S. in terms of per capita public funds dedicated to problem gambling services. Connecticut's per capita public investment was \$0.72. Of the 42 states that specifically funded problem gambling services, the 2021 per capita average was \$0.40.

DMHAS/PGS contracts with community based mental health and/or substance abuse agencies to provide treatment services for problem gambling. In FY2021, 263 individuals enrolled in outpatient gambling treatment programs and six were served in a residential gambling treatment program. The number of persons receiving state-funded gambling treatment in FY2021 was down from previous years due to the impacts of the COVID-19 pandemic on Connecticut's behavioral healthcare system, which included temporary shifting of all in-persons services to telehealth.

In addition to efforts by DMHAS/PGS, the Connecticut Council on Problem Gambling (CCPG), a non-profit organization, also provides problem gambling services and serves as the state affiliate to the National Council on Problem Gambling. Both of Connecticut's Tribal Casinos contributed to the CCPG in FY2021 with Foxwoods donating \$226,375 and Mohegan Sun donating \$323,000. Further efforts to raise problem gambling awareness are made by the Connecticut Lottery, which participates in the North American Association of State and Provincial Lotteries (NASPL) - National Council on Problem Gambling (NCPG) Responsible Gambling Accreditation program.

¹ Based on a 2016 U.S. Census Bureau estimate of 2,875,887 persons age 18 and standardized past year problem gambling rate reported for Connecticut by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

Resources

Problem Gambling Helpline:
1-888-789-7777

State Agency:
Dept. Mental Health
Services/Problem Gambling
Services
<https://portal.ct.gov/DMHAS/Programs-and-Services/Problem-Gambling/PGS--Home-Page>

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

Problem Gambling Prevalence

An estimated 1.1% of Connecticut adults (31,635) are believed to manifest a gambling problem in Connecticut.¹

Money Spent Gambling

In 2021, approximately \$3.1 billion was spent on legalized gambling in Connecticut.²

DELAWARE

Problem Gambling Services



Problem gambling services in Delaware are funded through legislation that calls for \$1,000,000 or 1% of Delaware Lottery revenues, whichever is greater, to be directed to the Division of Substance Abuse and Mental Health of the Department of Health and Social Services (DHSS) for “funding programs for the treatment, education and assistance of compulsive gamblers and their families.” In FY2021, the Delaware Lottery transferred nearly \$1.6 million to help fund problem gambling programs offered by the Delaware Department of Health and Social Services. Of these funds, the Delaware Council on Gambling Problems received the sole contract for problem gambling services via a contract in the amount of \$1,389,842. The difference was placed in reserves.

In 2021, Delaware ranked third in the U.S. in terms of per capita public funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with funded services was 40 cents; Delaware’s per capita public investment was \$1.39.

The Delaware Council on Problem Gambling (DCPG), through DHSS funding, provides an array of problem gambling services, including operating a helpline, conducting research and program evaluation, providing numerous problem gambling awareness raising services, providing counselor training, and implementing prevention and treatment services. Persons seeking treatment assistance, individuals with gambling problems or family members, may be referred to one of ten certified and vetted problem gambling counselors in the state and allowed to participate in virtual problem gambling support groups administered by the DCGP.

In addition to the gambling treatment services administered by the DCPG, Medicaid eligible persons with a gambling disorder and their affected others can be served through Delaware’s Medicaid system.

The number of persons calling the Delaware problem gambling helpline, along with the number of persons receiving state-supported problem gambling treatment services, were not reported for FY2021.

Resources

Problem Gambling Helpline:
1-888-850-8888

DHHS Division of
Substance Abuse and Mental
Health
[dhss.delaware.gov/
dsamh](http://dhss.delaware.gov/dsamh)

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

Problem Gambling Prevalence

An estimated 1.4% of
Delaware adults (11,131) are
believed to manifest a
gambling problem in
Delaware.¹

Money Spent Gambling

In 2021, approximately \$1.2
billion was spent on legalized
gambling in Delaware.²

¹ Based on a 2020 U.S. Census Bureau estimate of 795,090 persons age 18 and standardized past year problem gambling rate reported for Delaware by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

DISTRICT OF COLUMBIA

Problem Gambling Services

The Sports Wagering Lottery Amendment Act of 2018 led to the Government of the District of Columbia Code § 36–621.15 that states the first \$200,000 of sports wagering tax revenue shall be used to fund programs through the Department of Behavioral Health (DBH) to prevent, treat, and research gambling addiction. As it took some time to operationalize sports wagering, funding to DBH for a “Gambling Initiative” did not begin until FY2020. Prior to this Act, the District of Columbia had no set-aside funding to address problem gambling. Due to the combination of DBH staffing shortages and other DBH priorities, the Gambling Initiative was delayed, and the amount budgeted for problem gambling services in FY2020 and FY2021 were left unspent. In FY2021, planning activities occurred, including conversations with consultants; however, no specific problem gambling services were implemented nor was the DBH website populated with information about problem gambling or help resources.

In FY2022, DBH engaged in implementation planning and procurement for a Gambling Initiative envisioned by the project lead as an “adult comprehensive prevention, treatment, and recovery program to address problem gambling including online counselor trainings, webinars and technical assistance to certified providers and agency staff.”

The D.C. Lottery offers traditional lottery, keno, and sports betting. It offers a self-exclusion program and a “play responsibly” program that includes resource information for persons struggling with gambling issues. In FY2022, there was no District funded gambling helpline, so the D.C. Lottery was advertising the National Problem Gambling Helpline as the number to call or text for assistance with a gambling problem. Additionally, the D.C. Lottery provided contact information for three additional “self-help” resources: Gamblers Anonymous, Gam-Anon, and GamTalk.

In 2021, the Government of the District of Columbia ranked 21st in the U.S. in terms of per capita public funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with funded services was 40 cents; D.C.’s per capita public investment was 30 cents. In terms of actual dollars spent on problem gambling services, D.C. ranked lowest along with the other states that had not spent any funds dedicated for problem gambling services.

Resources

Problem Gambling
Helpline:
1-800-522-4700

Department of
Behavioral Health
(DBH)
<https://dbh.dc.gov/>

Problem Gambling Prevalence

An estimated 2.2% of District of Columbia adults (11,973) are believed to manifest a gambling problem.¹

Money Spent Gambling

In 2021, approximately \$249 million was spent on legalized gambling in the District of Columbia.²

¹ Based on a 2020 U.S. Census Bureau estimate of 544,215 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

FLORIDA

Problem Gambling Services



Florida Statute 551.118 created the Compulsive or Addictive Gambling Prevention Program funded from an annual regulatory fee of \$250,000 paid by slot machine licensees to the Department of Business and Professional Regulation (DBPR), Division of Pari-Mutuel Wagering. In FY2020/2021, Compulsive or Addictive Gambling Prevention Program Fees totaled \$2,000,000. From this amount, \$1,250,000 was authorized by the legislature to be expended for problem gambling services. The remaining \$750,000 in FY2021 transfers to this fund was swept into general funds and thereby not utilized for problem gambling services.

DBPR has a contract that is awarded via competitive solicitation to the Florida Council on Compulsive Gambling (FCCG) to administer problem gambling awareness, prevention, slot facility training, and helpline services. In FY2021, the FCCG problem gambling helpline received a total of 5,709 Florida-specific Help Service Contacts, generated across all contact types and methods, including 59 texts and 34 chats. In addition, the FCCG gamblinghelp.org website received 134,348 website visits.

In 2021, Florida ranked 34th in the U.S. regarding per capita public funds invested on problem gambling services. Florida's per capita public fund allocation is six cents. The national average is 40 cents amongst the 42 states that dedicate public funds specifically for problem gambling services

In FY2021, gambling treatment services were not funded by the state. The Seminole Tribe of Florida, which operates six casinos throughout the state, contributed \$1.5 million to the FCCG; through this charitable contribution, the FCCG was able to offer treatment services, training services, prevention, and awareness services (services not funded by the State) to areas outside of Broward and Miami-Dade Counties. The problem gambling treatment system offered by the FCCG includes an Online Program for Problem Gambling (OPPG) that has elements of both traditional telehealth and self-guided change.

In 2021, Florida was poised to expand into sports betting through a new compact between the Seminole Tribe and the State of Florida. The agreement included an annual donation to the FCCG of \$250,000 per operational gaming facility. However, a U.S. District Judge later invalidated the Compact. Commercial gaming operators then attempted but failed to get two separate sports betting measures on the November 2022 General Election ballot. With any expanded gambling legislation, the FCCG advocates for increased funding to address problem gambling.

Resources

Problem Gambling
Helpline:
1-888-ADMIT-IT

State Agency:
Department of Business
and Professional Regulation

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

Problem Gambling Prevalence

An estimated 1.2% of Florida adults (192,410) are believed to manifest a gambling problem in Florida.¹

Money Spent Gambling

In 2021, approximately \$12.3 billion was spent on legalized gambling in Florida.²

¹ Based on a 2020 U.S. Census Bureau estimate of 17,491,848 persons aged 18 and overall past year problem and pathological gambling rate combined reported for Florida by Rotunda & Schell (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

GEORGIA

Problem Gambling Services



Georgia Lottery offers Digi Games (games you can play on your tablet, phone, etc.) and online sales of traditional games. Other than a state lottery that offers more ways to play than most lotteries, legalized gambling in Georgia is one of the more restrictive states. The state prohibits any land-based casinos, poker, and horse and dog racing. The only legal forms of gambling are the Georgia Lottery and various charitable gambling activities.

Per the Georgia Lottery for Education Act 50-27-24: “A portion of unclaimed prize money, not to exceed \$200,000.00 annually, shall be directed to the Department of Behavioral Health and Developmental Disabilities (DBHDD) for the treatment of compulsive gambling disorder and educational programs related to such disorder.” Further the Act permits lottery “operating expenses” per definition, to include “funds for compulsive gambling education and treatment.” Under this provision, beginning in 2014, the Georgia Lottery doubled the transfer to DBHDD for treatment of problem gambling from \$200,000 to \$400,000.

Approximately 80% of the funds dedicated for DBHDD administered problem gambling services are used to support four treatment programs operated by DBHDD. These programs screen all clients for problem gambling, offer problem gambling education, and provide treatment to individuals with gambling problems. The remaining 20% of the problem gambling service funds were invested in problem gambling workforce development.

The Georgia Crisis and Access Line serves as the state’s problem gambling helpline and provides support to Georgians seeking help for a gambling problem. This toll-free helpline is available 24/7 at: 1-866-922-7369.

The Georgia Lottery is another source of problem gambling information for Georgians. The Georgia Lottery is certified by the National Council on Problem Gambling, through its Internet Compliance Assessment Program (ICAP) accreditation, as an online gambling operator offering best practice in player protection.

In 2021, Georgia ranked 35th in the U.S. in terms of per capita investment in problem gambling dedicated funding, investing four cents per capita. For those states that earmarked funds to problem gambling services, the national average was 40 cents per capita.

¹ Based on a 2020 U.S. Census Bureau estimate of 8,275,264 persons aged 18 and standardized past year problem gambling rate reported for Georgia by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

Resources

Georgia Crisis and Access Line:
1-866-922-7369

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

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

Problem Gambling Prevalence

An estimated 1.4% of Georgia adults (115,854) are believed to manifest a gambling problem in Georgia.¹

Money Spent Gambling

In 2021, approximately \$5.9 billion was spent on legalized gambling in Georgia.²

HAWAII

Problem Gambling Services



In 2021, Hawaii was one of nine states that did not set aside funds to specifically address problem gambling. The Hawaii Department of Health, Behavioral Health Services Administration, is the state agency responsible for mental health and drug and alcohol abuse services in Hawaii; however, a search for the word “gambling” on its website revealed no results suggesting the issue of problem gambling was not specifically being addressed by this state agency at the time of this survey.

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

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

¹ Based on a 2020 U.S. Census Bureau estimate of 1,137,154 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2012).

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

Resources

State Agency:
Department of Health,
Behavioral Health Services
Administration
<https://health.hawaii.gov/>

National Council on Problem
Gambling

1-800-522-4700

www.ncpgambling.org

Problem Gambling Prevalence

An estimated 2.2% of Hawaii adults (25,017) are believed to manifest a gambling problem in Hawaii.¹

Revenues from Gambling

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

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

IDAHO

Problem Gambling Services

As of FY2021, the State of Idaho did not provide public funding dedicated to problem gambling services, nor does Idaho have a state affiliate to the National Council on Problem Gambling. As of January 2022, a search on the Idaho Department of Health and Welfare's programs and services website for the keywords "gambling," "gambler," and "compulsive" provided zero results. The International Gambling Counselor Certification Board website did not identify any certified problem gambling counselors within Idaho. The only problem gambling-specific help in Idaho appears to be Gamblers Anonymous (GA). The GA website's meeting locator identified 4 meetings within the state.

Opportunities for gambling in Idaho are limited, with only lottery, pari-mutuel sports betting and limited, Class II, electronic casino games available at six tribal casinos. Idaho law is one of the few state laws that specifically mentions poker as a form of prohibited gambling.

The Idaho Lottery operates a responsible gambling program entitled, "Play Wise." Within the Play Wise tab on the Idaho Lottery website, responsible gambling information is provided along with help resources. Persons seeking assistance for a gambling problem are referred to Idaho Careline (211) and the National Council for Problem Gambling (1-800-522-4700).

Resources

Idaho Careline

1-800-926-2588 or 2-1-1

www.idahocareline.org

National Council on Problem Gambling

1-800-522-4700

www.ncpgambling.org

Problem Gambling Prevalence

An estimated 2.2% of Idaho adults (31,502) are believed to manifest a gambling problem in Idaho.¹

Money Spent Gambling

In 2021, approximately \$514 million was spent on legalized gambling in Idaho.²

¹ Based on a 2020 U.S. Census Bureau estimate of 1,431,897 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

ILLINOIS

Problem Gambling Services



The State of Illinois enacted bills PA 89-374 and 89-626 in 1996; these laws designated how monies from a Gaming Fund were to be allocated and earmarked to address problem gambling. This legislation assigned the Division of Substance Use Prevention and Recovery (SUPR) in the Illinois Department of Human Services (IDHS) to administer problem gambling services through the Illinois Gaming Fund. More recently, in 2019 a bill passed (SB690) that expanded the number of casino licenses in the state by six, expanded video gambling to the Chicago airports and horse tracks, added in sports wagering online and in person, created additional casino like gaming at licensed establishments, and altered the taxes and licensing.

From the many bills and actions Illinois has taken to legalize and regulate gambling, two sources of revenue have resulted that provided funding for problem gambling services in FY2021. The Video Gaming Act calls for 10% of operators' fees to be dedicated to problem gambling services (\$1.3M in FY2021). An additional \$5.5M in gambling tax revenues was provided to DHS for problem gambling services in FY2021; however, this allocation is not stated in legislation, other than fiscal bills, and is therefore subject to change.

The IDHS SUPR administers an array of problem gambling services in Illinois, including counselor training, a helpline, public awareness, research, and treatment. In 2021, Illinois ranked 11th in the U.S. in terms of per capita public funds dedicated to problem gambling services. The average allocation of per capita funds in Illinois was 54 cents, whereas the national average was 40 cents per capita.

The state has the Illinois Problem Gambling Helpline, a telephone and web resource, where in FY2021 received 573 calls for help, 179 texts, 139 chats, and 16,900 website visits. DHS funds local providers for prevention activities and provides statewide public awareness efforts such as the weknowthefeeling.org. Treatment and recovery resources are numerous. In FY2021, there were 26 funded providers; out of this group, six provided outreach and 20 provided some level of treatment services to 1,654 individuals.

Illinois is also one of 34 states with a state affiliate to the National Council on Problem Gambling and has a state lottery that invests in responsible gambling programs and problem gambling signage and contributes a portion of funds needed to operate the helpline. The largest contributor of funds used to support the helpline is the Illinois Casino Gaming Association. For further information about problem gambling in Illinois, readers are referred to “2021 Statewide Assessment of Gambling and Problem Gambling in Illinois.”¹

Resources

Problem Gambling Helpline:
1-800-GAMBLER

State Agency:
Illinois Department of
Human Services
weknowthefeeling.org

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

Problem Gambling Prevalence

The statewide prevalence of problem gambling in Illinois in 2021 was 3.8%. An estimated 383,000 Illinois adults may have a gambling problem, while an additional 761,000 are estimated to be at risk for developing a gambling problem¹

Gambling Revenues

In 2021, approximately \$5.2 billion was spent on legalized gambling in Illinois.²

Annual tax revenues to the State totaled over \$1.4 billion in fiscal year 2019.¹

¹ Carliner, H., Auerbach, A., Showalter, E., Reynoso, N., Robertson, N., Rana, P., Flynn, A., Rushman, A., Sanusi, M., Lawson, E., Wolff, L. S. (2021). *2021 Statewide Assessment of Gambling and Problem Gambling in Illinois*. Boston, MA: Health Resources in Action.

² Based on combined revenue reports from: (a) *The American Gaming Association* (2021); (b) Meister, A. (2017); and (c) *North America State and Provincial Lotteries* (2021).

INDIANA

Problem Gambling Services



Indiana law authorizes eleven land-based or riverboat casinos, racinos at the state's two horse tracks, and one Indian casino in the state. Other forms of legal gambling are the Hoosier Lottery, pari-mutuel wagering on horse races, charitable gambling, and legalized sports betting, which the Indiana legislature passed in 2019.

In FY2021, \$3,047,034 in funds from sports betting tax, wagering tax, and a racino fee, contributed to the Gamblers' Assistance Dedicated Funds. These funds were distributed to the Division of Mental Health and Addiction (DMHAS) for programs to prevent and treat problem gambling.

DMHAS-supported problem gambling services include a helpline, program evaluation, public awareness, counselor training, treatment, prevention, and supported treatment integrated services, gaming compliance, and voluntary exclusion programs. DMHAS has developed several partners in its efforts to address problem gambling. These include the Indiana Problem Gambling Awareness Program (IPGAP), housed within Indiana University, and the Indiana Council on Problem Gambling. These DMHAS-funded partners provide research services, counselor training, public awareness, and prevention services in the state. The DMHAS contracts the helpline services to LifeWorks and with community based mental health and/or substance abuse treatment agencies to provide problem gambling treatment.

In 2021, Indiana ranked 16th in the U.S. in terms of per capita public funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states reporting publicly funded services was 40 cents. Indiana's per capita allocation was 45 cents.

In FY2021, the Indiana Problem Gambling Helpline received 230 calls for help, 57 texts, and 12 chats. Additionally, 781 problem gamblers received outpatient treatment. These numbers were down from previous years, due in part to the impact of the COVID-19 pandemic.

In addition to DMHAS, in FY2021, other entities in Indiana placed efforts into reducing gambling related harm in Indiana. These include the Hoosier Lottery and the Indiana Gaming Commission (IGC) who maintains the Voluntary Exclusion Program (VEP) and Internet Self-Restriction Program. These entities have invested heavily in responsible gambling programs and efforts to increase problem gambling awareness. Further, the Indiana Council on Problem Gambling strives to generate awareness, promote education, and be an advocate for quality treatment of problem gamblers in the State of Indiana.

Resources

Problem Gambling
Helpline: 1-800-994-8448

State Agency:
Division of Mental Health
and Addiction
www.in.gov/fssa/dmha/addiction-services/problem-gambling/

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

Problem Gambling Prevalence

An estimated 4.1% of Indiana adults (213,978) are believed to manifest a gambling problem in Indiana.¹

Money Spent Gambling

In 2021 approximately \$4.5 billion was spent on legalized gambling in Indiana.²

¹ Based on a 2016 U.S. Census Bureau estimate of 5,218,979 persons age 18+ multiplied by gambling disorder prevalence reported by Jun, M., Lay, M., King, R., Agley, J. & Lee, J. (2021). *Adult Gambling Behaviors in Indiana 2021*. Bloomington, IN: Prevention Insights at Indiana University

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

IOWA

Problem Gambling Services



The State of Iowa began funding the Iowa Gambling Treatment Program (IGTP) in 1986. IGTP received a portion of gaming revenue each year. In 2009, the Gambling Treatment Fund was eliminated, and gambling prevention, treatment and recovery services have since been funded as part of the Addiction Services appropriation to the Iowa Department of Public Health from the State General Fund. In 2019, problem gambling prevention, treatment and recovery services were integrated into the Integrated Provider Network. With the legalization of sports wagering in Iowa (August 2019), the legislation included an earmark from the Sports Wagering Tax Receipt Fund for Problem Gambling Services. For FY2021, IDPH received \$1.75M from the Sports Wagering Tax Receipt fund and \$1.2M of General Fund to fund problem gambling services. Actual Expenses for FY2021 totaled \$2,925,437. These funds supported an array of problem gambling services, including a helpline, research, program evaluation, counselor training, treatment, prevention, and public awareness services.

The IDPH administers the Integrated Provider Network (IPN) and Improving Tomorrow: Prevention Focused Mentoring Grants. These projects strive to raise awareness of the risks associated with problem gambling with the goal of reducing the likelihood that Iowans will engage in high-risk gambling behaviors.

Problem Gambling Treatment and Recovery Support services were provided by the Integrated Provider Network (IPN). The 19 IPN contractors provided problem gambling prevention, treatment, and recovery services reaching all 99 of Iowa's counties. In FY2021 almost 50% of services were being provided via telehealth. Helpline services were provided through a contracted agency via the Your Life Iowa project/contract. In FY2021, the helpline received 1,291 calls for help, 57 texts, 63 chats, and 33,799 website visits.

In 2021, Iowa ranked 5th in the U.S. in terms of per capita public funding dedicated to problem gambling services. The nation's average is 40 cents invested into problem gambling services per capita; in FY2021, Iowa spent 94 cents per capita.

In addition to IDPH, in FY2021, other Iowa entities placed efforts into reducing gambling related harm. These included the Iowa Lottery, the Iowa Racing and Gaming Commission (IRGC), the Iowa Behavioral Health Association, and Tribal casinos. These entities promote problem gambling awareness and IRGC manages a program for individuals to voluntarily exclude.

¹ Based on a 2020 U.S. Census Bureau estimate of 2,456,703 persons age 18+ and past year problem gambling rate reported for Iowa: Park, K., Losch, M., Muilenburg, R., & Zubrod, A. (2019). *Gambling Attitudes and Behaviors: A 2018 Survey of Adult Iowans Toward Prevalence of Gambling*. Cedar Falls, IA: Center for Social and Behavioral Research, University of Northern Iowa.

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

Resources

Problem Gambling Helpline:
1-800-BETS OFF

State Agency:
Department of Public
Health
<https://yourlifeiowa.org/gambling>

Problem Gambling Prevalence

An estimated 0.8 % of Iowa adults (19,654) are believed to manifest a gambling problem.¹

Money Spent Gambling

In 2021, approximately \$2.5 billion was spent on legalized gambling in Iowa.²

KANSAS

Problem Gambling Services

The Problem Gambling and Other Addictions Fund (PGOAF) was created within the 2007 Kansas Expanded Lottery Act by earmarking 2% of net revenues created by state-owned casino gaming to be directed toward addiction services within the Kansas Department for Aging and Disability Services (KDADS). The statute does not specify the amount of the distribution to go toward problem gambling services; however, historically, problem gambling services have received less than 10% of the PGOAF annual revenue. That amount for FY2021 was \$632,316. In addition, \$80,000 from the Kansas Lottery was transferred to KDADS to support problem gambling services. Kansas' ranking fell 9 spots from 2016, to 25th in the U.S. in 2021 in terms of per capita public funding dedicated to problem gambling services. The average per capita allocation in the 42 states reporting such figures is 40 cents, while Kansas invested 24 cents per capita in FY2021.

KDADS supports gambling treatment services through a contract with Beacon Health Options to manage a network of certified gambling counselors, answer gambling helpline calls, and collect evaluation data. In FY2021, 213 individuals engaged in treatment services, including 10 supported for residential gambling treatment. The Problem Gambling Helpline also received 200 calls for help. In the 2021 Beacon Health Options network, there were 30 certified gambling counselors providing services at multiple locations across Kansas.

In addition to direct gambling treatment services, KDADS supports four Problem Gambling Community Task Forces and employs two Problem Gambling Specialists to assist the Community Task Forces. These Task Forces primarily serve to raise community awareness of problem gambling. Television and radio advertisements about problem gambling awareness have been created and aired as public service announcements.

In addition to the efforts by KDADS, The Kansas Coalition on Problem Gambling, an all-volunteer, non-profit affiliate to the NCPG, provides advocacy work and manages a Facebook page. The Kansas Lottery, the state-owned casinos, and tribal casinos operate responsible gambling programs promoting problem gambling awareness including the gambling helpline number. Further, the state-owned casinos and largest tribal casino operate self-exclusion programs.

For further information about problem gambling and problem gambling services in Kansas, readers are referred to the KDADS website and the 2017 Kansas Gambling Survey Report.

¹ Based on a 2016 U.S. Census Bureau estimate of 2,231,518 persons age 18+ and prevalence rate based on: 2017 Kansas Gambling Survey Prepared by: The Learning Tree Institute at Greenbush Research and Evaluation Department For: The Kansas Department for Aging and Disability Services

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

Resources

Problem Gambling Helpline: 1-800-522-4700

State Agency:

Department for Aging and Disability Services
www.kdads.ks.gov

State Affiliate:

Kansas Coalition on Problem Gambling
www.ksgamblinghelp.com

Problem Gambling Prevalence

An estimated 2.7% of Kansas adults (60,251) are believed to manifest a gambling problem in Kansas.¹

Money Spent Gambling

In 2021, approximately \$985 million was spent on legalized gambling in Kansas.²

KENTUCKY

Problem Gambling Services



In 2021, legalized gambling in Kentucky was limited to the Kentucky Lottery, charitable gambling, and pari-mutuel wagering. However, pari-mutuel wagering includes over 3,700 Historic Horse Racing (HHR) machines at six different sites in Kentucky. HHR machines in Kentucky closely resemble modern slot machines. In FY2021, an estimated \$3.75 billion was bet through HHR machines and 2000 more machines are expected to be added over the next several years.³

Although Kentucky's gambling industry is growing, in 2021, Kentucky was one of eight U.S. states without any public funds designated to address problem gambling.

The entity in Kentucky most directly providing problem gambling services is the Kentucky Council on Problem Gambling who had an annual budget of \$72,100 in FY2020. Funds went toward an annual conference focused on counselor training, the 1-800-GAMBLER helpline, public awareness messaging, youth awareness curriculum, awareness literature distribution, and legislative advocacy to establish publicly funded problem gambling services. Funding comes from membership, conference sponsors (both largely from the gambling industry), and one grant from the Division of Behavioral Health to sponsor an annual problem gambling conference.

By statute, the Kentucky Lottery cannot provide direct funding to problem gambling treatment and awareness services. However, it is the largest contributor to the Kentucky Council on Problem Gambling in the form of various charitable contributions totaling \$21,000 in FY2021. The Lottery also operates a "Play Responsibly" campaign.

The River Valley Behavioral Health Crisis Line Services fields calls to the Problem Gambling Helpline (1-800-GAMBLER) through a contract with KCPG. Persons seeking help may be referred for professional help and/or to Gamblers Anonymous (GA). In 2021, Kentucky had 10 GA meetings listed in the GA directory with 7 of 10 in Louisville and five counselors listed on the International Gambling Counselor Certification Board (IGCCB).

Resources

Problem Gambling Helpline:
1-800-GAMBLER

State Agency:
Division of Behavioral Health
<https://kentucky.gov/government/Pages/AgencyProfile.aspx?Title=Division+of+Behavioral+Health>

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

Problem Gambling Prevalence

An estimated 1.1% of Kentucky adults (38,428) are believed to manifest a gambling problem in Kentucky.¹

Money Spent Gambling

In 2021, approximately \$5.2 billion was spent on legalized gambling in Kentucky.²

1 Based on a 2016 U.S. Census Bureau estimate of 3,493,482 persons age 18+ and standardized past year problem gambling rate reported for Kentucky's most recent prevalence study by Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); (c) North America State and Provincial Lotteries (2021); and (d) Historic Horse Racing revenue reported here: <https://spectrumnews1.com/ky/louisville/news/2022/03/01/lawmakers-introduce-sports-betting-bill>

3. Lambert, T. E. (2021). Historical Horse Racing Trends over the Last Five Years: How Much does each Machine Earn?

LOUISIANA

Problem Gambling Services



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

In FY2021, \$2,583,873 in revenues from video poker, river boat casinos, land-based casinos, lottery, and electronic gaming machines were transferred to the Problem Gambling Fund and distributed by OBH to provide problem gambling services. Almost three-fourth of these funds were distributed to 10 Local Governing Entities, representing all areas of the state, for gambling treatment and the Louisiana Problem Gambling Helpline. All the Local Governing Entities throughout the state screens for problem gambling on all clients receiving services for behavioral health issues. The remaining funds were distributed for gambling prevention services and a statewide gambling awareness campaign.

In 2021, Louisiana ranked 9th in the U.S. regarding per capita public funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with publicly funded services was 40 cents; in Louisiana, the per capita average was 56 cents.

In FY2021, the Louisiana problem gambling helpline received 16,674 calls for help, 33 texts, and 59 chats. A total of 223 people received state supported gambling treatment services in FY2021, down 31% from the previous year. The decrease in gambling treatment services were suspected to be related to the COVID-19 pandemic and its negative impact on the larger behavioral health system via workforce shortages, clinic closures, and transitioning to telehealth services.

In addition to the Local Governing Entities, another primary partner of OBH-supported problem gambling services is the Louisiana Association on Compulsive Gambling (LACG). The LACG is a non-profit organization providing problem gambling treatment, helpline, advocacy, and awareness services. Primary funding is provided by contracts with the OBH and by grants from the Louisiana Casino Association and individual donors.

Resources

Problem Gambling Helpline:
1-877-770-STOP

State Agency:
Office of Behavioral Health
<https://ldh.la.gov/page/1545>

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

Problem Gambling Prevalence

An estimated 5.4 % of Louisiana adults (191,220) are believed to manifest a gambling problem in Louisiana.¹

Money Spent Gambling

In 2021, approximately \$3.5 billion was spent on legalized gambling in Louisiana.²

¹ Based on a 2016 U.S. Census Bureau estimate of 3,541,104 persons aged 18 and problem gambling rate reported from: Biggar, R., Jr., Esters, I., Dick, S. J., Chen, J., Burstein, K., Bergeron, M., Cooper, R., & Zeanah, P. (2017). *The Impact of Gambling in Louisiana (Tech.)*. Lafayette, LA: University of Louisiana at Lafayette. www.picardcenter.louisiana.edu

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

MAINE

Problem Gambling Services



In FY2021, the Maine Department of Health and Human Services (DHHS) received \$100,000 of casino revenue legislatively designated for Prevention and Treatment of Problem Gambling and added \$6,000 in forfeited self-exclusion winnings from the Gaming Control Board. Ninety-five percent of these funds support a Coordinator at Ad Care Educational Institute to provide problem gambling training, problem gambling awareness, and prevention materials and social media presence. The other five percent goes toward supporting helpline services provided by 211, which is the number advertised on lottery tickets and at casinos for seeking problem gambling help. Ad Care Educational Institute of Maine, Inc. sets aside funds for treatment; however, no claims were filed so those funds were redirected toward workforce development activities.

In 2021, Maine ranked 30th in the U.S. in terms of per capita public funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 U.S. states reporting funding was 40 cents. Maine's per capita public investment was eight cents.

Advertising for the 211 helpline is printed on lottery tickets and posted in casinos. The 211 Maine helpline received a total of 28 calls for problem gambling help in FY2021. Persons requesting counseling are referred to a gambling addiction treatment network of providers with at least 12 hours of training in problem gambling. Providers can invoice Ad Care at Medicaid rates for those persons without any other forms of payment. However, this is a very under-utilized system with no claims for gambling treatment made for the past three years.

In addition to DHHS, other notable efforts in the state to address problem gambling include; (a) the Maine Council on Problem Gambling (MCPG), a volunteer-driven 501(c)3 non-profit committed to working with other organizations and individuals to reduce problem gambling and its impact on Maine's individuals, families, and communities; (b) the Gambling Control Board administers a self-exclusion program for all casinos in Maine; (c) Maine casinos provide signage for problem gambling help and operate responsible gambling programs, and; (d) the Maine State Lottery provides responsible gambling messaging on its website and prints the 211 problem gambling helpline number on its lottery tickets and promotional materials.

Resources

Problem Gambling Helpline: 211

State Agency:

Maine Center for Disease Control & Prevention, A Division of the Maine Department of Health and Human Services
<https://www.maine.gov/dhhs/mecdc/population-health/prevention/gambling/>

Problem Gambling Prevalence

An estimated 2.2% of Maine adults (24,647) are believed to manifest a gambling problem in Maine.¹

Money Spent Gambling

In 2021, approximately \$538 million was spent on legalized gambling in Maine.²

¹ Based on a 2020 U.S. Census Bureau estimate of 1,120,338 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

MARYLAND

Problem Gambling Services



In FY2021, Maryland invested \$4,132,375 to support problem gambling services. This figure was approximately \$1 million less than the previous year as funding for problem gambling services in Maryland is tied to the number of licensed VLTs and table games. Because of pandemic related gambling operator closures, the number of VLTs and tables were reduced and that affected allocations to the state budget for problem gambling services.

In 2021, Maryland ranked 8th in the U.S. in per capita public funds dedicated to problem gambling services. The average per capita allocation in the 42 states with publicly funded services was 40 cents; in Maryland, the per capita investment was 67 cents.

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

Maryland utilized the 1-800-GAMBLER number for its problem gambling helpline. In FY2021, there were 402 calls for help, 11 texts, 123 chats, and the helpmygamblingproblem.org received 170,966 website visits. In FY2021, no-cost treatment to Maryland residents for problem gambling, regardless of insurance or income status, continued as part of the collaboration between the Center, the Behavioral Health Administration and Optum Maryland. In 2021, there were 120 behavioral health treatment providers listed on the Center's Provider Referral Directory, providing coverage across Maryland. This network provided gambling treatment to 102 individuals.

Other entities in the state that address problem gambling include the Maryland Council on Problem Gambling, the Maryland Lottery and Gaming Control Agency, and the Maryland Alliance for Responsible Gambling. Also, casinos operate responsible gambling programs.

For further information about problem gambling and problem gambling services in Maryland, readers are referred to www.mdproblemgambling.com where the FY2021 Annual Report and other reports can be found.

Resources

Problem Gambling Helpline: 1-800-GAMBLER

State Agency:
Maryland Department of Health, Behavioral Health Administration
<https://health.maryland.gov/bha/Pages/Gambling.aspx>

State Affiliate:
Maryland Council on Problem Gambling (MCPG)

Problem Gambling Prevalence

An estimated 1.9% of Maryland adults (91,235) are believed to manifest a gambling problem in Maryland.¹

Note: A new prevalence study was scheduled to be released shortly after this report's writing. For the most recent rates see: www.mdproblemgambling.com

Money Spent Gambling

In 2021, approximately \$6.3 billion was spent on legalized gambling in Maryland.²

¹ Based on a 2020 U.S. Census Bureau estimate of 4,801,825 persons age 18+ and problem gambling rate reported from: Tracy, J, Maranda, L., & Scheele, C.. (2017). *Statewide Gambling Prevalence in Maryland: 2017*. Baltimore, Maryland: University of Maryland, Baltimore.

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

MASSACHUSETTS

Problem Gambling Services



The Expanded Gaming Act of 2011 authorized licenses for one slot parlor and three resort casinos in Massachusetts. Notably, this law set aside revenues generated by expanded gambling into a Public Health Trust Fund (PHTF). For FY2021, the PHTF directed approximately \$10 million to gaming research, responsible gaming, problem gambling prevention, and treatment programs. The Executive Office of Health and Human Services (EOHHS) oversees the PHTF, with the Office of Problem Gambling Services, within the Department of Public Health (DPH), administering problem gambling prevention, intervention, treatment, and recovery services. The Massachusetts Gaming Commission (MGC) establishes responsible gambling regulations and programs for its licensees and investigates gambling impacts, responsible gambling programs, and other items on its research agenda (see <https://massgaming.com/>)

In FY2021, approximately \$4.6M of the PHTF was allocated to DPH and \$4.6M allocated to the MGC. These investments place Massachusetts as the second highest ranked in the U.S. in terms of per capita public funds dedicated to problem gambling services. The average per capita allocation in the 42 states with publicly funded services was 40 cents; in Massachusetts, the per capita investment was \$1.46.

The DPH Office of Problem Gambling Services (OPGS) has a goal to ensure a comprehensive and integrated public health response to problem gambling. OPGS provides a range of services to the community, including a 24/7 problem gambling helpline. In FY2021, the helpline received 154 calls for help and 14,863 website visits. The helpline and other sources of treatment information direct persons in need of services to OPGS treatment and recovery networks consisting of treatment opportunities at 40 outpatient services sites in FY2021. The OPGS also develops and provides clinical tools and resources to providers and the people they serve. For more information on the OPGS and its programs, see: <https://www.mass.gov/orgs/office-of-problem-gambling-services>

In addition to state funded problem gambling services, Massachusetts has a relatively large non-profit whose activities are primarily focused on addressing problem gambling. The Massachusetts Council on Gaming and Health operates on an annual budget of approximately \$3.6M, funded primarily from contracts with state agencies. It provides informational & referral services, public awareness services, education and training, and advocacy work. For a full report see: https://macgh.org/wp-content/uploads/2021/01/MCCG_2020_AnnualReport_final.pdf

Other entities involved in reducing gambling related harm include the MA Lottery and MGC licensees who develop and implement responsible gambling plans. In many ways, MA has placed greater emphasis on public health concerns related to gambling expansion than other U.S. states and has been an innovator in this area.

¹ Based on a 2020 U.S. Census Bureau estimate of 5,622,590 persons age 18+ and problem gambling rate reported from: <https://www.umass.edu/seigma/>

² Based on combined revenue reports from: (a) The American Gaming Association (2020); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2020).

Resources

Problem Gambling
Helpline: **1-800-426-1234**

State Agency:
Department of Public
Health, Office of
Problem Gambling
Services

www.mass.gov/orgs/office-of-problem-gambling-services

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

Problem Gambling Prevalence

An estimated 2.0% of
Massachusetts adults
(112,452) are believed to
manifest a gambling
problem.¹

Money Spent Gambling

In 2021, approximately
\$6.8 billion was spent on
legalized gambling in
Massachusetts.²

MICHIGAN

Problem Gambling Services



Publicly funded problem gambling services in Michigan are administered by the Michigan Department of Health and Human Services (MDHHS) and are made possible through the Compulsive Gaming Prevention Fund (MCL 432.253). This fund is comprised of revenues from the Michigan Gaming Control Board, Michigan State Lottery, and Michigan Racing Commission. In FY2021, the appropriation to this fund was \$5,515,300 of which \$3,694,308 was spent on program administration and contracted services for problem gambling services. The \$5.5M appropriation represented an increase over previous years that resulted from new revenues dedicated to problem gambling services from Michigan's recent expansion into sports betting and online gambling; however, actual expenditures decreased. The decreased expenditures were in part related to delaying the launch of a residential gambling treatment program and other program delays due to a workforce more strained than usual due to pandemic related challenges.

The \$5.5M appropriation placed Michigan as 10th in the U.S. in terms of per capita public funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with publicly funded services was 40 cents in 2021; Michigan's per capita allocation for problem gambling services was 55 cents.

The Michigan Department of Health and Human Services (MDHHS) contracts with Health Management Systems of America (HMSA) to administer the Gambling Disorder Helpline and Treatment Services. The Helpline received 728 calls for help and 37,304 website visits in FY2021. Persons seeking assistance for gambling related problems have access to a statewide network of 37 licensed clinicians trained and experienced to work with gambling disordered individuals, families, and affected others. In FY2021, 398 persons were treated using this state-funded gambling treatment network. MDHHS also administers a workforce development program (where 19 trainings on topics related to problem gambling were provided in FY2021) and supported a \$1.5M media campaign designed to raise awareness of problem gambling and help resources. More information on MDHHS problem gambling services can be found at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/gambling>

The Michigan Gaming Control Board operates a self-exclusion program that provides a choice for individuals who violate their agreement to obtain treatment in lieu of fines. In FY2021, 40 individuals exercised that choice. The Michigan Association on Problem Gambling (MAPG) is another entity that deserves recognition for its advocacy work and efforts; more information on MAPG can be found at <http://www.michapg.com/>.

¹ Based on a 2020 U.S. Census Bureau estimate of 7,897,432 persons age 18+ and average standardized past year problem gambling rates for Michigan reported by Williams, Volberg, & Stevens (2012). Note, a more recent gambling prevalence study exists (Hartmann, 2013) but it has been pulled from MDHHS reports, was not found during a May 2022 Google search and Google Scholar search, and references to it have been removed by MDHHS, suggesting the report findings may not be viewed as credible.

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

Resources

Problem Gambling Helpline:

1-800-270-7117

State Agency:

Department of Health and Human Services

State Affiliate:

Michigan Association on Problem Gambling (MAPG)

Problem Gambling Prevalence

An estimated 2.1% of Michigan adults (165,846) are believed to manifest a gambling problem.¹

Money Spent Gambling

In 2021, approximately \$9.2 billion was spent on legalized gambling.²

MINNESOTA

Problem Gambling Services



Minnesota operates its Problem Gambling Program under Statute 245.98, originally passed in 1989, and updated over the years. This legislation assigned administrative responsibility for problem gambling programs under the Minnesota Department of Human Services (DHS) who pays for inpatient and outpatient problem gambling treatment for residents who qualify for help, as well as a statewide 24-hour helpline, public awareness programs, counselor training, and problem gambling prevention programs.

In FY2021, DHS received allocations designated for problem gambling services from: lottery revenues (\$1,508,000), a tax on charitable gaming (\$568,921), and a contribution from Indian gaming (\$224,350). Because the pandemic negatively impacted gambling revenues, and Problem Gambling Program funding is linked to sales, the Problem Gambling Program budget decreased in FY2021 compared to the previous year. The resulting FY2021 total investment of \$2.3M placed Minnesota in 17th position in the U.S. in terms of per capita public funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states reporting funded services was 40 cents; Minnesota's per capita public investment was also 40 cents.

The DHS contracts out the problem gambling helpline to LifeWorks. In FY2021, the gambling helpline received a total of 209 calls for help, 44 texts, 135 chats, and 224,130 website visits, indicating most individuals obtained problem gambling information via the web. The website visits resulted from two stateside problem gambling awareness campaigns that integrated culturally specific messaging: One campaign was geared towards adults (Getgamblinghelp.com) and the other targeted youth (JustAskMN.org). Minnesota is one of just 13 states that funds residential gambling treatment. In FY2016, 175 individuals received residential gambling treatment and an additional 600 people enrolled into publicly funded gambling treatment programs.

In FY2021, Minnesota's gambling treatment system consisted of 18 agencies or sole practitioners, including one residential gambling treatment program. Most providers are in metro areas but offer telehealth, enabling reach to more rural areas of the state.

Other important partners in addressing problem gambling in Minnesota include the Northstar Problem Gambling Alliance (NPGA), the MN Lottery, and Minnesota Indian Gaming Association (MIGA) and its members. The NPGA serves as the state affiliate to the National Council on Problem Gambling and collaborates with entities throughout the state to address problem gambling. The NPGA works to raise public awareness of problem gambling, provides professional training for those who work with problem gamblers, and advocates for problem gambling services.

Resources

Problem Gambling
Helpline: **1-800-333-
HOPE**

State Agency:
Department of Human
Services
getgamblinghelp.com

State Affiliate:
A |bbYg:HU5 ``JUBW
cb'DfcVYa ; Ua V]b[
[www.a bUd"cfI](http://www.a bUd)

Problem Gambling Prevalence

An estimated 1.3% of
Minnesota adults
(57,068) are believed to
manifest a gambling
problem in Minnesota.¹

Money Spent Gambling

In 2021, approximately
\$2.3 billion was spent
on legalized gambling
in Minnesota.²

¹ Based on a 2016 U.S. Census Bureau estimate of 4,389,823 persons age 18+ and the problem gambling prevalence rate reported in a 2020 study: <https://www.wilder.org/wilder-research/research-library/gambling-minnesota-study-participation-attitudes-and-prevalence>

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

MISSISSIPPI

Problem Gambling Services



Mississippi holds the distinction of being the only U.S. state to have significantly expanded legalized gambling over the past five years while correspondingly divesting in set-aside funding for problem gambling services. Sports betting was made legal in May 2018 and that same year the Mississippi legislature passed the Alyce G. Clarke Mississippi Lottery Law, establishing the Mississippi Lottery Corporation. The establishing legislation for the lottery and sports betting did not include any provisions to set aside a portion of these new revenues to address problem gambling. Rather, the one source of state funding that was line-itemed to address problem gambling discontinued in 2018 when the Mississippi Gaming Commission discontinued a long-standing practice of annually transferring \$100,000 to the Mississippi Council on Problem and Compulsive Gambling to support efforts to address problem gambling.

The Mississippi Council on Problem and Compulsive Gambling (Council) is the state affiliate to the NCPG. The Council operates a problem gambling helpline, sponsors an annual problem gambling statewide conference, works to increase public awareness of problem gambling and available help, administers a problem gambling counselor certification program, and advocates on behalf of those affected by problem gambling. With the loss of funding from the Mississippi Gaming Commission the Council discontinued chat and motivational messaging services as components of its problem gambling helpline along with its six-week problem gambling minimal intervention program named “Call to Change.”

In FY2021, the Council received charitable donations from casinos in Mississippi totaling \$150,000, a charitable contribution of \$3,000 from the Mississippi Lottery Corporation, \$25,000 from William Hill (a sports betting operator), and \$7,500 from casino operators who provided the Council with forfeited player wins from individuals who self-excluded. Mississippi does not have any legislation setting aside funding for problem gambling services nor does a state agency have a budget line for problem gambling services, resulting in Mississippi being one of nine states in the U.S. that does not have a dedicated state fund or state agency line-item specifically to address problem gambling.

In addition to services offered by the Council to address problem gambling, in 2021, Gamblers Anonymous listed nine meeting locations in eight different cities in Mississippi. A search for gambling treatment professionals listed on the International Gambling Counselor Certification Board directory showed no results for Mississippi.

Resources

Problem Gambling Helpline:
1-800-522-4700

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

Problem Gambling Prevalence

An estimated 3.9 % of
Mississippi adults (88,028) are
believed to manifest a
gambling problem.¹

Money Spent Gambling

In 2021, approximately \$3.2
billion was spent on legalized
gambling in Mississippi.²

¹ Based on a 2020 U.S. Census Bureau estimate of 2,257,130 persons age 18+ and standardized past year problem gambling rate reported for Mississippi by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2020); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2020).

MISSOURI

Problem Gambling Services



The Missouri Division of Behavioral Health (DBH) administers a problem gambling treatment fund, funded from a formula where one cent from every casino patron's entrance fee is designated for problem gambling treatment. In FY2021, that fund supported DBH's problem gambling service budget of \$153,606. Because the public health response to the pandemic resulted in the closure of casinos for a period, there were fewer casino visits than in previous years and consequently fewer funds allocated to DBH for problem gambling services. In FY2021, 100% of the DBH administered problem gambling funds were programmed for outpatient treatment services for persons with gambling disorder and their families. Ten agencies with a total of 37 locations across Missouri have contracts to provide gambling services, at no cost to the consumer and impacted family member(s), if they are Missouri residents.

The Missouri Gaming Association provides funding for the 1-888-BETSOFF problem gambling helpline number. In FY2020, the helpline fielded over 1,800 calls. St. Louis-based Provident, Inc., Life Crisis Services, administers the helpline. The Association also provides the annual "Project 21" scholarship, which addresses underage gambling. Missouri Gaming Commission administers a statewide self-exclusion program, known as the List of Disassociated Persons (DAP). Missouri Lottery promotes the availability of free treatment to problem gamblers and their families through statewide TV and radio public service announcements (PSAs) and billboard advertisements. In addition to maintaining the 888betsoff.org website, that logged more than 14,000 visits in FY2020, the Lottery also supports a Self-Exclusion Program (SEP). Port Authority of Kansas City, Missouri assists in planning the annual Midwest Conference on Problem Gambling and Substance Abuse.

Missouri ranked 38th in the U.S. in 2021 in terms of per capita public funds dedicated to problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states reporting publicly funded services was 40 cents; Missouri's per capita public investment was two cents.

Resources

Problem Gambling Helpline:
1-888-BETSOFF

888betsoff.org

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

Problem Gambling Prevalence

An estimated 2.2% of Missouri adults (105,240) are believed to manifest a gambling problem in Missouri.¹

Money Spent Gambling

In 2016, approximately \$3.07 billion was spent on legalized gambling in Missouri.²

¹ Based on a 2020 U.S. Census Bureau estimate of 4,783,630 persons aged 18+ and over multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

MONTANA

Problem Gambling Services



As of 2021, Montana was one of nine states that had neither legislated nor otherwise dedicated any public funds specifically to address problem gambling. This is unusual, given the extent of legalized gambling in Montana. Montana is home to a variety of casinos and a state lottery. The state has more than 1,400 licensed gambling operators and locations that offer more than 16,000 video gambling machines to the public.²

Despite the lack of public funding, problem gambling help is available through the Montana Council on Problem Gambling (MCPG); the Council connects those in need with specialized counseling and support groups.

The MCPG is a non-profit organization that provides problem gambling services in the state and serves as the state affiliate to the National Council on Problem Gambling (NCPG). In FY2021, the MCPG operated on funds from donors associated with machine gaming including the Montana Tavern Association, the Gaming Industry Association of Montana, and individual gaming businesses. The MCPG supported a problem gambling helpline, public awareness, counselor training, and treatment and recovery services.

The Gambling Control Division of the Montana Department of Justice oversees all regulated gambling in the state. Its official website (dojmt.gov/gaming) offers definitive answers regarding the law, regulation and other aspects of Montana's regulated gambling industry (including a link to a problem gambling page that provides information on problem gambling), and provides links to the MCPG, Gamblers Anonymous, and other non-state organizations. The Montana Lottery also offers similar information on its website. The Montana Department of Health website revealed no relevant results for key search terms related to problem gambling.

The MCPG offers gambling treatment services through contracts with several individuals who are problem gambling counselors; all are Licensed Addiction Counselors (LAC's). The Montana Board of Behavioral Health requires currently licensed LAC's to obtain 15 hours of gambling/gaming education and candidates seeking licensure to obtain 30 hours of training on gambling/gaming related education. A gambling specific education requirement for LAC's is not common among the various licensing boards within the U.S. Also unusual is the number of Gambler's Anonymous (GA) meetings within a less populated state. As of 2021, the GA directory listed 19 GA locations across Montana. By comparison, Idaho, a state in the same region of the U.S. with almost twice the population of Montana had four GA meetings listed.

Resources

Problem Gambling Helpline:
888-900-9979

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

Problem Gambling Prevalence

An estimated 2.5% of Montana adults (21,730) are believed to manifest a gambling problem in Montana.¹

Gambling Revenue

The Video Gambling Machine (VGM) Tax is the most significant source of gambling revenue in Montana and all the tax is distributed to the state general fund. In 2021, 74.7 million was collected in VGM Tax.²

1 Based on a 2016 U.S. Census Bureau estimate of 869,201 persons aged 18 and the average standardized past year problem gambling rate reported for Montana by Williams, Volberg, & Stevens (2012).

2. Reports obtained from the Montana Gambling Control Division; <https://dojmt.gov/gaming/statistics-reports/>

NEBRASKA

Problem Gambling Services

In 1993 the Legislature appropriated funding from the new State Lottery to assist people in trouble due to gambling. Later legislation added funding from Charitable Gaming and the state's share of the national tobacco industry class action settlement. The Nebraska Commission on Problem Gambling administers programs supported by this fund. In FY2021, the Commission expended approximately \$1,850,000 to support a problem gambling service system consisting of specialized problem gambling treatment, a gambling helpline, public awareness campaigns, program evaluation, and administrative expenses. This level of investment in problem gambling services placed Nebraska as the state with the fourth highest level of per capita investment in problem gambling services in FY2021. Nebraska's per capita public investment was 94 cents, compared to a national average of 40 cents.

Nebraska voters legalized casino gambling through a 2020 ballot measure authorizing casinos at Nebraska's six horse racing tracks. As of 2021, the Racing and Gaming Commission were developing rules and regulation which included, per 2021 Legislation, setting aside 2.5% of casino wagering tax proceeds to be dedicated to the Nebraska Problem Gamblers Assistance Fund, to be administered by the Commission on Problem Gambling. No revenue from this source is expected until FY2022, at the earliest. Other aspects of legislation that guide Nebraska's new casino industry included the requirement for casinos to promote help for gambling related problems and implement a process for voluntary self-exclusion.

In FY2021, the majority (65%) of funds expended by the Commission on Problem Gambling was on treatment services. In FY2021, 383 individuals were enrolled in state-funded gambling treatment services including 102 family members or others affected by a loved one's gambling disorder. With the expected increased program revenues, the Commission plans to expand its problem gambling awareness and prevention services.

In addition to efforts to address problem gambling through the Commission on Problem Gambling, the Nebraska Council on Problem Gambling is active although has very few funds to operate. There are four tribal casinos within the state and the Nebraska Lottery; each contributes towards problem gambling awareness and responsible gambling promotion. By statute, 5% of the Nebraska Lottery's marketing budget is directed to the Nebraska Commission on Problem Gambling and used exclusively for problem gambling awareness messaging.

¹ Based on a 2016 U.S. Census Bureau estimate of 1,480,808 persons aged 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); (c) North America State and Provincial Lotteries (2021); and (d) 2021 Nebraska Charitable Gaming Report: https://revenue.nebraska.gov/sites/revenue.nebraska.gov/files/doc/gaming/annual_reports/2021GamingAnnualReport.pdf

Resources

Problem Gambling Helpline:
1-800-BetOver (238-6837)

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

State Affiliate:
Nebraska Council on
Compulsive Gambling
(NCCG)
www.neproblemgambling.com
1-800-522-4700.

Problem Gambling Prevalence

An estimated 2.2% of
Nebraska adults (32,578
citizens) are believed to
manifest a gambling disorder.¹

Money Spent Gambling

In 2021, the Nebraska Lottery
reported approximately \$205
million in sales and charitable
gambling wagers
approximated \$353 million.²

NEVADA

Problem Gambling Services



Nevada, a state heavily reliant on gaming and tourism, had its economy reach crisis levels due to impacts related to the COVID-19 pandemic. Almost all state funded programs received budget cuts in FY2021; among the programs with the deepest cuts were Nevada's problem gambling services where the program budget was reduced by over 40% from \$2,000,000 in FY2020 to \$1,167,087 in FY2021. This brought Nevada to 18th in the U.S. in terms of per capita public funds invested in problem gambling services. The average per capita allocation for problem gambling services in the 42 states with publicly funded services was 40 cents; Nevada's per capita public investment was also 40 cents.

Nevada's problem gambling services received its start in 2005, within Senate Bill 357, that resulted in the creation of a Revolving Account for the Prevention and Treatment of Problem Gambling and an Advisory Committee on Problem Gambling (ACPG) to advise the Department of Health and Human Services (DHHS) in its administration of this account. Problem Gambling Services has evolved into a system comprised of six program areas: Prevention, Research, Workforce Development, Treatment, Information Management, and Administration. Investments into each of these program areas shifted in FY2021 to adapt to the reduced budget. The service component receiving the greatest allocation was treatment services (52% of the entire budget); Nevada supports a range of gambling treatment services, including outpatient, intensive outpatient (9+ hours of treatment per week), and two residential gambling treatment programs. In FY2021, 301 individuals received outpatient services and 43 received residential services within this treatment system. For more information on DHHS-supported problem gambling services visit:

[https://dpbh.nv.gov/Programs/ProblemGambling/Problem_Gambling_Services_\(PGS\)/](https://dpbh.nv.gov/Programs/ProblemGambling/Problem_Gambling_Services_(PGS)/)

In addition to efforts by the DHHS, the non-profit Nevada Council on Problem Gambling (Council) provides problem gambling services. The Council obtains funds directly from gaming operators for the problem gambling helpline and other operations that are not funded by the state, including an annual problem gambling conference. Additionally, some of the gambling treatment programs obtain donations from gaming operators. The Nevada Gaming Commission requires gaming licenses to post signage for the national problem gambling helpline on its properties as a minimum effort to promote treatment access. The DHHS supported problem gambling awareness campaigns, projectworthnv.org, the national Problem Gambling Helpline number, and the Nevada 211 line as problem gambling resource links. In FY2021, the Project Worth website received 3,587 visits and 325 calls for help were made to 1-800-522-4700 from Nevada residents.

¹ Based on a 2020 U.S. Census Bureau estimate of 2,445,243 persons age 18+ and standardized past year problem gambling rate reported for Nevada by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

Resources

Problem Gambling Helpline:
1-800-522-4700

State Agency:
Nevada Department of
Health and Human Services,
Division of Public and
Behavioral Health (DPBH)

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

Problem Gambling Prevalence

An estimated 2.7% of Nevada adults (66,022) are believed to manifest a gambling problem in Nevada.¹

Money Spent Gambling

In 2021, approximately \$13.4 billion was spent on legalized gambling in Nevada.²

NEW HAMPSHIRE

Problem Gambling Services



New Hampshire was the first U.S. state to launch a modern lottery in 1964. More than five decades later, with 2017 legislation to allow the Lottery to offer electronic Keno games, New Hampshire for the first time dedicated a portion of lottery profits toward problem gambling services. Under the bill, one percent of Keno revenue was set aside to address problem gambling. Beginning in FY2017, \$100K has been allocated to the Department of Health and Human Services (DHHS), specifically for problem gambling services; however, DHHS has not utilized any of those funds. In FY2020, the Governor's Office reallocated the \$400K in unspent funds dedicated to problem gambling services to COVID-19 relief efforts.

In 2019, the New Hampshire Council for Responsible Gambling was established through legislation authorizing the Lottery to offer sports betting and was tasked with administering the problem gambling service funds derived from levies on sports wagering and keno games and soon to be historic horse racing. The New Hampshire Council on Responsible Gambling is administratively attached to the New Hampshire Lottery Commission in accordance with RSA 21-G:10. This body was originally provided a budget of \$250K per year then later reduced by the Governor to \$100K per year due to a state budget shortfall related to the impact of the pandemic on the economy.

In FY2020, the New Hampshire Council for Responsible Gambling granted a three-year contract, for \$100K per year, to the New Hampshire Council on Problem Gambling (NHCPG).

In FY2021, \$100K in state funding was dedicated to support problem gambling services, representing a per capita investment of seven cents (ranked 32nd in the US), whereas the average among the 42 states with publicly funded programs was 40 cents per capita. The funds were directed to a single contract with the NHCPG. This contract helped support two positions, one for 32 hours a week (the Executive Director) and one for eight hours a week. These staff are both Certified Problem Gambling Counselors and offer counseling services as part of their salaried positions. Additionally, the NHCPG Executive Director is the sole helpline call agent who carries the helpline cell phone 24 hours a day. Given the resource limitations, the NHCPG was still able to field 56 calls for help, 60 texts, and 12 chats, provide treatment services to five individuals with gambling problems, and work with recovery centers throughout the state.

In addition to the \$100K in dedicated funds for problem gambling services, the New Hampshire State Lottery provides problem gambling signage and public awareness campaigns and offers administrative support for the New Hampshire Council on Responsible Gambling.

Resources

Problem Gambling
Helpline: **603.724.1605**

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

Problem Gambling Prevalence

An estimated 2.2 % of New Hampshire adults (24,918) are believed to manifest a gambling problem.¹

Money Spent Gambling

In 2021, approximately \$578 million was spent on legalized gambling in New Hampshire.²

¹ Based on a 2020 U.S. Census Bureau estimate of 1,132,616 persons aged 18 and over multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

NEW JERSEY

Problem Gambling Services



In 1983, the State of New Jersey enacted A2578, which designated how monies from casino fines, racing industry, and forfeited casino winnings were to be allocated to address problem gambling; this legislation mandated transferring those funds to the Department of Human Services/ Division of Mental Health & Addiction Services (DMHAS). When Internet gambling became legal in New Jersey in 2013, and regulations issued, new monies became available for “Compulsive Gambling Programs.”

In FY2021, the State of New Jersey had legislation in place that provided \$3,050,000 in revenues dedicated for problem gambling services. The Division of Mental Health and Addiction Services (DMHAS) was the state agency with administrative authority over the dedicated problem gambling service funds. In FY2021, DMHAS's primary contract for problem gambling services was with the Council on Compulsive Gambling of New Jersey in the amount of \$2,164,000. Within that contract, \$1,560,100 was designated for problem gambling prevention, public awareness, helpline, and workforce development services and \$603,900 designated for treatment services. The remainder of the \$3,050,000 allocated for problem gambling services was not programmed in FY2021. Rather, a Request for Proposals (RFP), entitled: “Gambling Disorder Clinician Services Program” was issued in August of 2021 that resulted in 10 providers throughout the state to offer problem gambling counseling services beginning in 2022. This RFP provided up to \$1.2 million in funding, substantially increasing New Jersey’s gambling treatment system capability.

In 2021, New Jersey ranked 19th in the U.S. in terms of per capita public funds allocated for problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with publicly funded services was 40 cents; New Jersey’s per capita public investment was 34 cents.

Other entities in New Jersey addressing problem gambling include the New Jersey Lottery which obtained the World Lottery Associations Level 4 Certification in Responsible Gaming. The New Jersey Lottery actively markets the 1-800-GAMBLER helpline number and website. The Division of Gaming Enforcement offers a self-exclusion program covering Internet as well as land-based casino gambling. New Jersey is also home to the Center for Gambling Studies (CGS) at Rutgers School of Social Work. The CGS is the only gambling studies center in a school of social work and one of a few such centers in the U.S. and the world.

Resources

Problem Gambling Helpline:
1-800-GAMBLER

State Agency:
Division of Mental Health and Addictions Services
www.state.nj.us/humanservices/dmhas/home

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

Problem Gambling Prevalence

An estimated 6.3% of New Jersey adults (456,372) are believed to manifest a gambling problem in New Jersey.¹

Money Spent Gambling

In 2021, approximately \$8.4 billion was spent on legalized gambling in New Jersey.²

¹ Based on a 2020 U.S. Census Bureau estimate of 7,244,002 persons age 18+ applied to the problem gambling prevalence rate reported by Nower, L., Volberg, R.A. & Caler, K.R. (2017). *The Prevalence of Online and Land-Based Gambling in New Jersey*. Report to the New Jersey Division of Gaming Enforcement. New Brunswick, NJ: Authors.

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

NEW MEXICO

Problem Gambling Services

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

Additionally, in FY2021 the New Mexico Lottery Authority provided \$70,000 in funding to the NMCPG to support the marketing and operation of the New Mexico Problem Gambling Helpline. The lottery publishes the helpline number on its scratcher tickets and on other marketing and advertising materials. Information about problem gambling assistance is also posted to the lottery's website at www.nmlottery.com. In the past, the Behavioral Health Services Division (BHSD) received funds to address problem gambling; however, in FY2021, BHSD did not receive any funding for problem gambling services.

The New Mexico Council on Problem Gambling (NMCPG) is the single largest entity in the state that provides direct problem gambling services. In FY2021, it operated on a significantly reduced budget resulting from reduced contributions by New Mexico's commercial gaming industry. The NMCPG operates the state's Problem Gambling Helpline, administers a statewide problem gambling treatment program, provides responsible gambling trainings to gaming operators, and engages in problem gambling awareness efforts. The NMCPG reported an increase in calls to its problem gambling helpline, partially attributed to a large increase in calls from residents of surrounding states where their problem gambling services were suspended during the pandemic.

The Responsible Gaming Association of New Mexico (RGANM) is a collaboration of many of the state's Native American owned casinos, which work together to promote awareness of problem gambling and resources that are available across New Mexico. RGANM provides educational materials and trainings about problem gambling and funds treatment and counseling services.

In 2021, New Mexico ranked 36th in the U.S. in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with publicly funded services was 40 cents; New Mexico's per capita public investment was three cents. However, when factoring in state mandated industry contributions and other industry donations made to the NMCPG, RGANM, and others, the per capita investment is much greater.

¹ Based on a 2020 U.S. Census Bureau estimate of 1,642,656 persons age 18+ and standardized past year problem gambling rate reported for New Mexico by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

Resources

Problem Gambling
Helpline: 1-800-572-
1142

State Affiliate:
New Mexico Council
on Problem
Gambling (NMCPG)
[councilonproblemga
mbling.com](http://councilonproblemgambling.com)

Problem Gambling Prevalence

An estimated 1.2% of
New Mexico adults
(19,712) are believed
to manifest a
gambling problem.¹

Money Spent Gambling

In 2021,
approximately \$1.2
billion was spent on
legalized gambling in
New Mexico.²

NEW YORK

Problem Gambling Services



In 2013, a constitutional amendment was made allowing private casinos in New York State; this legislation included a provision requiring a tax of \$500 per table and machine, plus winnings forfeited from self-excluded persons, to be allocated to a Problem Gambling Education and Treatment Fund. In FY2021, the legislature allocated \$3,600,000 from this fund and \$1,957,398 in general fund dollars to support problem gambling services. In FY2021, those funds were administered by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). In FY2021, the legislation that established legalized mobile sports wagers included a 1% revenue set-aside for problem gambling programs. These additional funds will be programmed in later years.

For FY2021, OASAS utilized problem gambling service funds to support a comprehensive array of services to address problem gambling. Approximately \$3.5M were used to support the New York State Problem Gambling Resource Centers (information and referral centers that also provide community awareness) and an additional \$1M was allocated toward a contract with the New York Council on Problem Gambling for training, prevention, recovery support, capacity building and administrative support to the Problem Gambling Resource Centers. Much of the problem gambling treatment services were provided within state operated and staffed programs and while these programs provide problem gambling treatment services, none of the dedicated problem gambling service funds are used to support these state operated treatment programs. OASAS works to integrate problem gambling into larger system efforts.

In 2021, New York ranked 22nd in the U.S. in terms of per capita public funds dedicated for problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with publicly funded services was 40 cents; New York's per capita public investment was 28 cents. This figure under-represents the actual investment in addressing problem gambling due to not accounting for efforts by the Gaming Commission and its licensees, the Responsible Play Partnership, the Lottery, and the OASIS practice of weaving problem gambling into its larger system.

The state-funded New York State Helpline received 2,731 calls for problem gambling help and 973 texts. Outpatient treatment services are available through OASAS certified addiction programs with a gambling designation on their operating certificate and a network of approved private practitioners that are overseen by contract. In FY2021, there were 495 individuals treated for a gambling disorder plus 71 significant others, who screened positively for problem gambling upon admission at publicly funded addiction treatment programs. For more information on the extensive problem gambling service system within New York State visit: <https://oasas.ny.gov/problem-gambling> and <https://nyproblemgambling.org/>.

Resources

Problem Gambling Help:
1-877-8-HOPENY
nyproblemgamblinghelp.org

State Agency:
Office of Alcoholism and
Substance Abuse Services
www.oasas.ny.gov/gambling

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

Problem Gambling Prevalence

An estimated 4.3% of New York adults (676,071) are believed to manifest a gambling problem.¹

Gambling Revenues

In 2021, approximately \$12.2 billion was spent on legalized gambling in NYS.²

The state collected \$3.7 B in taxes and fees from major types of gambling in 2019.³

¹ Based on a 2020 U.S. Census Bureau estimate of 15,722,590 persons age 18+ and the % of adult residents in NYS experiencing problems related to their gambling activity as reported here: New York State Problem Gambling Prevalence Survey Final Report. New York State Office of Alcoholism and Substance Abuse Services. 2021.

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

³ November 2020 Gambling and Problem Gambling Report: <https://www.osc.state.ny.us/files/reports/special-topics/pdf/gaming-report.pdf>

NORTH CAROLINA

Problem Gambling Services

In 2005, the State of North Carolina enacted HB1023, which earmarked lottery funds to address problem gambling and assigned the Department of Health and Human Services (DHHS) to administer those funds. In FY2005 that amount was \$1M; in FY2021, that amount was unchanged. During the time this report was being written, stakeholders in North Carolina believe SB 688, a bill authorizing the Lottery to offer mobile sports betting in the state, will pass in 2022. If this bill passes, as originally drafted, then the problem gambling program is expected to receive an additional \$1M annual allocation.

In FY2021, DHHS programmed problem gambling funds toward gambling treatment and problem gambling prevention services, along with support services including program administration, service evaluation, research, a problem gambling helpline, and training. In addition to efforts by the DHHS, the North Carolina Education Lottery operates a responsible gambling program. The Lottery has received the World Lottery Association's highest level of certification for its commitment to responsible gambling, including promoting the problem gambling helpline number on its lottery tickets, website, billboards, print materials, television, and radio.

DHHS contracts with LifeWorks for problem gambling helpline services. This helpline also offers web-based chat and texting services. In FY2021, there was a total of 314 calls for help, 75 text conversations, and 186 web-based chat conversations. Additionally, the morethanagame.nc.gov website received 6,100 visits. The North Carolina Problem Gambling Program (NCPGP) helpline counselors can connect both adolescents and adults to a trained and licensed professional clinician in their community. In FY2021, there were 74 approved problem gambling counselors on the registry available to provide face-to-face and remote counseling sessions at no cost. Additional clinical treatment is available for those who may not wish to see someone in their community through the phone counseling program – Call 2 Change. In FY2021, 112 individuals with gambling problems and 13 significant others received state-funded outpatient treatment for problem gambling. These figures represent a decrease over previous years which may be pandemic related.

In 2021, North Carolina ranked 28th in the U.S. in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with publicly funded services was 40 cents; North Carolina's per capita public investment was nine cents.

North Carolina also has an affiliate to the National Council on Problem Gambling, the North Carolina Council on Problem Gambling (NCCPG/Council). The Council is a non-profit organization operated by a volunteer-only staff with a FY2021 budget of approximately \$15,000. It is funded by forfeited winnings from persons on self-exclusion lists from North Carolina's two Indian gaming casinos.

¹ Based on a 2020 U.S. Census Bureau estimate of 8,249,659 persons aged 18 and over multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).



Resources

Problem Gambling Helpline:
877-718-5543

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

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

Problem Gambling Prevalence

An estimated 2.2% of North Carolina adults (181,493) are believed to manifest a gambling problem in North Carolina.¹

Money Spent Gambling

In 2021, approximately \$3.8 billion was spent on legalized gambling in North Carolina.²

NORTH DAKOTA

Problem Gambling Services

North Dakota, like many other states, experienced a dramatic increase in legalized gambling over the past five years. What makes North Dakota different is the expansion is mainly due to electronic pull tab gambling launched in August 2018. As of the close of FY2021, there were more than 4,100 of the machines at 770 sites around the state exceeding \$1 billion of wagers. While North Dakota offers other forms of legalized gambling (most notably lottery and tribal casinos), e-pull tabs represent the largest portion of gambling spending and revenues.

Concerns over the rapid expansion of e-pull tabs (games that mimic modern slot machines), led to the 2021 North Dakota Legislature requiring e-pull tabs and other charitable gambling to contribute \$40,000 annually to gambling treatment programs. Previously, the “Compulsive Gambling Prevention and Treatment Fund”, established in 2015, was only funded by the state lottery at \$320,000 a year. With \$360,000 in annual funding, North Dakota was ranked 15th in the U.S. in terms of per capita public funds invested in problem gambling services. The average per capita allocation in the 42 states with publicly funded problem gambling services was 40 cents; North Dakota’s per capita public investment was 46 cents in FY2021.

Department of Human Services, Behavioral Health Division (BHS), administers the state’s problem gambling services and works with the Problem Gambling Advisory Council to focus on raising awareness about problem gambling, gambling addiction and treatment services, and resources. The BHS also operates Gambler North Dakota that provides online resources for individuals and professionals and a helpline to make an appointment with a counselor and offer information about other resources.

Before 2021, Gamblers Choice, a program offered by Lutheran Social Services of North Dakota, was the sole provider of accredited counseling services for problem gamblers and their families in the state. In January of 2021, the agency closed due to bankruptcy. The Gamblers Choice program was temporarily adopted by BHS and is seeking a new non-profit home. The Gamblers Choice program is composed of three very experienced certified problem gambling counselors who provide outpatient individual and group counseling services in Fargo and Minot. To expand access to the program, a minimal intervention program was launch in 2021 that involved a change workbook plus limited online counseling. In FY2021, 64 persons with gambling disorder and 21 affected others received treatment from the Gamblers Choice program.

Persons seeking assistance for gambling problems are referred to the state’s 211 system. The ND Lottery promotes problem gambling awareness, responsible gambling, and places the 211 number on all lottery tickets.

¹ Based on a 2016 U.S. Census Bureau estimate of 589,247 persons age 18+ and the average standardized past year problem gambling rate reported for North Dakota by Williams, Volberg, & Stevens (2012). Note, a prevalence study was conducted in 2016, unable to locate report and verify rate or evaluate study methodology.

² Based on May 16, 2022, Associated Press article: <https://www.kfjrtv.com/2022/05/16/north-dakota-regulators-seek-curb-pull-tab-machines/#:~:text=North%20Dakotans%20poured%20more%20than,fiscal%20year%2C%20state%20data%20shows>.

Resources

Problem Gambling
Helpline: 211 or 877-702-7848

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

Problem Gambling Prevalence

An estimated 1.5% of North Dakota adults (8,839) are believed to manifest a gambling problem in North Dakota.¹

E-pull Tab Spending and Revenues

North Dakotans wagered more than \$1.3 billion into e-pull tab machines in fiscal 2021, nearly double the amount spent in the previous fiscal year. North Dakota received \$25.5 million in pull tab machine gambling taxes in FY2021.²

OHIO

Problem Gambling Services



Over the past decade, gambling has expanded sharply in Ohio. Ohio voters approved a Constitutional amendment in 2009 that allowed casinos to be built in Ohio's four largest cities. Then, in 2012, the legislature approved of racetracks to add video lottery terminals (VLTs) to their properties. In 2021, Ohio legislature passed "E-Bingo" allowing slot-like machine style games at veterans and fraternal organizations and a sports betting bill was passed that calls for sportsbooks to launch on January 1, 2023.

As of FY2021, Ohio has seven VLT 'racinos' and four casinos in addition to a state lottery and charitable gambling. The legislation that authorized the casino and VLT expansion included provisions to address problem gambling by creating dedicated funding and authorizing the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to administer problem gambling services utilizing these funds. In FY2021, \$6.27M was transferred to OhioMHAS for implementing a comprehensive problem gambling service system, including contracting for a problem gambling helpline, treatment services, prevention services, public awareness campaigns, counselor training, research, and program evaluation. OhioMHAS works collaboratively with several partners to provide problem gambling services, including the Casino Control Commission, Lottery Commission, State Racing Commission, local colleges and universities, Ohio's publicly funded behavioral health system, and the Problem Gambling Network of Ohio (PGNO).

In FY2021, Ohio continued to run two statewide problem gambling awareness campaigns (primarily supported by the Ohio Lottery), one targeting adults, "Before you Bet" (www.beforeyoubet.org), and one youth focused, "Change the Game" (www.changethegameohio.org), whose metrics demonstrated high levels of engagement. These campaigns and others provided prevention messaging, promoted responsible gambling, and directed persons to help resources such as Ohio's Problem Gambling Helpline. In FY2021, the helpline received 6,301 calls and 601 chats for problem gambling help.

OhioMHAS supports gambling treatment through a system in which gambling funds are distributed to local behavioral health systems that are administered by alcohol, drug addiction and mental health (ADAMH) boards. The ADAMH boards then contract with behavioral health agencies to provide gambling treatment services. Through this system, more than 61,000 individuals were screened and 1,037 received treatment for gambling disorder or as an affected family member.

In 2021, Ohio ranked 12th in the U.S. in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with publicly funded services was 40 cents; Ohio's per capita public investment was 53 cents.

1 Based on a 2016 U.S. Census Bureau estimate of 9,174,388 persons aged 18 and past year problem gambling rate reported in Linley, J., Frohnappfel-Hasson, S., & Sherba, T. (2017, March). *A survey of at-risk and problem gambling prevalence among Ohioans*. Columbus, OH: Ohio Department of Mental Health and Addiction Services.

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

3. Figures found at: <https://www.cleveland.com/business/2022/01/obios-casinos-and-racinos-set-record-with-23-billion-in-gambling-revenue-in-2021.html#:~:text=CLEVELAND%2C%20Ohio%20%E2%80%94%20Ohio's%20casinos%20and,record%20already%20broken%20in%20November>.

Resources

Gambling Helpline: 1-800-589-9966

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

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

Problem Gambling Prevalence

An estimated 0.9% of Ohio adults (82,570) are believed to manifest a gambling problem.¹

Gambling Revenues

In 2021, approximately \$7.8 billion was spent on legalized gambling in Ohio.² The state collected \$2.31 billion in taxes and fees from major types of gambling in 2021.³

OKLAHOMA

Problem Gambling Services

Gambling is big business in Oklahoma with horse tracks, racinos, a state lottery, and more casinos than any other state except Nevada. To address concerns over problem gambling, in 2006 legislative action provided the Department of Mental Health and Substance Abuse Services (ODMHSAS) with \$750,000 in funding to develop a Problem Gambling Treatment Program. Fifteen years later, the Legislature increased that amount by dedicating \$750,000 in lottery funds and \$250,000 in Tribal Gaming Revenue to ODMHSAS problem gambling services.

Of the \$1,000,000 in problem gambling services funding in FY2021, the Oklahoma Association for Problem and Compulsive Gambling (OAPCG) received approximately \$184,000 that supported a problem gambling helpline, problem gambling awareness, and 158 hours of problem gambling related education and counselor training. Through tribal contributions, the OAPGG provides problem gambling prevention, treatment, and advocacy services. (Tribal gaming charitable contributions make up 60% of OAPGG budget.)

The remaining \$815,000 in ODMHSAS problem gambling service funding was primarily directed to problem gambling screening and treatment. ODMHSAS contracts for problem gambling treatment services using its certified mental health and addiction agencies. Agencies that indicate on their work agreement they want to provide problem gambling treatment services are required to have two licensed counselors that have completed a 30-hour problem gambling treatment basic training. Beginning in 2022, they need to be certified problem gambling counselors. Forty-two locations provide problem gambling treatment in Oklahoma through this system. In FY2021, 166 individuals were treated with a primary diagnosis of gambling disorder; many others were treated with a co-occurring gambling problem who were categorized under a different primary problem such as depression or substance use disorder.

In FY2021, the Oklahoma Problem Gambling Helpline received 1,140 calls for help with 60% of those reporting they obtained information about the helpline at tribal casinos. The helpline number is promoted by the Oklahoma Lottery, on their website and lottery tickets, and by tribal casinos.

In 2021, Oklahoma ranked 24th in the U.S. in terms of per capita public funds invested in problem gambling services. The average per capita allocation for problem gambling services in the 42 states with publicly funded services was 40 cents; Oklahoma's per capita public investment was 25 cents. This level of funding pales in comparison to the size of Oklahoma's gambling industry; in FY2021, \$2.07 billion in revenues was created from 33 tribes operating 133 facilities offering Class III gaming while the state lottery's 2021 sales totaled \$346.8 million.

Resources

Problem Gambling
Helpline: 1-800-522-4700

State Agency:
Department of Mental
Health and Substance Abuse
Services
oklahoma.gov/odmhsas/treatment/gambling.html

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

Problem Gambling Prevalence

An estimated 2.2% of Oklahoma adults (66,552) are believed to manifest a gambling problem in Oklahoma.¹

Gambling Revenues

In 2021, approximately \$4.8 billion was spent on legalized gambling in Oklahoma.²

Oklahoma collected over \$163 million in tribal gaming fees in FY 2021 under state-tribal gaming compacts. This is a 32% increase over the previous year.³

1 Based on a 2020 U.S. Census Bureau estimate of 3,025,109 persons age 18 and over multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

2 Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

3. Office on Management and Enterprise Services. (2021). Oklahoma Gaming Compliance Unit Annual Report Fiscal Year 2021

OREGON

Problem Gambling Services



In 1992, the State of Oregon enacted SB118, which designated 1% of Lottery revenues to be allocated to a Gambling Treatment Fund to address problem gambling and assigned the Oregon Health Authority (OHA) to administer that fund. In FY2021, OHA was authorized with a problem gambling service budget of \$7,034,955. This figure is larger than prior years due to the Lottery's recent expansion into online sports betting. OHA Problem Gambling Services funds were programmed toward a problem gambling prevention and treatment system, including several support services: program administration, research & service evaluation, a problem gambling helpline, and workforce development. OHA partners with several organizations, including the Oregon Lottery (which extensively promotes the helpline and website) and the Oregon Problem Gambling Resource, to address problem gambling.

OHA's primary workforce development and research contractor is the Oregon Council on Problem Gambling (OCPG), a non-profit organization that serves as the state affiliate to the National Council on Problem Gambling. In FY2021, the OCPG was working with OHA, the Oregon Lottery, and Oregon tribal casino operators on the development of the Oregon Problem Gambling Research Center. This research center launched in FY2022.

Emergence, a nonprofit agency, operates the Oregon Problem Gambling Helpline using funds from a contract with OHA; certified problem gambling counselors answer calls and respond to web-based chat requests and text messages to the service. In FY2021, Emergence received a total of 273 calls for help, 40 texts, and 116 chats; the website designed to provide problem gambling information received 620,302 visits. Oregon's gambling treatment system is one of the most extensive in the country in terms of accessibility and levels of care. Treatment is available in every Oregon county, as is a statewide distance treatment service. In FY2021, treatment enrollments decreased by about 66% due to impacts on the system related to the COVID-19 pandemic; even with the challenges, 372 individuals with gambling disorder and 36 significant others enrolled in outpatient services plus two individuals received state-funded problem gambling residential treatment. (Oregon has a small stand-alone residential gambling facility that was closed much of FY2021.)

Another important aspect of Oregon's problem gambling service system is the network of regional prevention programs. The system utilizes problem gambling readiness assessment to guide local efforts with a focus on integrating the topic of gambling into efforts to prevent other societal harms.

In 2021, Oregon ranked first in the U.S. in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with publicly funded services was \$0.40; Oregon's per capita public investment was 4X times the average at \$1.66. For further information visit: www.oregon.gov/oha/HSD/Problem-Gambling

¹ Based on a 2020 U.S. Census Bureau estimate of 3,384,804 persons aged 18 and past year problem gambling rate reported for Oregon by Moore & Volberg (2016).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

Resources

Problem Gambling Helpline:
1-877-MY-LIMIT
(1-877-695-4648)

State Agency:
Oregon Health Authority

Websites:
www.oregon.gov/oha/HSD/Problem-Gambling

www.OPGR.org

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

Problem Gambling Prevalence

An estimated 2.6% of Oregon adults (88,005) are believed to manifest a gambling problem in Oregon.¹

Money Spent Gambling

In 2021, approximately \$1.8 billion was spent on legalized gambling in Oregon.²

PENNSYLVANIA

Problem Gambling Services

Pennsylvania is unique in that three state agencies have problem gambling within a line-item budget. The primary agency charged with addressing problem gambling is the Department of Drug and Alcohol Programs (DDAP), which administers the Compulsive and Problem Gambling Program. The Gaming Control Board, which has an Office of Compulsive and Problem Gambling, administers several responsible gambling programs including the statewide self-exclusion program and ResponsiblePlay.pa.gov. Lastly, the Pennsylvania Lottery provides funds to the Council on Compulsive Gambling of Pennsylvania for helpline services, training, awareness, and education services.

Pennsylvania experienced significant expansion in legalized gambling over the past five years with the 2017 passage of the Expanded Gaming Act (Act 42). The Act legalized the addition of iGaming, airport wagering, sports wagering, fantasy contest wagering, video gaming terminal establishments, and the expansion of the number of casinos permitted within the state. Most of the problem gambling service funding is sourced through licensed gaming entities via the Gaming Act's stipulation that an amount equal to .002 multiplied by the total gross terminal revenue shall be transferred annually into the Compulsive and Problem Gambling Treatment Fund. In FY2021, DDAP was authorized to program \$6.37 million from this fund toward problem gambling services. Sixty-three percent of these funds are invested into a large variety of problem gambling prevention and public awareness projects and services. Treatment services take up nine percent of the budget, while the remainder helps support a helpline, research, workforce development, and program administration. Newer projects included updating the DDAP Problem Gambling Strategic Plan and completing the first annual "Pennsylvania Interactive Gaming Report" on the impact of online gambling.

The Council on Compulsive Gambling of Pennsylvania, Inc. (CCGP) is a non-profit organization and serves as the state affiliate to the National Council on Problem Gambling. Since 1997, CCGP has maintained the state funded helpline with support from, and in partnership with, the Pennsylvania Lottery, DDAP, and licensed Pennsylvania operators. The CCGP also provides counselor and industry training, prevention services, public awareness efforts, and advocacy.

In FY2021, the Pennsylvania problem gambling helpline received a total of 1,441 calls for help, 108 texts, and 229 chats. DDAP provides outpatient gambling treatment services through contractual agreements with approved gambling treatment providers throughout the state. The number of persons treated for a gambling disorder are not systematically counted, due largely to the complexity of merging data from multiple systems including private insurances. Most of DDAP supported gambling treatment supports uninsured, Medicare recipients, or individuals unable to afford high deductibles/copays.

In 2021, Pennsylvania ranked 14th in the U.S. in terms of per capita public funds invested in problem gambling services. The average per capita allocation for problem gambling services in the 42 states with publicly funded services was 40 cents; Pennsylvania's per capita public investment was 49 cents.

¹ Based on a 2020 U.S. Census Bureau estimate of 10,290,047 persons aged 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012). PA has never conducted a state specific problem gambling prevalence study.

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

Resources

Problem Gambling Helpline: 1-800-GAMBLER

State Agency:
Department of Drug and Alcohol Programs
www.ddap.pa.gov

Office of Compulsive and Problem Gambling
www.gamingcontrolboard.pa.gov

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

Problem Gambling Prevalence

An estimated 2.2% of Pennsylvania adults (226,381) are believed to manifest a gambling problem.¹

Money Spent Gambling

In 2021, approximately \$10.3 billion was spent on legalized gambling in Pennsylvania.²

RHODE ISLAND

Problem Gambling Services



The Rhode Island Lottery is unlike all other state lotteries for two reasons; (1) the Lottery has oversight of all gambling in the state (traditional lottery products, two casinos, sports wagering, and mobile games) and (2) beginning in 2012 the Lottery has been legislatively mandated to establish Problem Gambling Programs, with funding provided by the state's two casinos. Subsequent legislation (R.I.G.L. 42-61.2-14) provided unlimited funding for the Lottery's problem gambling programs with a \$200,000 minimum.

By virtue of a flexible funding plan for problem gambling services, the problem gambling service system in Rhode Island is not based on a legislatively approved annual allocation; rather, it is based on actual expenditures related to contracts, such as 1) with United Way of Rhode Island for the problem gambling helpline, 2) an agreement with the Rhode Island Council on Problem Gambling (RICPG) may happen FY23 to provide prevention and education services, and 3) a network of contracted problem gambling treatment providers. Only the treatment program has no ceiling attached to its budget.

In FY2021, the RI Lottery's problem gambling services program spent \$549,617 with 90% of those funds expended on gambling treatment services. In FY2021, there were 23 treatment providers in the network that provided 2,577 services to 253 individuals with gambling related problems.

Individuals seeking help have access to 24-hour assistance through the helpline, the state's 211 line, or a direct line to a person with lived experience. Helpline staff are trained in problem gambling and crisis call management and can "warm transfer" callers to a counselor, a person with lived experience, or other resources. When referred for counseling, persons are typically seen within 24-hours of their request for help and can access an array of clinical services (individual, group, family sessions; peer services; crisis intervention; case management; equine therapy; Interventions Group support services; and residential treatment). In FY2021, there were 233 calls for help to the helpline and an additional 303 calls made directly to persons with lived experience. Additionally, the helpline received one text, three chats, and 84 website visits.

The RI Lottery Problem Gambling Services administers a statewide casino self-exclusion program and a responsible gambling program and works collaboratively with the casinos to implement programs to promote responsible gambling and increase awareness of help resources.

In 2021, Rhode Island ranked 13th in the U.S. in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with publicly funded services was 40 cents; Rhode Island's per capita public investment was 50 cents.

¹ Based on a 2020 U.S. Census Bureau estimate of 886,783 persons aged 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Noel JK, Tudela SE, Jacob S, Rosenthal SR. *Gambling: A Ubiquitous Behavior Among Rhode Island's Young Adults*. *RI Med J* (2013). 2022 Apr 1;105(3):46-50.

³ Based on combined revenue reports from: (a) *The American Gaming Association* (2021); (b) Meister, A. (2017); and (c) *North America State and Provincial Lotteries* (2021).

Resources

Problem Gambling
Helpline: **1-877-9GAMBLE**

State Agency:
Rhode Island Lottery
www.rilot.org

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

Problem Gambling Prevalence

An estimated 2.2% of adults (19,509) are believed to manifest a gambling problem in Rhode Island.¹

Among RI young adults, ages 18-25, the prevalence of problem gambling is estimated at 11.4%, with odds 3.6 times higher among persons who are transgender.²

Money Spent Gambling

In 2021, approximately \$1.5 billion was spent on legalized gambling in Rhode Island.³

SOUTH CAROLINA

Problem Gambling Services



The South Carolina Education Lottery Act directs that a portion of unclaimed prize money – to be determined through the annual appropriations process – be appropriated to the Department of Alcohol and Other Drug Abuse Services (DAODAS) for the prevention and treatment of gambling disorder and educational programs related to gambling disorders (Section 59-150-230.I). The stated activities include a gambling helpline, treatment, prevention programming, and the implementation of mass communication efforts. The appropriations from unclaimed prizes for problem gambling services has remained at \$50,000 annually for the last 10 years. An additional \$50,000 in appropriations was received by DAODAS in FY2020, FY2021 and FY 2022.

In FY2021, 75 percent of the funds (\$75,000) were contracted by DAODAS with the county alcohol and drug abuse authorities to provide gambling treatment services for problem and disordered gamblers. In addition, 20% of the funds were programmed to support a gambling helpline.

The South Carolina Gambling Helpline is answered by staff working for DAODAS that are professional counselors with specialized training in problem gambling and handling crisis calls. The South Carolina Education Lottery (SCEL) provides public awareness of problem gambling and available help. The helpline number is listed on lottery tickets, in a brochure at lottery retailers and on the SCEL website. The brochure and website provide information on playing responsibly and problem gambling treatment resources. Additionally, television and radio ads air statewide promoting responsible play and are generally refreshed yearly. In FY2021, the helpline received about 200 calls for help and about 10,000 visitors went to the website: sceducationlottery.com/PlayResponsibly

Persons seeking problem gambling help are referred to alcohol and drug treatment agencies who are on a registry of qualified providers. To be on the registry, the agency must have counselors that received specialized training in gambling treatment. Ten individuals with gambling problems and two significant others were treated under this program. Many others were treated for gambling related problems outside of this system using private insurance, Medicaid, or within other areas of the public treatment system when their gambling problem was treated as a co-occurring condition and listed second behind another diagnosis such as substance abuse or depression.

In 2021, South Carolina ranked 39th in the U.S. in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with publicly funded services was 40 cents; South Carolina's per capita public investment was two cents.

¹ Based on a 2020 U.S. Census Bureau estimate of 4,073,613 persons aged 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

Resources

Problem Gambling Helpline:
1-877-452-5155

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

Problem Gambling Prevalence

An estimated 2.2% of South Carolina adults (89,620) are believed to manifest a gambling problem in South Carolina.¹

Money Spent Gambling

In 2021, approximately \$2.4 billion was spent on legalized gambling in South Carolina.²

SOUTH DAKOTA

Problem Gambling Services

South Dakota has seen a recent expansion into legalized sports betting. In 2021, four casinos in Deadwood opened their retail sportsbooks. The most popular type of gambling in South Dakota is electronic gambling machines (EGMs). There are over 6,000 in the state's 24 commercial and 11 tribal casinos and over 9,000 EGMs operated by the South Dakota Lottery at more than 1,200 locations.

To respond to concerns over problem gambling, in 2006, the South Dakota legislature created a dedicated source of state funds for problem gambling services by legislating, "The commission may grant an amount not to exceed thirty thousand dollars each fiscal year from the Gaming Commission Fund to the Department of Social Services (DSS) to fund gaming addiction treatment and counseling programs in the state" (HB 1127). Additionally, the legislature allocates \$214,000 in SD Lottery revenues every year for this purpose. Historically, the amount transferred each year and the amount that DSS expends differs. In FY2021, the DSS problem gambling treatment budget, transferred from the Department of Revenue, was \$244,000 and the amount spent was \$157,448 from the Lottery and \$30,000 from the Commission (totaling \$187,448). The entire DSS problem gambling service budget is dedicated to problem gambling treatment services. Individuals with a co-occurring gambling and substance related disorders are funded with other funding sources. In FY21, 280 individuals were identified and treated for a co-occurring gambling disorder and substance related disorder with 125 funded through the dedicated gambling service budget. The DSS Division of Behavioral Health contracts with 34 community based mental health and/or substance abuse agencies for problem gambling treatment services.

In addition to treatment efforts by the DSS Division of Behavioral Health, the SD Lottery and SD Commission on Gaming put forth efforts to promote responsible gambling and raise problem gambling awareness. All three of these state agencies are involved with the non-profit organization, the South Dakota Council on Responsible Gaming. The Council's board is comprised of members of the gaming industry, state agencies, and addiction treatment professionals. The Council operates without staff, has no physical office, has no website, and had no real presence in FY2021. The Council contracts for the helpline and with Lottery and Department of Revenue funds.

The Problem Gambling Helpline number (1-888-781-HELP) is routed to the state's 211 helpline, where operators primarily refer callers to counselors near them or help them locate the nearest Gamblers Anonymous meetings. The Problem Gambling Helpline is included on all lottery tickets, video lottery machines, video lottery establishments and the lottery website; it is also posted with casino gaming establishments.

In 2021, South Dakota ranked 23rd in the U.S. in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with publicly funded services was 40 cents; South Dakota's per capita public investment was 27 cents.

Resources

Problem Gambling Helpline:
1-888-781-HELP

State Agency:
South Dakota Department of
Social Services, Division of
Behavioral Health Services
(DSS)
[dss.sd.gov/behavioralhealth/
community/treatmentservices](https://dss.sd.gov/behavioralhealth/community/treatmentservices)

Problem Gambling Prevalence

An estimated 1.4% of South
Dakota adults (9,449) are
believed to manifest a
gambling problem.¹

Money Spent Gambling

In 2021, approximately \$670
million was spent on legalized
gambling in South Dakota.²

¹ Based on a 2020 U.S. Census Bureau estimate of 674,947 persons age 18+ and the average standardized past year problem gambling rate reported for South Dakota by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

TENNESSEE

Problem Gambling Services

The amount of legislatively approved public funds devoted to problem gambling services in Tennessee has been relatively stable over the past decade, \$200,000 annually. That is about to change with the passage of 2019 legislation authorizing the Tennessee Education Lottery to offer mobile and online sports wagering. That legislation provided 5% of the sports betting handle to be allocated to the Department of Mental Health and Substance Abuse Services (DMHSAS) to oversee grant programs to develop and establish treatment programs and resources for gambling addiction pursuant to TCA 4-51-319. In FY2023 this amount is projected to be \$1,225,000. There were no transfers from this new account in FY2021 or FY2022.

In FY2021, DMHSAS had administrative oversight over an annual \$200,000 allocation of Tennessee Lottery revenues to provide problem gambling services. Those funds supported two contracts; the larger of the two contracts (\$180,000) was with the University of Memphis Gambling Clinic, which provides problem gambling treatment and community awareness. The other contract (\$20,000) was with the Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS) to provide problem gambling helpline services along with marketing of those services. The Tennessee Education Lottery also provided in-kind assistance with advertising of the gambling helpline number through print materials offered at lottery retail locations, decals posted on its equipment, and information on its website. The Tennessee Education Lottery has achieved the highest level of responsible gambling certification (Level 4) from the World Lottery Association reflecting a commitment to strong corporate social responsibility.

The Gambling Clinic at the University of Memphis is one of the longest continually running gambling treatment programs in the U.S., having been in operation since 1997. In addition to serving the community as a gambling treatment center, the Gambling Clinic serves as a training placement for graduate students seeking supervised experience in gambling treatment. The Gambling Clinic offers one-on-one outpatient therapy for gambling related problems using evidence-based practices. While most of the treatment services are in person, clinicians provide telehealth counseling for those unable to attend treatment at the clinic. In addition to helping hundreds of problem gamblers over the years, staff of the Gambling Clinic interact with the community through attending health fairs and community events throughout the year and providing talks on gambling and gambling problems.

In FY2021, the University of Memphis Gambling Clinic provided treatment to 69 individuals with a gambling disorder and 16 significant others (person impacted by a loved one's gambling problem).

Tennessee does not have a designated affiliate to the National Council on Problem Gambling. In 2021, Tennessee ranked 37th in the U.S. in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with publicly funded services was 40 cents; Tennessee's per capita public investment was three cents.

¹ Based on a 2020 U.S. Census Bureau estimate of 5,434,544 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

Resources

Problem Gambling Helpline:
901-678-3736

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

Problem Gambling Prevalence

An estimated 2.2% of
Tennessee adults (119,560)
are believed to manifest a
gambling problem in
Tennessee.¹

Money Spent Gambling

In 2021, approximately \$2.5
billion was spent on legalized
gambling in Tennessee.²

TEXAS

Problem Gambling Services



As of FY2021, the State of Texas was one of nine U.S. states that did not provide public funds specifically dedicated for problem gambling services; as such, there were no publicly funded programs specifically for problem gambling treatment or prevention. This lack of funding is despite Texas having one of the most profitable state lotteries in the United States. In 2021, the Texas Lottery had just over \$8 billion in sales, producing \$2 billion in state revenues.

A search on the Texas Health and Human Services (HHS) website for the keyword “gambling” revealed no results suggesting HHS does not provide problem gambling specific information or treatment information. Persons presenting to a state funded behavioral health agency with a gambling disorder will not be turned away, if they meet program eligibility criteria; however, it is unlikely the clinical workforce is trained on gambling disorder treatment given the lack of attention to problem gambling on the HHS website and corresponding lack of dedicated funding to address gambling disorder.

Gamblers Anonymous (GA) has a larger presence in Texas than most other states. In 2021, there were 36 meetings listed and a Texas Gamblers Anonymous dedicated website: <http://www.texasga.org/>. With no state supported problem gambling treatment, the Texas Lottery directs persons seeking help for a gambling problem to GA, Gam-Anon (for family and friends affected by a loved one’s gambling disorder) and to Kindbridge, a virtual behavioral health service focused on gambling and gaming disorder treatment that takes many insurances and private-pay clients.

Texas does not fund a problem gambling helpline. The Texas Lottery advertises the National Council on Problem Gambling helpline number and chat service. Persons reaching out to the National Problem Gambling Helpline who call from Texas are most often referred to Gamblers Anonymous, Gam-Anon, and/or one of the three Texas Internationally Certified Gambling Counselors (ICGC) listed within the ICGC counselor directory.

The Texas Lottery has achieved a Level 3 Responsible Gaming Certification from the World Lottery Association and an Implementation Level Certification from NASPL/NCG Responsible Gaming Verification Standards reflecting a commitment to corporate social responsibility.

¹ Based on a 2020 U.S. Census Bureau estimate of 22,052,508 persons age 18+ and the average standardized past year problem gambling rate reported for Texas by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

Resources

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

State Agency:
Texas Health and Human Services
www.hhs.texas.gov/providers/behavioral-health-services-providers

Texas Gamblers Anonymous
www.texasga.org

Problem Gambling Prevalence

An estimated 2.2% of Texas adults (485,155) are believed to manifest a gambling problem in Texas.¹

Lottery Sales

In 2021, approximately \$8.1 billion was spent on Texas Lottery products.²

UTAH

Problem Gambling Services

As of 2021, the State of Utah was one of nine U.S. states that did not provide public funds specifically dedicated for problem gambling services; as such, there were no publicly funded programs specifically for problem gambling treatment or problem gambling prevention. A search of the Utah Department of Human Services website using the keyword “gambling” revealed no results suggesting problem gambling information or gambling addiction specialty services are not supported under Utah’s publicly funded behavioral health programs.

It is not surprising that Utah does not specifically fund problem gambling services, as Utah is one of just two U.S. states that does not offer any legal forms of gambling. (Hawaii is the other state.) However, this lack of legal gambling does not mean that Utah has no residents with gambling problems, as evidenced by the presence of active Gamblers Anonymous meetings in Salt Lake City.

Utah does not fund a problem gambling helpline but does offer a 211-help number and website (211utah.org) that can direct persons to various resources. Persons reaching out to the National Problem Gambling Helpline who call from Utah may be referred to Gamblers Anonymous or other support through several online resources including Kindbridge, GamTalk.org, and GamblingTherapy.org. A search of the Counselor Directory for Internationally Certified Gambling Counselors revealed no results for Utah, underscoring the lack of available problem gambling specialty services in the state.

¹ Based on a 2020 U.S. Census Bureau estimate of 2,390,732 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

Resources

National Problem Gambling Helpline:
800-522-4700

211 Utah:
211utah.org/index.php/mental-health

Problem Gambling Prevalence

An estimated 2.2% of Utah adults (52,596) are believed to manifest a gambling problem in Utah.¹

Money Spent Gambling at Utah Casinos and Lottery

There was no spending on legal gambling in Utah in 2021.²

VERMONT

Problem Gambling Services



For over the past decade the Vermont legislature has historically allocated between \$25,000 to \$150,000 of Lottery budget to be used to contract for problem gambling services. Between 2013 and 2020 that amount was \$150,000. More recently, this amount has decreased to \$124,800 (FY2021 & FY2022). There is no specific statute requiring this appropriation other than the line item within the Appropriations Act. This same Appropriations Act (Sec. E.141) stipulated; “the Vermont Lottery Commission will continue to provide financial support and recommendations to provide and promote problem gambling services for Vermont’s citizens, to include production of media marketing, printed material, and other methods of communication.” In FY2021, the Vermont Department of Liquor and Lottery, commonly referred to as the Vermont Lottery, allocated \$25,000 from its administrative budget toward problem gambling awareness and responsible gaming advertising. The resulting total investment in problem gambling services for FY2021 was \$148,800.

In FY2021, the Vermont Lottery was assigned administrative responsibility to provide problem gambling services. It has a “responsible gambling” line item (\$25,000 in FY2021) in its marketing budget that was used to produce and air problem gambling awareness advertisements on TV, digital, and radio. The Vermont Lottery also prints the helpline phone number and website address on over 20 million Lottery tickets sold each year. Additionally, the Vermont Lottery contracts with the Howard Center (\$124,800 annual budget) to provide no-cost, professional problem gambling education and treatment. With the onset of the pandemic, this treatment is now being offered virtually to all Vermonters anywhere in the state. The Lottery funding to the Howard Center also pays for staffing the 24-hour helpline, website maintenance, training for counselors, and literature and event sponsorships.

Vermont uses the National Problem Gambling Helpline number (800-522-4700). Calls that originate from Vermont are transferred to the Howard Center where an answering service responds to calls and transfers callers in need of help to Howard Center staff. Persons using the text features are responded to by the National Problem Gambling Helpline’s operator, the Louisiana Association on Compulsive Gambling.

In FY2021, 6 Vermonters called the Gambling Helpline for help. Low call numbers are to be expected as persons move away from call services and more commonly use Internet-based information resources. Total gambling treatment enrollments was also low (two individuals). Low treatment numbers were attributed by Howard Center staff to low community awareness of this new Lottery funded gambling treatment service.

In 2021, Vermont ranked 26th in the U.S. in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with publicly funded services was 40 cents; Vermont’s per capita public investment was 23 cents.

¹ Based on a 2020 U.S. Census Bureau estimate of 528,594 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2016).

Resources

Problem Gambling Helpline:
1-800-522-4700

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

Problem Gambling Prevalence

An estimated 2.2% of Vermont adults (11,629) are believed to manifest a gambling problem in Vermont.¹

Money Spent Gambling

In 2021, approximately \$162 million was spent on legalized gambling in Vermont.²

VIRGINIA

Problem Gambling Services

Virginia has historically invested little in problem gambling specific services; however, that is about to change. Recent gambling expansion legislation included provisions setting aside funds to support problem gambling services. For example, with the passing of HB896 in 2020, 08% of the adjusted gross income from newly legalized commercial casinos and 2.5% of taxes levied to sports betting operators would go into a fund to be used solely for the purpose of providing problem gambling services with administrative oversight provided to the Department of Behavioral Health and Developmental Services (DBHDS).

For FY2021, one-time funding of \$2.4M from “skill games” was provided to DBHDS in addition to \$195,000 in sports betting taxes; however, very few of those funds were expended in FY2021 as DBHDS received those funds late into FY2021, did not have staffing and other infrastructure in place to program those dollars, and was allowed to carry funds forward to FY2022.

In May of 2021, a problem gambling program coordinator was hired, and funds went out the door in FY2022 for needs assessments, capacity development, and treatment and recovery services. Therefore, FY2021 is considered a transition year and not reflective of services or funding level moving forward.

For FY2021, a total of \$55,000 was expended on problem gambling specific services. DBHDS expended \$10,000 on staffing and other infrastructure costs while the remaining expenses (\$45,000) was from a contract between the Virginia Lottery and the Virginia Council on Problem Gambling (VCPG). The VCPG has historically been the main provider of problem gambling services including helpline services, training services, and public awareness activities. Additionally, the Virginia Lottery provides in-kind responsible gambling and problem gambling awareness campaigns and participates in the NASPL-NCPG Responsible Gambling Verification program. In FY2021 the Virginia Lottery was evaluated as having reached the “Implementation Level” indicating it had a verified responsible gambling program.

In FY2021, the helpline received 718 calls for help, representing an increase of 114% from the previous year. All callers who completed intakes accepted VCPG resources, including self-help workbooks, support group information (available in person, online, or via phone), counselor information and referrals, self-exclusion forms instructions, and multiple other help and treatment options. All callers who allow follow-up calls receive regular contacts via phone, text, and email after 48 hours, one week, one month, and six months. In addition, helpline staff offers unique follow-ups and crisis counseling/services when needed.

In 2021, Virginia ranked 41st in the U.S. in terms of per capita public funds spent on problem gambling services. However, with new legislation setting aside funding for problem gambling services, this ranking is expected to significantly increase beginning in FY2022.

¹ Based on a 2020 U.S. Census Bureau estimate of 6,757,448 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).



Resources

Problem Gambling
Helpline: 888-532-3500

State Agency:
Dept. of Behavioral
Health and Developmental
Services dbhds.virginia.gov

Virginia Lottery
<https://www.valottery.com/playingmatters/playresponsibly>

State Affiliate:
Virginia Council on
Problem Gambling
<https://vcpg.net/>

Problem Gambling Prevalence

An estimated 2.2% of Virginia adults (148,664) are believed to manifest a gambling problem in Virginia.¹

Money Spent Gambling

In 2021, approximately \$2.9 billion was spent on legalized gambling in

WASHINGTON

Problem Gambling Services



In 2019, the Legislature passed a budget proviso creating the Washington State joint legislative Problem Gambling Task Force (PGTF) and funded a Washington State Adult Problem Gambling Prevalence Study. Due to impacts related to the COVID-19 pandemic, these projects and the final reports were extended to Fall 2022. One possible outcome of these efforts will be one or more problem gambling services related bills in future sessions.

Initiated in 2005 by the WA State Legislature, the WA State Problem Gambling Program is funded by statute from a designated percentage of business and occupation tax (0.13% of net revenue above \$50,000) from the WA State Lottery, horse racing, and commercial house-banked card rooms. The funds are deposited into the state problem gambling account to be used expressly for problem gambling services, including treatment. The State PG Program resides within the Division of Behavioral Health & Recovery (DBHR) at the WA State Health Care Authority. SFY2021, the appropriation of these funds totaled \$730,500 with 71% budgeted for problem gambling treatment and the remaining 29% roughly split between administrative expenses and a contract with the Evergreen Council on Problem Gambling (ECPG) for clinical training, a Problem Gambling Awareness Month media campaign, and website expansion and maintenance.

The Evergreen Council on Problem Gambling (ECPG) also provides problem gambling services that are not state funded. For example, the Problem Gambling Helpline in Washington State is funded by the ECPG and support for its operation is provided by donations and grants from tribal governments and/or tribal casinos. The Evergreen Council contracts with the Louisiana Council on Compulsive Gambling for problem gambling helpline services. In FY2021, the helpline received 350 calls for help, 48 texts, 107 chats, and 636 website visits.

Help seekers have access to outpatient and residential gambling treatment. In FY2021, DBHR funded problem gambling assessment and treatment at 11 outpatient behavioral health agencies and served 295 persons with problem gambling or gambling disorder and 2 significant others. In SFY 2021, there were no in-state residential treatment facilities, so the ECPG supported out-of-state residential gambling treatment for a limited number of individuals.

In 2021, Washington ranked 29th in the U.S. in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with publicly funded services was 40 cents; Washington State's per capita public investment was cents. Problem gambling funding that is not included in this calculation is the designated funding for problem gambling services that has been agreed to within the Gaming Compacts between Tribes and the State of Washington (approximately \$3-4 million annually). As sovereign nations, Tribes can use the funds within their own programs, donate funds to a non-profit organization providing problem-gambling services, or a combination of both. Additionally, the WA State Lottery and the WA State Gaming Commission operate responsible gambling programs that include raising problem gambling awareness. The Lottery has an existing voluntary self-exclusion program, and the Gambling Commission opened a new statewide self-exclusion program on May 1, 2022.

Resources

Problem Gambling
Helpline: 1-800-547-6133

State Agency:
Division of Behavioral
Health and Recovery
(DBHR)
[www.dshs.wa.gov/bha/
division-behavioral-health-
and-recovery](http://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery)

State Affiliate:
Evergreen Council on
Problem Gambling
www.evergreencpg.org

Problem Gambling Prevalence¹

An estimated 2.1% of
Washington adults (127,314)
are believed to manifest a
gambling problem in WA.²

Money Spent Gambling

In FY 21, \$2.949 billion was
spent on legalized gambling
in WA.³

¹ A recent Washington State Adult Problem Gambling Prevalence Study was conducted in 2021, however, at the time of this writing the final report had not been released.

² Based on a 2020 U.S. Census of 6,062,570 persons age 18+ and the average standardized past year problem gambling rate reported for WA by Williams, Volberg, & Stevens (2012).

³ Based on the Washington State Gambling Commission Annual Gambling Activity Report, Fiscal Year 2021. "Money Spent Gambling" refers to gross receipts minus prizes paid for activities regulated by the Gambling Commission (Tribal, Commercial, Horse Racing, Lottery, and Nonprofit)

WEST VIRGINIA

Problem Gambling Services



The West Virginia Compulsive Gamblers Treatment Fund was established in 1999 when West Virginia racetracks added slot machines; funds expanded when the Lottery was authorized to add video lottery products to its game mix and also when table games at casinos were legalized. The most recent expansion of legalized gambling occurred in 2017 when sports betting was authorized; however, no additional funds were added at that time. The West Virginia Department of Health and Human Resources, Bureau for Behavioral Health (BBH), has administrative oversight of this fund.

In FY2021, BBH obtained \$1,453,840 from the Compulsive Gamblers Treatment Fund. It passes 100% of those funds to First Choice Services, Inc. to operate a problem gambling service system. The First Choice Services program that carries out these services is the “Problem Gambling Help Network of West Virginia.” Services provided include a 24/7 problem gambling helpline, gambling treatment, program evaluation, training, and problem gambling prevention and public awareness.

First Choice Services invests approximately 42% of its problem gambling services budget into prevention and public awareness including a mini-grant program for prevention groups, television ads, print media, billboards, web advertising and providing workshops and outreach materials to various community and professional groups. The helpline number is also shared by affixing stickers on video lottery and slot machines, online gambling apps, and casino sportsbooks. The West Virginia Lottery also promotes the helpline number by printing it on its lottery tickets, website, and point of sale brochures.

The Problem Gambling Help Network of West Virginia operates a 24/7 problem gambling helpline (1-800-GAMBLER) staffed by specialty trained helpline agents who are supervised by master’s level clinicians. In FY2021, the helpline received a total of 651 calls for help, 875 chats, and 85,000 website visits. If a helpline agent determines that a full-clinical assessment is appropriate, the caller is referred to an approved problem gambling treatment provider for a no-cost assessment followed by up to 20 sessions of fully subsidized treatment if the individual in need does not have insurance. Other elements of the broader problem gambling intervention system, that are not typically seen in other states, are the offering of weekend “Retreatments” and single day “Recovery Day” events which are described as “mini-retreatments.” In FY 2021, 140 individuals were treated in this system plus 21 retreat and recovery day attendees.

In 2021, West Virginia ranked sixth in the U.S. in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with publicly funded services was 40 cents; West Virginia’s per capita public investment was 82 cents.

Resources

Problem Gambling
Helpline:
1-800-GAMBLER

State Agency:
The West Virginia Bureau
for Behavioral Health
(BBH)

State Proxy for Gambling
Services:
Problem Gambling Help
Network of West Virginia
www.1800gambler.net

Problem Gambling Prevalence

An estimated 2.2% of
West Virginia adults
(31,326) are believed to
manifest a gambling
problem.¹

Money Spent Gambling

In 2021, approximately
\$1.9 billion was spent on
legalized gambling in West
Virginia.²

¹ Based on a 2020 U.S. Census Bureau estimate of 1,423,928 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

WISCONSIN

Problem Gambling Services



In 2009, the State of Wisconsin enacted Act 28s.20.435(5), which resulted in Wisconsin Statutes 46. (43) and 20.435 (5). Together these statutes call for the appropriation of Lottery funds to the Department of Health Services (DHS) for the purpose of “awarding grants to one or more individuals or organizations in the private sector to conduct compulsive gambling awareness campaigns.” The amount appropriated for this purpose has remained stable over several years at \$396,000.

In FY2021, DHS programmed 100% of these Lottery funds to support a contract with the Wisconsin Council on Problem Gambling (WCPG) for a problem gambling public awareness campaign which included funding a problem gambling helpline, problem gambling resource website, problem gambling prevention activities, counselor training, and other activities to increase problem gambling awareness.

The Wisconsin Council on Problem Gambling operates a 24-hour, in-house problem gambling helpline, offering crisis intervention, information and referral services, follow-up services, web-based chat services, and texting services. The helpline reported that in FY2021 it received a total of 16,779 calls, 14 texts, 57 chats, and 10,258 website visits. The helpline caller statistics do not differentiate “calls for help” from other types of calls so is not comparable to other state’s reported helpline call volume; however, the reported figures reflect a very active problem gambling helpline service.

As of FY2021, there were no publicly funded treatment services for problem gambling in Wisconsin. Persons with gambling disorder as a secondary diagnosis are being seen and treated in publicly funded addiction treatment programs. For callers to the gambling helpline presenting with gambling issues as a primary problem, in FY2021, the helpline referred individuals to Gamblers Anonymous (44 meetings listed in WI) and/or clinicians on a list of Internationally Certified Gambling Counselors (nine listed in WI).

In 2021, Wisconsin ranked 33rd in the U.S. in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with publicly funded services was 40 cents; Wisconsin’s per capita public investment was seven cents.

In addition to the above-described efforts, other entities in Wisconsin were contributing funds or efforts to address problem gambling in 2021. The Potawatomi Hotel and Casino contributed \$40,000 and the Oneida Casino \$5,000 to the WCPG. Several other tribal casinos provided sponsorship funds to the WI Statewide Problem Gambling Conference. Further, most of the tribal casinos and the Wisconsin Lottery offer responsible gambling programs that often include self-exclusion programs, problem gambling helpline signage, and responsible gambling messaging.

¹ Based on a 2020 U.S. Census Bureau estimate of 4,621,152 persons age 18+ and standardized past year problem gambling rate reported for Wisconsin by Williams, Volberg, & Stevens (2012).

² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

Resources

Problem Gambling Helpline:
1-800-GAMBLE-5

State Agency:
WI Department of Health
Services
www.dhs.wisconsin.gov/disease/gambling-disorder.htm

State Affiliate:
Wisconsin Council on
Problem Gambling
wi-problemgamblers.org

Problem Gambling Prevalence

An estimated 1.3% of Wisconsin adults (60,075) are believed to manifest a gambling problem in Wisconsin.¹

Money Spent Gambling

In 2021, approximately \$2.2 billion was spent on legalized gambling in Wisconsin.²

WYOMING

Problem Gambling Services

The 2013 Wyoming Lottery Act created the Wyoming Lottery Corporation (WLC) and included a provision stating unclaimed prize money, not to exceed \$200,000 annually, shall be paid from the Corporation to the Wyoming Department of Health (WDH) for the treatment of compulsive gambling disorder and educational programs related to such disorder. Then, during the 2021 legislative session, HB-0133 was signed into law authorizing online sports wagering and fantasy sports contests. That act provided the provision, “each fiscal year, the first \$300,000 of revenue generated under this section is continuously appropriated to the WDH to be distributed to the counties for the purpose of funding county health programs to prevent and treat problematic gambling behavior...”. Given these statutes, the expected amount of Wyoming public funding invested in problem gambling services in the coming years should be no less than \$300,000 annually. Including a minimum funding provision appears well justified given the report that in FY2021, the amount spent on problem gambling was \$7,188, up from \$2,188 in FY2020.

In FY2021, statutes contained provisions allowing the WLC to distribute up to \$200,000 to the Department of Health for problem gambling services; however, not a single dollar was transferred. Additionally, the WLC included \$63,000 in its operational budget under “responsible gambling” but spent only \$7,188.

Back in 2017, problem gambling services in Wyoming was off to a better start with the formation of the Wyoming Responsible Gambling Coalition. The Coalition was made up of representatives from the Department of Health, Wyoming Lottery, Department of Corrections, the Gaming Commission, and community stakeholders. It engaged in planning and contracted for a public awareness campaign and a needs assessment. Beginning in FY2020, the Coalition discontinued meeting. In FY2022, there were plans for the Coalition to regather to develop a new needs assessment and ad campaign. Wyoming Statute provides administrative authority over Problem Gambling Funds to the Department of Health which appears to contrast the historic and planned role of the Coalition.

Although Wyoming does not have a state supported problem gambling helpline, the National Problem Gambling Helpline accepts calls from Wyoming. Problem gambling specialty services are sparse in Wyoming with no Gamblers Anonymous meeting in the state and only one Internationally Certified Gambling Counselor.

In FY2021, there was no specific funding to support gambling treatment. However, if a person with a gambling disorder had no means to pay, that person could be served within a state funded behavioral health agency. The WLC and the WDH offer information about problem gambling and available resources on their websites and the WLC prints the helpline number on lottery tickets, billboards, and materials displayed at lottery retail locations.

In 2021, Wyoming ranked 40th in the U.S. in terms of per capita public funds invested in problem gambling services. The average per capita allocation of public funds for problem gambling services in the 42 states with publicly funded services was 40 cents; Wyoming’s per capita public investment was less than one cent.

¹ Based on a 2020 U.S. Census Bureau estimate of 446,379 persons age 18+ multiplied by the national average of standardized past year problem gambling rates for 27 states that conducted statewide prevalence studies per Williams, Volberg, & Stevens (2012). A 2016 survey indicated 1.5% of respondents think they may have a gambling problem; however, this is not equivalent to a prevalence study therefore the Williams, Volberg, & Stevens (2012) national average was used to describe the estimated PG prevalence in WY.
² Based on combined revenue reports from: (a) The American Gaming Association (2021); (b) Meister, A. (2017); and (c) North America State and Provincial Lotteries (2021).

Resources

Problem Gambling
Helpline: 1-800-522-4700

State Agency:
Wyoming Department of
Health
<https://health.wyo.gov/bchavioralhealth/mhsa/initiatives/problem-gambling>

Problem Gambling Prevalence

An estimated 2.2% of Wyoming adults (9,820) are believed to manifest a gambling problem.¹

Money Spent Gambling

In 2021, approximately \$36 million was spent on legalized gambling in Wyoming.²

Appendix C

U.S. Territories and Freely Associated States: Snapshots of legalized gambling and resources to address problem gambling

PUERTO RICO

Gambling in Puerto Rico includes a variety of legal and illegal activities. There are 101 licenses that allow between 100 and 250 slots, and a total of 25,000 machines across Puerto Rico. The Gaming Division of the Puerto Rico Tourism Company regulates all administrative processes regarding licensing, franchise concession, supervision, and management of gaming operations in Puerto Rico.

The most recent problem gambling prevalence study conducted in Puerto Rico was in 1998, where the lifetime (14%) and current (11.2%) prevalence rates of problem gambling were far higher than prevalence rates in any other United States jurisdiction.⁵⁷

The Mental Health and Anti-Addiction Services Administration (ASSMCA by its Spanish initials) administers services to address problem gambling including carrying out various activities to raise awareness on the problem of excessive gambling and publicizing the availability of its services for the prevention, treatment, and recovery from gambling disorder. The ASSMCA Compulsive Gamblers Assistance Program has locations in San Juan, Mayagüez and Ponce. It offers guidance, support, and specialized treatment services. Services are free to the patient and that person's family members who have been affected by a gambling disorder. Additionally, the Gamblers Anonymous directory lists four active meetings in Puerto Rico, all in San Juan.

Compulsive Gamblers Assistance Program can be accessed by calling the 24 hour, 7 days a week, helpline at (1-800-981-0023). More information can be found at: <https://assmca.pr.gov/Servicios/>.

GUAM

Gambling is largely illegal in Guam. Thus, there are no land-based casinos, online casinos are not permitted, and lotteries are not allowed. However, there are exceptions. Social gambling is allowed and persons 18 years and older can make wagers on licensed cockfights. Finally, certain types of gaming, such as poker, can be legal if played at the Guam Island Fair and Liberation Day Carnival, if prior approval is obtained. Guam Behavioral Health and Wellness Center offers counseling for problem gambling. <https://gbhwc.guam.gov/gambling>

US VIRGIN ISLANDS

The U.S. Virgin Islands are a group of Caribbean islands that include the main islands of Saint Croix, Saint John, and Saint Thomas. There are seven slot machine casinos on these islands. Online casino games and poker are also legal. The legal age of gambling for land-based casinos and poker rooms is 21, while the age for playing lottery is 18.

There is a gaming commission (Casino Control Commission) located in Christiansted, VI. A link is provided for responsible gambling that refers to the National Problem Gambling Helpline. The Casino Control Commission must also provide a list of persons who voluntarily seek to be excluded from gaming activities at all licensed casinos. The casinos in turn must establish internal controls providing for the removal of self-excluded persons from mailings or other forms of marketing and denial of access of credit, check cashing privileges, and other similar benefits. Similarly,

⁵⁷ Volberg, R. A., & Vales, P. A. (1998). Gambling and problem gambling in Puerto Rico. Report to the Puerto Rico Treasury Department. <http://hdl.handle.net/1880/45031> technical report

if a person or player gives written notice of self-exclusion to an online gambling establishment, it must not permit the person from playing an approved Internet game.

For operators of casinos at horse tracks, the licensee is required to provide signage on the risk and dangers of gambling and to provide information and referral services regarding compulsive or problem gambling. The odds of winning must also be posted. In addition, on-site advertising must contain the phrase ‘Bet With Your Head, Not Over It’, or ‘If you sweat it, don’t bet it’ or some comparable language approved by the gaming commission. All advertising which appears in print, on a billboard, or sign must contain the words ‘If you or someone you know has a gambling problem and wants help, call 1-800-572-4700’ or comparable language approved by the gaming commission.

MARSHALL ISLANDS

The Marshall Islands, officially the Republic of the Marshall Islands, is an island country near the Equator in the Pacific Ocean with a 2018 estimated population of 58,413. Gambling is mostly illegal in the Marshall Islands. There are a few exceptions, such as non-profit bingo, raffles, and cakewalks. A search of resources to addressing problem gambling in the Marshall Islands revealed no results.

NORTHERN MARIANA ISLANDS

The Northern Mariana Islands (officially known as the Commonwealth of the Northern Mariana Islands) consists of 14 islands in northwestern Pacific Ocean with an estimated 2021 population of 51,659. Land-based gambling was legalized in 2014 resulting in five casinos in Saipan and two in Tinian with a combined total of 226 table games and 790 slot machines. Online gambling was legalized in 2020. Casinos are required to have a responsible gambling plan to include problem gambling help signage, responsible gambling training, self-exclusion, third party exclusion, and compliance oversight. For problem gambling help, residents are referred to the National Council on Problem Gambling helpline.

AMERICAN SAMOA

Gambling and the keeping of gaming facilities is a criminal offense in American Samoa. Legally, bingo is not gambling in American Samoa as all profits are used for charitable, religious, or educational purposes. Bingo is a popular pastime for the approximately 46,000 residents on the island. The minimum legal gambling age in American Samoa does not exist because all gambling activity is illegal. A search of resources to addressing problem gambling in American Samoa revealed no results.

FEDERAL STATES OF MICRONESIA

The Federal States of Micronesia is an island colony located in Oceania, consisting of four states (Yap, Chuuk, Pohnpei, and Kosrae) with a 2019 estimated population of 104,468. Land-based gambling laws are regulated at the state level. In Kosrae, all forms of gambling and casino establishments are prohibited. In the other states, casinos are

not outright banned. Online casinos are not regulated in the Federated States of Micronesia and that translates to locals being able to legally gamble on international online gambling sites. A search of resources to addressing problem gambling in Federal States of Micronesia revealed no results.

PALAU

Palau (officially the Republic of Palau) is an island country of about 340 islands in the western Pacific Ocean, with an estimated 2018 population of 17,907. Gambling is not allowed in Palau. However, online casinos are not explicitly mentioned in Palauan regulations, making it somewhat of a grey area. A search of resources to addressing problem gambling in Palau revealed no results.

U.S. TERRITORIES AND FREELY ASSOCIATED STATES WITH UNDER 1,000 RESIDENTS

A search of resources to addressing problem gambling in U.S. territories and freely associated states with under 1,000 residents revealed no results. Following is a brief description of the territories:

Midway Atoll: This is a 2.4 square mile atoll in the North Pacific Ocean. About 40 people (mostly staff of the U.S. Fish and Wildlife Service and contract workers) live on the atoll and visitation is possible only for business (non-tourism) reasons.

Palmyra Atoll: The Palmyra Atoll is one of the Northern Line Islands located almost due south of the Hawaiian Islands. The atoll has no permanent population.

Baker Island: An uninhabited atoll just north of the equator in the central Pacific Ocean

Howland Island: Uninhabited coral island located just north of the equator in the central Pacific Ocean. The atoll has no economic activity.

Jarvis Island: Uninhabited coral island located in the South Pacific Ocean.

Johnston Atoll: Marine National Monument closed to public entry; a past military testing site.

Kingman Reef: A largely submerged, uninhabited, triangle-shaped reef in the North Pacific Ocean

Wake Island: Wake Island has no permanent inhabitants and access is restricted. As of 2017, there were approximately 100 Air Force personnel and contractor residents at any given time.

Navassa Island: A small uninhabited island in the Caribbean Sea

Appendix D

NAADGS 2021 Survey Instrument



2021 NATIONAL SURVEY OF PUBLICLY FUNDED PROBLEM GAMBLING SERVICES

SURVEY INSTRUMENT

SECTION A: CONTACT INFORMATION (STATE EMPLOYEE – GOVERNMENT CONTACT)

A1. [State/Territory:](#)

A2. [Date:](#)

A3. [Name of individual completing the survey:](#)

A4. [Position Title:](#)

A5. [Department/Division/Bureau of Government:](#)

A6. [Address:](#)

A7. [Office Phone:](#)

A8. [Work Cell:](#)

A9. [Email:](#)

A10. [Web Site:](#)

A11. [Who referred you to this survey?](#)

[A.C. Comments \(Contact Information\):](#)

Note:

Unless otherwise specified, the survey questions are in reference to State Fiscal Year (SFY) 2021; for most states, this refers to July 1, 2020 through June 30, 2021. If you are from one of the four states whose fiscal year does not end on June 30th, please use your state's most recently completed fiscal year when responding to questions.

SECTION B: STATE GAMING BACKGROUND

B1. Types of legalized gambling in the state and if cashless wagering is allowed:

(Check all that apply)

<p>a. <input type="checkbox"/> Traditional Lottery (scratch-offs, draw games, raffles) i. Cashless (Debit/Credit/E-wallets/Pre-paid) <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)</p>	<p>b. <input type="checkbox"/> Lottery operated Keno i. Cashless (Debit/Credit/E-wallets/Pre-paid) <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)</p>	<p>c. <input type="checkbox"/> Video Lottery (Poker, Line Games / Video Slots) i. Cashless (Debit/Credit/E-wallets/Pre-paid) <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)</p>
<p>d. <input type="checkbox"/> Online lottery sales i. Cashless (Debit/Credit/E-wallets/Pre-paid) <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)</p>	<p>e. <input type="checkbox"/> Legal Internet/Mobile Gambling (restricted to in-state) i. Cashless (Debit/Credit/E-wallets/Pre-paid) <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)</p>	<p>f. <input type="checkbox"/> Sports Betting (legal / not prohibited in state) i. Cashless (Debit/Credit/E-wallets/Pre-paid) <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)</p>
<p>g. <input type="checkbox"/> Stand-alone Commercial Casinos i. Cashless (Debit/Credit/E-wallets/Pre-paid) <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)</p>	<p>h. <input type="checkbox"/> Tribal Casinos i. Cashless (Debit/Credit/E-wallets/Pre-paid) <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)</p>	<p>i. <input type="checkbox"/> Racetrack Casinos i. Cashless (Debit/Credit/E-wallets/Pre-paid) <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)</p>
<p>j. <input type="checkbox"/> Slot parlors (excluding Video Lottery retailers) i. Cashless (Debit/Credit/E-wallets/Pre-paid) <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)</p>	<p>k. <input type="checkbox"/> Stand-alone Bingo Parlors i. Cashless <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)</p>	<p>l. <input type="checkbox"/> Pari-Mutual Wagering (horse tracks, dog tracks, off track betting) i. Cashless (Debit/Credit/E-wallets/Pre-paid) <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)</p>
<p>m. <input type="checkbox"/> Commercial Card Rooms i. Cashless (Debit/Credit/E-wallets/Pre-paid) <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)</p>	<p>n. <input type="checkbox"/> Charitable Gaming (charity raffles, gambling event sponsored by non-profits) i. Cashless (Debit/Credit/E-wallets/Pre-paid) <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)</p>	<p>o. <input type="checkbox"/> Daily Fantasy (legal / not prohibited in state) i. Cashless (Debit/Credit/E-wallets/Pre-paid) <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)</p>
<p>p. <input type="checkbox"/> Other - Please describe: i. Cashless (Debit/Credit/E-wallets/Pre-paid) <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)</p>		

B.C. Comments (Section B, State Gaming Background):

SECTION C: LEGISLATION & FUNDING

C.1. Since January of 2017 has the state enacted any legislation that pertains to the prevention or treatment of problem gambling? ☐ No (0) ☐ Yes (1)

If yes, please describe:

C.C.1. Describe your state's legislative history that pertains to the prevention or treatment of problem gambling:

C.2. Budget

- a. In SFY 2021, did your state have any active legislation that specifically designated funds for programs to address problem gambling? ☐ No (0) ☐ Yes (1)
- b. In SFY 2021, did a state governmental department or agency have a budget line item specifically for funding one or more problem gambling services that was not legislatively mandated? (For example, used discretionary general funds) ☐ No (0) ☐ Yes (1)
- i. If yes, please name the governmental body or bodies that had a problem gambling line item within its budget.
- 1.
 - 2.
 - 3.

If you answered "no" to both the questions (C.2.a and C.2.b) above, you have indicated your state does not specifically set aside public funds to address problem gambling. Skip to Section F: Non-state funded efforts to address problem gambling.

C.3. Source(s) of SFY 2021 problem gambling services budget & annual amount:

Source. E.g., lottery funds, tribal gaming tax/fees, state general fund, donation, other gaming industry fee (please specify)	Amount	Legislatively Mandated?
a.	i. \$	ii. <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
b.	i. \$	ii. <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
c.	i. \$	ii. <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)

C.4. Change in budget during the COVID-19 pandemic.

- a. Please indicate if your problem gambling services budget was impacted during the COVID-19 period (SFY2020 and SFY2021) (check only one)
- ☐ Increased (1) ☐ Decreased (2) ☐ Stayed about the same (3)

C.C.2. If funding changed or stayed about the same, please tell us about it (e.g., what do you attribute change to or why didn't it change even though state revenues were likely down?).

C.5. **Percent of SFY 2021 problem gambling services budget allocated to:**

Please complete your responses so the column on the right totals to 100%

a. Administration (Indirect services, FTE, etc.)	%
b. Service Evaluation (client data, service outcomes, etc.)	%
c. Research (prevalence studies, issue research, surveillance, etc.)	%
d. Helpline	%
e. Training/Workforce Development	%
f. Treatment	%
g. Prevention (excluding information dissemination)	%
h. Media / Public Awareness (print, radio, outdoor, web, TV)	%
i. Other (please describe)	%

C.C.3. **Comments (Section C, Legislation & Funding):**

SECTION D: SERVICES PROVIDED

(PUBLICLY FUNDED ONLY, FUNDS MUST PASS THROUGH STATE AGENCY)

D.1. **Services provided** (check all that apply):

- | | | |
|--|--|---|
| a. <input type="checkbox"/> Helpline | d. <input type="checkbox"/> Public Awareness | g. <input type="checkbox"/> Prevention |
| b. <input type="checkbox"/> Research | e. <input type="checkbox"/> Counselor Training | h. <input type="checkbox"/> Counselor Certification |
| c. <input type="checkbox"/> Program evaluation | f. <input type="checkbox"/> Treatment: | i. <input type="checkbox"/> Other: |

D.C.1 **Comments (Section D, Services Provided):**

D.2. **Helpline Services**

- a. Does your state have a statewide helpline (such as 211)? ☐ No (0) ☐ Yes (1)
- i. Are problem gambling services listed in your statewide help directory? ☐ No (0) ☐ Yes (1)
- b. Is your state problem gambling helpline legislatively mandated? ☐ No (0) ☐ Yes (1)
- c. Is a gambling helpline service: (check only one)
- ☐ Not available (0) ☐ Performed by government employees (2)

☐ Contracted out (1) ☐ Available but not paid for by state-funds (3)

If contracted, please provide the following:

ci. Name of organization:

cii. Is the organization based within your state: ☐ No (0) ☐ Yes (1)

d. Who are the phones staffed by? (check only one)

☐ Volunteers (1) ☐ Paid staff (2) ☐ Mix of volunteers and paid staff (3)

e. What qualifications do the helpline call responders have? (check only one)

☐ Certified Gambling Counselors (1) ☐ Mix of certified and non-certified PG counselors (2)

☐ Professional counselors (not certified in PG) (3) ☐ Other (4)

f. Services provided by the helpline organization: (check all that apply)

i. ☐ Information, Crisis Intervention, Referral

ii. ☐ Follow-up services (routine call-backs to check on referral status)

iii. ☐ Helpline staff provides structured counseling (beyond initial call for help and follow-up call)

iv. ☐ Helpline staff mail/email/administer self-change guide

v. ☐ Warm transfer services (caller immediately connected with treatment provider)

vi. ☐ Website

vii. ☐ Public Awareness

viii. ☐ Web or application based live-chat services

ix. ☐ Texting services

x. ☐ Motivational texting / automated messaging

xi. ☐ Other:

g. Are the problem gambling helpline services:

i. ☐ Stand-alone/dedicated PG helpline? (1)

ii. ☐ Embedded with an A&D/MH/Other crisis helpline? (2)

h. How is the Helpline promoted? (check all that apply)

i. ☐ Television (cable and subscription services)

ii. ☐ Newspaper

iii. ☐ Billboard

iv. ☐ Digital (Online, Social Media, Social Listening, Geo-fencing, etc.)

- v. ☐ Radio (including subscription services)
- vi. ☐ Print/Signage (gaming venues, lottery venues, community)
- vii. ☐ Other:

i. Total calls (SFY 2021):

j. Calls for help, including calls for problem gambling information (SFY 2021):

k. Total texts (SFY 2021):

l. Total chats (SFY 2021):

m. Total helpline website visits (SFY 2021):

D.C.2 Helpline Narrative:

D.3. For Public Awareness:

- a. Are problem gambling public awareness services: *(check only one)*
 - ☐ Not available (0) ☐ Performed by government employees & contractors (2)
 - ☐ Performed by government employees (1) ☐ Contracted out (3)
- b. What problem gambling public awareness efforts are being conducted in your state? *(check all that apply)*
 - i. ☐ Television ads (cable and subscription services)
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
 - ii. ☐ Newspaper
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
 - iii. ☐ Billboard
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
 - iv. ☐ Digital (Online, Social Media, Social Listening, Geo-fencing, etc.)
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
 - v. ☐ Radio (including subscription services)
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
 - vi. ☐ Print/Signage (gaming venues, lottery venues, community)
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
 - vii. ☐ Other:
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)

D.C.3. Comments. Which public awareness efforts do you view as most impactful? Is your view data supported?

D.4. Prevention Services:

- a. Are problem gambling prevention services: *(check only one)*
☐ Not available (0) ☐ Performed by government employees & contractors (2)
☐ Performed by government employees (1) ☐ Contracted out (3)
- b. Do prevention professionals in your state use SAMHSA's Strategic Prevention Framework (SPF) to plan, implement, and evaluate problem gambling prevention problems? ☐ No (0) ☐ Yes (1)
- c. Is the topic of gambling or problem gambling formally integrated into the administrative rules or other written policies governing statewide behavioral health prevention? ☐ No (0) ☐ Yes (1)
- d. Do you include problem gambling prevention in your Block Grant application? ☐ No (0) ☐ Yes (1)
- e. What prevention activities are being conducted in your state? Please only endorse if activity is aimed at preventing the onset of the problem. *(check all that apply)*
- i. ☐ Prevention: Gambling-specific community readiness assessment
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
 - ii. ☐ Prevention: Middle school programming(gambling-specific)
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
 - iii. ☐ Prevention: Middle school programming (integrated with ATOD/health curriculum)
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
 - iv. ☐ Prevention: High school programming (gambling-specific)
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
 - v. ☐ Prevention: High school programming (integrated with ATOD/health curriculum)
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
 - vi. ☐ Prevention: College student interventions
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
 - vii. ☐ Prevention: Coalition building / community-based process
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
 - viii. ☐ Prevention: Parent education
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
 - ix. ☐ Prevention: Policy change
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
 - x. ☐ Other:
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)

D.C.4. Comments. Which prevention efforts do you view as most impactful? Is your view data supported?

f. Are there specific populations that problem gambling prevention and/or awareness efforts target? (check all that apply)

- i. ☐ Youth
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
- ii. ☐ College students
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
- iii. ☐ Athletes (college or professional)
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
- iv. ☐ Older adults
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
- v. ☐ Houseless
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
- vi. ☐ Military & Veterans
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
- vii. ☐ Lesbian, gay, bisexual, and transgender (LGBTQ+)
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
- viii. ☐ Healthcare community
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
- ix. ☐ Black, Indigenous, and People of Color (BIPOC)
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
- x. ☐ People in criminal justice system
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
- xi. ☐ People with mental health history
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)
- xii. ☐ People with addictions history
 - a. ☐ Statewide (1) ☐ Regional (2) ☐ Local (3)

D.C.5. Comments. What are your state's largest gaps or needs around problem gambling public awareness and prevention?

D.5. Counselor Training - Only those activities directly supported by state funding:

- a. Are counselor training services: (check only one)
 - ☐ Not available? (0) ☐ Contracted out? (2)
 - ☐ Performed by government employees? (1) ☐ Performed by government employees & contractors? (3)
- b. What problem gambling trainings were offered in SFY 2021 (check all that apply)
 - ☐ Continuing Education Sessions ☐ Live training (1 a) ☐ Virtual/web-based (1 b)
 - ☐ College course specific to problem gambling ☐ Live training (2a) ☐ Virtual/web-based (2b)
 - ☐ Certification course specific to problem gambling counseling (10+ hour course to meet certification or approved provider problem gambling specific educational requirement)

☐ Live training (3a) ☐ Virtual/web-based (3b)

- c. Did your organization sponsor problem gambling education at a conference: ☐ No (0) ☐ Yes (1)

(if yes, check all that apply)

☐ State conference specific to problem gambling (1)

☐ A regional problem gambling specific conference (2)

☐ A track or session on problem gambling within a broader addictions or behavioral health conference (3)

D.C.6. Counselor Training Comments (if you have a list of training offered, please attach to the survey).

D.6. Counselor Certification (For non-Medicaid eligible state funded gambling treatment)

- a. Does the state require specialized problem gambling counselor certification, licensure, or approval for practitioners delivering state funded services to individuals with a gambling disorder? (Check all that apply)

☐ No (0) *As long as provider offers problem gambling services within their scope of practice they do not need special problem gambling certification or approval.*

☐ Certification (1)

☐ Licensure (2)

☐ Approval (3) *Problem gambling certification or licensure not required but to be approved provider must meet state professional practice requirements and obtain problem gambling specific education.*

- b. Does a state agency provide cert. or licensure for problem gambling counselors? ☐ No (0) ☐ Yes (1)

- c. Does a non-governmental organization in your state provide problem gambling counselor certification? ☐ No (0) ☐ Yes (1)

- d. Are the certification criteria available via the internet? ☐ No (0) ☐ Yes (1)

D.C.7. If yes, please provide the URL:

- e. Number of certified or state approved problem gambling counselors that provided state funded gambling treatment in SFY 2021 (reimbursed from a gambling treatment specific fund)?

D.C.8. Counselor Certification Comments (provide description of types of certification offered, related expenses, number of hours of supervision required, etc.).

D.7. Problem Gambling Peer Support Specialist Certification

- a. Is problem gambling peer support a covered service under your state's problem gambling treatment program? ☐ No (0) ☐ Yes (1) If no, skip to D.8

- b. Does the state require specialized certification or certification endorsement for problem gambling peer support specialists to be reimbursed for services provided to individuals with gambling related problems? (Check all that apply)
- ☐ No (0) *As long as provider offers problem gambling services within their scope of practice they do not need special problem gambling certification, endorsement, or approval.*
- ☐ Certification (1)
- ☐ Endorsement (2) *They need a special endorsement to the peer support specialist certification to be reimbursed for services to individuals with a gambling problem*
- ☐ Approval (3) *Problem gambling certification or licensure not required but to be approved provider must meet state professional practice requirements and obtain problem gambling specific education.*
- c. Does a state agency provide certification for problem gambling peer support specialist?
☐ No (0) ☐ Yes (1)
- d. Does a non-governmental organization in your state provide problem gambling peer support specialist certification? ☐ No (0) ☐ Yes (1)
- e. Are the certification criteria available via the internet? ☐ No (0) ☐ Yes (1)
D.C.9. If yes, please provide the URL:
- f. Number of certified/approved problem gambling peer support specialists that provided state funded gambling recovery services in SFY 2021 (reimbursed from a gambling treatment specific fund)?
- g. Do most (50%+) gambling treatment providers offer peer mentoring services ☐ No (0) ☐ Yes (1)

D.C.9. Peer Support Specialist Certification Comments (provide description of type of certification offered, related expenses, number of hours of supervision required, if peer support specialist has to be in problem gambling recovery or any addiction recovery, etc.).

D.8. Treatment Service System:

- a. Is the topic of gambling or problem gambling formally integrated into the administrative rules or other written policies governing statewide behavioral treatment? ☐ No (0) ☐ Yes (1)
- b. Using the ASAM defined levels of treatment service, indicate which levels of care are paid for with state problem gambling treatment funds (check all that apply):
- ☐ Level 0.5 Minimal/Early Intervention
 - ☐ Level I Outpatient Therapy (1-8 hours / wk)
 - ☐ Level II Intensive Outpatient Therapy (≥ 9 hrs/wk)
 - ☐ Level III Residential/Inpatient Treatment
 - ☐ Level IV Medically-Managed Intensive Inpatient Treatment

- c. Recovery Oriented Systems of Care (ROSC) is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of addiction problems.
- i. Is the gambling treatment system based on ROSC principles as specified in service agreement, regulations, or strategic plans? ☐ No (0) ☐ Yes (1)
 - ii. Are recovery oriented approaches funded? ☐ No (0) ☐ Yes (1)
 - iii. What ROSC operational elements are currently funded (*check all that apply*):
 - 1) ☐ Peer mentoring or peer coaching services
 - 2) ☐ Telehealth / distance treatment / e-Therapy
 - 3) ☐ Providers allowed flexible spending on wide range of recovery-oriented service
 - 4) ☐ Housing options (respite housing, transitional housing, housing assistance, etc.)
 - 5) ☐ Other:
- d. Is your state making a concerted effort to integrate problem gambling screening, education, and treatment into behavioral health programs? ☐ No (0) ☐ Yes (1)
- e. In which setting is screening for gambling disorder required? (*check all that apply*):
- i. ☐ None, screening not required anywhere in the publicly funded service system
 - ii. ☐ Substance Use Disorder treatment programs
 - iii. ☐ Behavioral health / mental health treatment programs
 - iv. ☐ Corrections Department inmate intakes
 - v. ☐ Other: Please describe:
- f. Have any publicly funded behavioral health programs undergone a formal process to become **Problem Gambling Integrated**? This means they have staff trained in problem gambling assessment and treatment, and they have policies in place to address problem gambling, and they screen all clients for problem gambling and integrate the discussion of problem gambling into their recovery groups.
- ☐ No (0) ☐ Yes (1)
- f.i. If yes, what percent of publicly funded behavioral health programs are Problem Gambling Integrated? %
- g. Is Gambling Disorder a covered diagnosis under your state's Medicaid program?
☐ No (0) ☐ Yes (1)
- h. Are funds specifically designated to address problem gambling being used to fund your state's Medicaid program? ☐ No (0) ☐ Yes (1)
- i. Do you include problem gambling treatment in your Block Grant application? ☐ No (0) ☐ Yes (1)

D.C.10. Treatment System Comments.

D.9. Outpatient Treatment:

a. Outpatient treatment is: (check only one)

- ☐ not funded (0)
☐ state funded, contracted out (1)
☐ state funded, performed by government employees (2)
☐ state funded, performed by government employees and contracted out (3)
☐ available at no to low cost through non-state subsidies (4)

b. How are treatment services paid (if contracted): (check only one)

- ☐ Fee for service (1) ☐ Expense Reimbursement (2) ☐ Capitated Rate (3)
☐ Other (4):

c. If fee for service, what is the reimbursement rate paid by public funds for outpatient treatment?

Service Type	\$ per Hour	Caveats
i. Assessment	ia. \$	ib.
ii. Individual	iiia. \$	iiib.
iii. Family/Couples	iiia. \$	iiib.
iv. Group	iva. \$	ivb.
v. Peer Support Specialist	va. \$	vb.
vi. - Other	via. \$	vib.
vii. - Other	viia. \$	viib.

d. In general, how do problem gambling treatment service rates compare to mental health and other addiction treatment service rates?

- i. Alcohol and drug treatment rates ☐ higher (1) ☐ lower (2) ☐ same (3)
 ii. Mental health treatment rates ☐ higher (1) ☐ lower (2) ☐ same (3)

e. Are contracts/grants for services awarded to:

- ☐ Agencies (1) ☐ Individuals (2) ☐ Both (3)

D.C.11. Outpatient Treatment Comments.

D.10. Problem Gambling Therapist eligibility requirements:

a. Formal Education (minimum degree): ☐ HS Diploma (1) ☐ AA (2) ☐ BA (3) ☐ MA (4)

b. Certified Problem Gambling Counselor: Required? ☐ No (0) ☐ Yes (1)

c. Alcohol and Drug Abuse Certification: Required pre-requisite if not Mental Health Professional
☐ No (0) ☐ Yes (1)

d. Mental Health Professional as defined through licensure:

- ☐ Required if not Certified/Licensed Alcohol and Drug Abuse Counselor (1)
- ☐ Required for all counselors regardless of A&D or Gambling Certification (2)
- ☐ Not required (3)

D.C.12. Therapist Eligibility Comments.

D.11. Treatment consumer eligibility requirements:

- a. Minimum Age:
- b. Must have Gambling Disorder diagnosis: ☐ No (0) ☐ Yes (1)
- c. Sub-clinical Gambling Disorder eligible (does not meet diagnostic threshold): ☐ No (0) ☐ Yes (1)
- d. Concerned/Significant Other: ☐ No (0) ☐ Yes (1)
- e. Is Significant Other eligible without gambler in treatment? ☐ No (0) ☐ Yes (1)
- f. Means Test: Client must be at or below Federal Poverty Level (FPL): ☐ No (0) ☐ Yes (1)
- g. Means Test: Client must be below-income by criteria other than 100% FPL: ☐ No (0) ☐ Yes (1)
- h. Is the state the payer of last resort for consumers entering state funded gambling treatment?
☐ No (0) ☐ Yes (1)

D.12. Service restrictions:

- a. Is there a maximum number of sessions? ☐ No (0) ☐ Yes (1)
- b. If yes, specify the maximum number of sessions:
- c. Maximum treatment duration? ☐ Not specified (0) ☐ Less than one year(1)
☐ One year (2) ☐ Over one year (3)
- d. Maximum benefit amount? ☐ Not specified (0) ☐ Less than \$500(1)
☐ \$500-\$1000 (2) ☐ \$1000-\$2000 (3) ☐ \$2000+ (4)

D.C.13. Service Restriction Comments.

D.13. Impacts of COVID-19 Pandemic on Gambling Treatment:

- a. Did the COVID-19 pandemic impact the number of consumers receiving problem gambling treatment?
☐ Increased (1) ☐ Decreased (2) ☐ Stayed about the same (3)
- b. What changes were made to your state's problem gambling treatment system in response to the COVID-19 pandemic? (check all that apply)
☐ At least one treatment center went out of business (1)
☐ At least one treatment center temporarily closed (2)

- ☐ At least one treatment center temporarily shifted all in-person services to telehealth (3)
- ☐ Most treatment centers increased the use of telehealth technologies during the pandemic (4)
- ☐ Treatment centers increased the use of telehealth and this is expected to remain following the pandemic (5)
- ☐ Other (6)

D.C.14. Impacts of COVID-19 Pandemic on Gambling Treatment Comments.

D.C.15. Do you have any data on the impacts of COVID-19 Pandemic on Gambling Treatment?

D.14. Treatment Capacity Issues:

- a. Have there been waitlists for problem gambling services during the SFY 2021 for any state funded treatment providers in your state? ☐ No (0) ☐ Yes (1)
- b. Does your system collect data on time between first contact and treatment entry? ☐ No (0) ☐ Yes(1)
- c. If yes, how is wait time/access measured? Time between:
 - ☐ Helpline call to treatment entry (1) ☐ Helpline call to first available appointment (2)
 - ☐ Call to treatment provider & treatment entry (3) ☐ Call to treatment provider and first available appointment (4) ☐ Other (5)
- d. If yes, what is the average number of days between first contact and treatment entry?

D.C.16. Capacity Issues Comments.

D.15. Treatment System Performance (Dedicated state funded treatment services):

- a. Number of consumers receiving outpatient publicly funded treatment (SFY 2021):
- b. Number of gamblers treated:
- c. Number of significant others treated:
- d. Average number of sessions:
- e. Average cost per client treatment episode for publicly funded clients:

D.C.17. Treatment System Performance Comments.

D.16. State-Funded Residential Treatment (structured program, more than subsidized housing):

- a. Is the service: ☐ not publicly funded (1) ☐ funded, provided within state (2)
☐ funded for state residents but services contracted to out-of-state provider (3)
- b. Is the residential gambling treatment program(s):
☐ A stand-alone gambling treatment program? (1)
☐ A gambling treatment program embedded within a substance use disorder treatment facility (most groups are attended by only problem gamblers)? (2)
☐ A track within a substance use disorder treatment facility (most groups shared with non-problem gamblers)? (3)
- c. How are residential treatment services paid (if contracted)?
☐ Fee for service (1) ☐ Expense Reimbursement (2) ☐ Capitated Rate (3)
☐ Other (4):
- d. If fee for service, what is the daily reimbursement rate paid by public funds for residential treatment? \$ _____ per bed-day.
- e. Does your state-supported residential gambling treatment centers accept out-of-state clients?
☐ Yes (1) ☐ No (0)
- f. Average length of stay:
- g. Maximum length of stay:
- h. Number of consumers receiving publicly funded residential gambling treatment (SFY 2021):

D.C.18. Residential Gambling Treatment Comments.

D.17. Treatment Evaluation Services:

- a. Treatment evaluation services are:
☐ not publicly funded (0)
☐ state funded, performed by government employees of service administration agency (1)
☐ state funded, contracted out to university (2) Specify:
☐ state funded, contracted out to private company (3) Specify:
- b. Does your state use a formal data measurement system for gambling treatment services?
☐ No (0) ☐ Yes (1)
- c. If yes, is the system integrated with larger behavioral health service evaluation data (either drug and alcohol, mental health, or combined behavioral health)? ☐ No (0) ☐ Yes (1)
- d. What elements are included? (check all that apply)

- i. ☐ Intake data ii. ☐ Discharge data iii. ☐ Utilization data
iv. ☐ Follow-up data v. ☐ Other:

D.C.19. Evaluation Services Comments.

D.18. Research & Surveillance Systems:

- a. Does your state ask any gambling related questions on youth risk behavior surveys(YRBS)?
☐ No (0) ☐ Yes (1) If yes, please specify: D.C.15. **YRBS Questions.**
- b. Does your state ask any gambling related questions on youth risk behavior surveys other than YRBS?
☐ No (0) ☐ Yes (1)
If yes, name of survey and gambling questions: D.C.16. **Youth Survey Questions.**
- c. Does your state ask any gambling related questions on the Behavioral Risk Factor Surveillance System (BRFSS)? ☐ No (0) ☐ Yes (1)
If yes, please specify: D.C.17. **BRFSS Questions.**
- d. Does your state ask any gambling related questions on adult risk or health behavior surveys other than BRFSS? ☐ No (0) ☐ Yes (1)
If yes, name of survey and gambling questions: D.C.18. **Adult Survey Questions.**
- e. Has your state funded a problem gambling prevalence survey?
☐ No (0) ☐ Yes, more than one (1) ☐ Yes, within the past 5 years (2) ☐ Yes, over 5 years old (3)

D.C.20. Surveillance System Comments.

- f. Last fiscal year (SFY 2021), has your state funded any gambling related research that does not fall under “treatment evaluation services” and “surveillance research”? ☐ No (0) ☐ Yes (1)

D.C.21. If problem gambling related research is funded, other than evaluating funded services or conducting surveillance research, then please describe. **Research Comments.**

SECTION E: ADMINISTRATIVE STRUCTURE

- a. The State agency with funding authorization for problem gambling services:
☐ outsources the administration of services (1)
☐ manages multiple contracts for service provision and does not use state employees for provision of services (2)

☐ manages multiple contracts for service provision and uses state employees for provision of services (3)

☐ directly provides the majority of services with state employees (4)

b. Administrator Name: (state agency position who manages the problem gambling contracts)

Name: Title (Note: This person will be listed in NAADGS directory)

c. Is the position assigned 0.5 FTE or greater to problem gambling services? ☐ No (0) ☐ Yes (1)

d. Responsible Department/Division/Bureau:

e. Please characterize the function of the responsible Department by choosing one of the below:

☐ Human Services, Problem Gambling under addiction services (1)

☐ Human Services, Problem Gambling under mental health / behavioral health services (2)

☐ Human Services, Problem Gambling under combined mental health and addiction services (3)

☐ Human Services, Problem Gambling under public health services (4)

☐ Gaming Services, regulatory agency (5)

☐ Gaming Services, operator (i.e., state lottery) (6)

☐ Gaming Services, other (7):

☐ Other (8):

f. Are problem gambling services designated to a problem gambling specific office, unit, or program team? ☐ No (0) ☐ Yes (1)

If yes, name of program/service:

g. State Agency Staff with problem gambling service duties in job description:

Name	Title	FTE	Phone/Email/Contact
a.	ai.	aii.	aiii.
b.	bi.	bii.	biii.
c.	ci.	cii.	ciii.
d.	di.	dii.	diii.
e.	ei.	eii.	eiii.

h. Private sector staff or contracted help to assist State Agency with the administration of one or several problem gambling services: ☐ No (0) ☐ Yes (1)

FTE Equivalent of all such positions:

E.C. Administrative Structure Description & Comments.

SECTION F: NON-STATE FUNDED EFFORTS TO ADDRESS PROBLEM GAMBLING (FUNDS THAT BY-PASS STATE AGENCIES)

F1. Are gaming operators either voluntarily or by compact setting aside funds to address problem gambling that do not pass through a state agency? ☐ No (0) ☐ Yes (1)

F2. If yes, indicate which group of gambling operators fund problem gambling service programs that are not administered by a state agency: (check all that apply)

- a. ☐ Lottery b. ☐ Commercial Casinos c. ☐ Tribal Casinos d. ☐ Pari-mutuel Wagering Licenses
e. ☐ Other – Please describe:

F.C. Comments (Section F): Please describe problem gambling services that are not administered by a state agency, where the funding comes from, and if known, the level of funding.

SECTION G: POLICY ISSUES

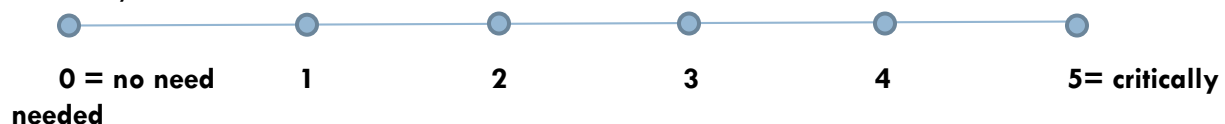
- a. On an 0 to 5 scale, please rate the following **strengths** of your state's problem gambling service system:



- i. Adequate funding
- ii. Treatment access
- iii. Problem gambling prevention efforts
- iv. Public awareness
- v. Attention to problem gambling within behavioral health system
- vi. Collaboration with state affiliate to the National Council on Problem Gambling
- vii. Collaboration with state lottery
- viii. Collaboration with one or more non-lottery gaming operators
- ix. Other

G.C.1. Strengths Comments.

- b. On an 0 to 5 scale, please rate the following **needs** for your state's problem gambling service system:



- i. Increased funding designated for problem gambling services
- ii. Increased problem gambling treatment capacity
- iii. Increased problem gambling prevention efforts
- iv. Increased problem gambling research efforts
- v. Increased problem gambling recovery resources
- vi. Federal involvement (e.g., funding, policy, technical assistance programs)
- vii. National guidance on best practices to address daily fantasy sports and other forms of internet-based-gambling
- viii. Improved integration of problem gambling into behavior health services
- ix. Other

G.C.2. Gaps Comments. What are your state's largest gaps or needs around problem gambling services?

- c. Is your state a member of the National Association of Administrators for Disordered Gambling Services (NAADGS)?
☐ No (0) ☐ Yes (1)

G.C.3. What do you believe are the top problem gambling service priorities the NAADGS should identify to SAMHSA for assistance?

G.C.4. How can the NAADGS better assist your efforts?

G.C.5. Are there other things you would like to tell the NAADGS or the survey researchers?

Thank you for completing this survey.

Please email the completed survey to: jeff@problemgamblingsolutions.com

You will be receiving a call from our research staff to review the information provided and schedule a time when you can speak with one of the primary investigators. We appreciate the time and energy you placed into providing this information and we look forward to speaking with you.