

*Ohio Plan for*  
**Problem Gambling Services**

*State Fiscal Year 2014-15*

*September 2013*



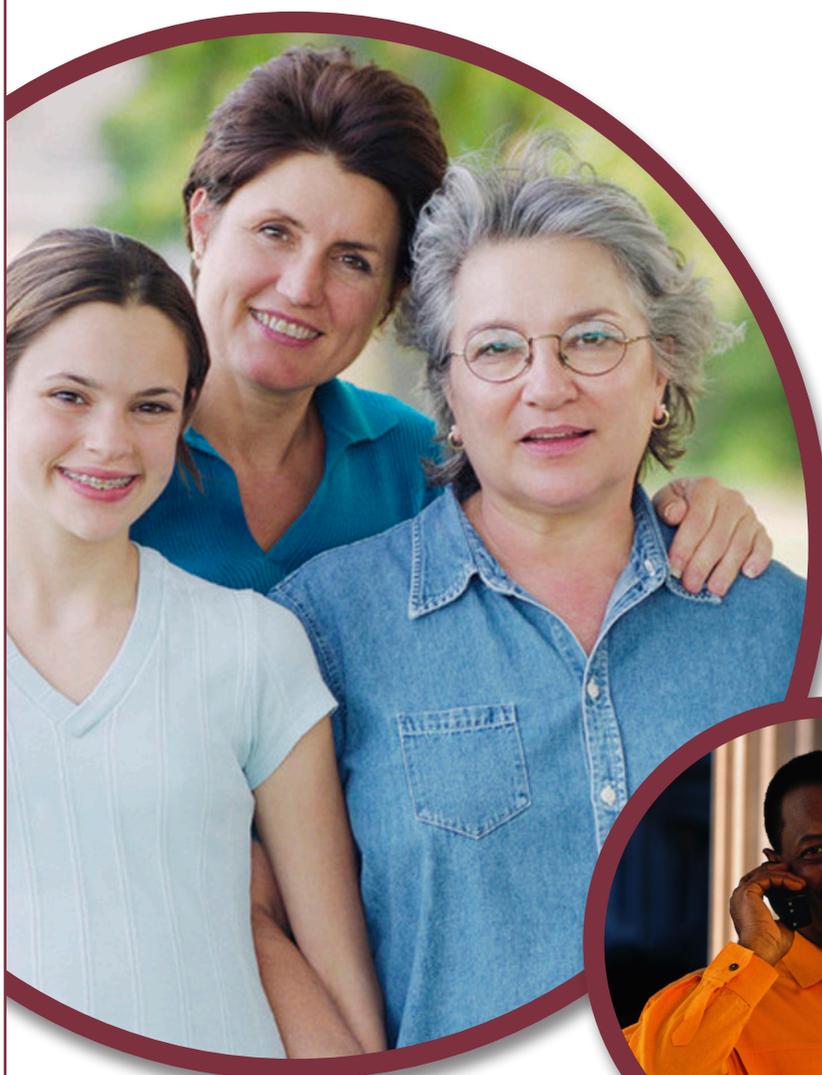
presented to the



**OHIO CASINO  
CONTROL COMMISSION**

in partnership with

**org**  
ohio for responsible  
gambling





## Promoting wellness and recovery

John R. Kasich, Governor • Tracy J. Plouck, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • [mha.ohio.gov](http://mha.ohio.gov)

September 18, 2013

Ohio Casino Control Commission  
10 West Broad St., 6th Fl.  
Columbus, OH 43215

Dear Chair Davidson, Executive Director Schuler, and members of the Ohio Casino Control Commission:

It is with pleasure that I present this *Ohio Plan for Problem Gambling Services SFY 2014-15*. While the State of Ohio has been engaged in prevention of problem gambling and treatment for those with the disorder since 2002, this plan marks the first one issued for Problem Gambling Services by the new Ohio Department of Mental Health and Addiction Services (OhioMHAS). The plan is released from our offices, but we recognize that the work needed to achieve our goals for Problem Gambling Services involves hundreds of stakeholder organizations and our partners in Ohio for Responsible Gambling: the Casino Control, Lottery and Racing Commissions.

### OhioMHAS GOALS for PROBLEM GAMBLING:

Prevention - Prevent, reduce the risk, or delay the onset of behavioral health problems that include substance abuse, mental illness, suicide and problem gambling.

Treatment and Recovery - Ensure the provision of quality, accessible addiction treatment services for problem gambling disorder.

A number of Ohio communities have seen the expansion of gambling opportunities for recreational purposes. Ohio voters approved this growth of gambling venues, along with the creation of the Problem Casino Gambling and Addictions Fund, established to support problem gambling prevention and treatment services through community-based and statewide activities. As the state department responsible for the provision of quality addiction prevention and treatment, as well as mental health services, OhioMHAS is working to ensure that best practice behavioral health programs, services and strategies are in place to benefit our citizens.

We thank our community and statewide partners for joining us as we move forward in expanding capacity for a problem gambling service system that is available and responsive to individual and family needs. Please contact OhioMHAS Bureau Chief for Problem Gambling Services Stacey Frohnapfel-Hasson at 614/644-8456 or email [Stacey.frohnapfel@mha.ohio.gov](mailto:Stacey.frohnapfel@mha.ohio.gov) if you have questions or comments related to this plan or the Ohio system of care for problem gambling.

Sincerely,

Tracy Plouck  
Director

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## **FOREWORD**

Effective July 1, 2013, the Ohio Departments of Alcohol and Drug Addiction Services (ODADAS) and Mental Health (ODMH) were consolidated into a new Ohio Department of Mental Health and Addiction Services or OhioMHAS. The new department is now the cabinet agency responsible for providing problem gambling prevention, treatment and recovery services on behalf of Ohio citizens and the Ohio Casino Control Commission (OCCC), pursuant to ORC 3772.062(A-B).

- (A) The executive director of the commission shall enter into an agreement with the department of alcohol and drug addiction services under which the department provides a program of gambling and addiction services on behalf of the commission.
- (B) The executive director of the commission, in conjunction with the department of mental health and addiction services and the state lottery commission, shall establish, operate, and publicize an in-state, toll-free telephone number Ohio residents may call to obtain basic information about problem gambling, the gambling addiction services available to problem gamblers, and how a problem gambler may obtain help. The telephone number shall be staffed twenty-four hours per day, seven days a week, to respond to inquiries and provide that information. The costs of establishing, operating, and publicizing the telephone number shall be paid for with money in the problem casino gambling and addictions fund.

In addition, as stated in Sec. 5119.47 of Amended HB 59, 130<sup>th</sup> GA:

“The director of mental health and addiction services shall administer the problem casino gambling and addictions fund. The director shall use the money in the fund to support gambling addiction services, alcohol and drug addiction services, other services that relate to gambling addiction and substance abuse, and research that relates to gambling addiction and substance abuse. Treatment and prevention services supported by money in the fund under this section shall be services that are certified by the department of mental health and addiction services.

The director shall prepare an annual report describing the use of the fund for these purposes. The director shall submit the report to the Ohio casino control commission, the speaker and minority leader of the house of representatives, the president and minority leader of the senate, the governor, and the joint committee on gaming and wagering.”

The initial plan for SFY 2013 was accepted by the Ohio Casino Control Commission on February 15, 2013. That plan covered the period from July 1, 2012 through June 30, 2013. The plan contained herein provides updates to the SFY 2013 plan, as well as information that details future plans for problem gambling services in Ohio for SFY 2014-15.

## **RETROSPECTIVE – SFY 2013**

### **PREVENTION SERVICES**

#### ***Prevention Resources***

A number of actions occurred throughout SFY 2013 to prepare the Ohio behavioral health service system to address prevention of problem gambling in the context of public health. Two key documents were researched, compiled and presented to the field as a basis for community prevention efforts related to gambling issues across the lifespan. These were the *Problem Gambling Prevention Resource Guide* and *Problem Gambling Prevention: Growing Prevention Science*. Both documents can be found on the OhioMHAS website under Treatment or Prevention/ Problem Gambling/Resources. Both also offer tools for workforce capacity building.

#### **Problem Gambling Prevention Resource Guide**

The *Ohio Problem Gambling Prevention Resource Guide* represents an extensive literature review and analysis to provide recommendations for implementing problem gambling prevention strategies in communities and schools. The Guide contains a review of evidence-based prevention strategies, along with summaries and target populations for 14 youth-directed problem gambling prevention programs and an additional 10 applicable programs from the National Registry of Evidence-based Programs and Practices (NREPP).

NREPP is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. The purpose of this registry is to assist the public in identifying scientifically-based approaches to preventing and treating mental and/or substance use disorders that can be readily disseminated to the field. NREPP is one way that the Substance Abuse and Mental Health Services Administration is working to improve access to information on tested interventions, and thereby reduce the lag time between the creation of scientific knowledge and its practical application in the field.

The 10 programs listed in the Guide have evidence to support their outcomes regarding substance abuse and/or delinquency prevention and are potentially adaptable to address problem gambling issues for positive and successful program outcomes. Since substance abuse and problem gambling have common risk and protective factors, implementing these interventions could encompass a broader scope of behaviors, thus resulting in additional gains in positive personal development.

#### **Growing Prevention Science: Problem Gambling Prevention:**

The document, *Growing Prevention Science: Problem Gambling Prevention*, discusses the actual science behind the strategies that have been proven to change behavior in the realm of public health and how they relate to prevention of problem gambling. This monograph describes the demographic specifics of the findings from the 2012 Ohio Problem Gambling Prevalence Survey and connects known successful prevention practices to the target populations. A greater emphasis is placed on youth prevention, since all researched literature indicates that adolescents are 2-4 times more likely than adults to exhibit problem gambling behaviors.

These prevention resources have been regularly referenced as Ohio's behavioral health system of care embraces new technologies designed to prevent or minimize the risk of problem gambling behavior. It is important to note, however, that this is a rapidly evolving field, and the department will continually take advantage of advanced learning opportunities, both in-state and nationally, and will continuously share new prevention science with the behavioral health system.

### ***Prevention Workforce Development***

The first round of regional Problem Gambling Prevention trainings was held with Drug Free Action Alliance (DFAA) as the contractor and training coordinator.

#### **Regional Problem Gambling Prevention Training (*Workforce Capacity Building*)**

The regional training schedule included a Basic training for prevention of problem gambling in six sites in Ohio: Akron, Bowling Green, Cambridge, Cincinnati, Columbus, and Lorain. Nearly 300 professionals participated in the trainings coordinated by DFAA with staff support from OhioMHAS, OCCC, and the Lottery Commission.

#### **Ohio Problem Gambling Resource and Training Center (*Workforce Capacity Building*)**

OhioMHAS has taken steps to develop the Ohio Problem Gambling Resource and Training Center. The opportunity to develop the Center came when the well-respected Invitation Health Institute of Minnesota was defunded in 2013, and the former ODADAS brought the Institute's highly praised Gambling Problems Resource Center, which promoted the recognition of problem/compulsive gambling behavior, as well as identified characteristics of low-risk gambling, to this state. The learning module created by the Institute offers the opportunity for training and education services, which can be developed into classes and informational program materials on how to respond to and prevent gambling problems.

Since much of the upfront work and research to start a resource center and educational program had been done by Invitation Health Institute, Ohio got the chance to take advantage of this work and resource, to not only save development dollars, but also to save time that would have been spent in creating new materials. This opportunity to transfer the Center to Ohio will allow the department to bring up a Resource and Training Center in an abbreviated timeframe for the benefit of our problem gambling prevention and treatment professionals and Ohio citizens.

The Ohio Problem Gambling Resource and Training Center is being moved to DFAA's web domain, and agency staff is receiving in-depth training in problem gambling services. Additionally, two DFAA staff members attended the National Council on Problem Gambling Conference to increase their expertise in the prevention of problem gambling. The new resource will be live and available in SFY 2014.

## **TREATMENT SERVICES**

### ***Problem Gambling Helpline 1-800-589-9966***

According to ORC 3772.062(B) and on behalf of the Ohio Casino Control Commission, OhioMHAS is tasked with the responsibility of providing an Ohio Helpline that is operational, funded, and marketed

throughout the state. The Ohio Problem Gambling Helpline has a dedicated phone number with qualified referral specialists answering the phone 24 hours a day. The Department maintains a list of agency service providers, as well as individuals in private practice who are qualified to provide treatment for gambling disorder. This list is continuously updated and shared with the Helpline staff. Regular summaries of calls received on the Helpline provide insight into the concerns of citizens who reach out for counseling and referrals, depending on individual needs. In SFY 2013 there were 4,915 calls to the Problem Gambling Helpline, averaging about 410 calls a month.

### ***Treatment Services – Best Practice Programs***

Since 2002, problem gambling identification and treatment services have been offered at five addiction agencies in Athens, Cincinnati, Cleveland, Toledo, and Youngstown; treatment services for problem gambling were added at Maryhaven in Columbus in 2011. These programs have been and will continue to be supported with funding from the Ohio Lottery Commission, supplemented currently with additional funds from ADAMH Boards' 5JL0 allocations. With treatment for gambling addiction added to the statutory authority of ODADAS and now OhioMHAS, Ohio's addiction treatment agencies are beginning to employ an accepted problem gambling screening tool to identify problem gambling behaviors for targeted treatment.

Over three years from SFY 2011-13, the six best practice problem gambling programs recorded the following statistics:

<u>Screened</u>	<u>5898</u>
<u>Treated</u>	<u>184</u>
<u>Educated</u>	<u>Approx. 10,000 college students, community members, criminal offenders</u>

Several counties, including Athens, Cuyahoga, Franklin, Lucas and Mahoning, are using existing best practice providers.

### ***Treatment Workforce Development***

Throughout SFY 2013 the department focused on continued technical assistance with the six Problem Gambling Treatment best practice sites in Athens, Cincinnati, Cleveland, Columbus, Youngstown and Toledo. Scott Anderson, OhioMHAS Program Specialist for problem gambling treatment, traveled the state to disseminate information to various audiences about the history of gambling in Ohio, the tools for treatment, and best practices in treating problem gamblers. His presentations reached roughly 1,100 behavioral health professionals and others interested in the topic, including social service agencies, casino and racino staff, universities, sports teams, among others.

#### ***Regional Problem Gambling Treatment Training (Workforce Capacity Building)***

Recovery Resources, the qualified contracted agency, organized eight Problem Gambling Treatment trainings at Foundational, Intermediate, and Advanced levels, in Cleveland, Cincinnati, Columbus, Toledo, and Warren for providers that treat clients diagnosed with Gambling Disorder. Nearly 500 professionals participated in the trainings. Staff people from OhioMHAS, OCCC, and the Ohio Lottery Commission lend support to the training sessions.

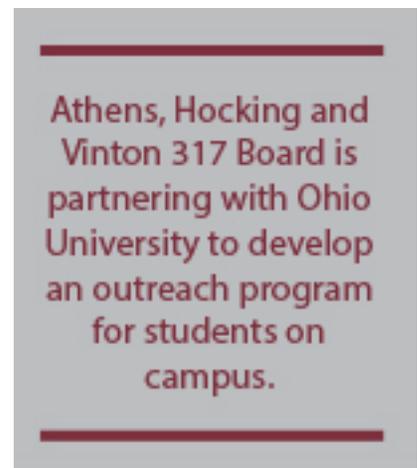
### **Annual Problem Gambling Week Conference (*Workforce Capacity Building*)**

Annually, the former ODADAS and now OhioMHAS has presented a Problem Gambling conference for about 330 professionals during national Problem Gambling Awareness Week in March. The first day of this two-day event has been focused on problem gambling workforce development and bringing the most current science-based practices and national experts in the field to Ohio. Since 2002, this Problem Gambling Conference, funded mostly by the Ohio Lottery Commission, has been Ohio's only statewide opportunity to learn the latest in prevention, intervention and treatment for individuals with problem gambling. Opportunities for networking among professionals have always been an important part of this event.

### **STATE and COUNTY ADAMH BOARDS' USE OF PROBLEM GAMBLING FUNDS**

Ohio's system of care for behavioral health services includes 50 county Alcohol, Drug Addiction and Mental Health (ADAMH) boards that are statutorily empowered to plan develop, fund, manage, and evaluate community-based mental health and addiction services, including services to address gambling disorders. Federal, state, and local governments fund the boards, and in turn, the boards are responsible for ensuring that alcohol, drug, and gambling addiction and/or mental health services are available to those who need them, regardless of their ability to pay. In the creation of the 5JL0 Problem Casino Gambling and Addictions Fund, the legislation specified that the community funds would be distributed via the county ADAMH boards.

There were two quarterly allocations of funds to the ADAMH Boards in SFY 2013 totaling \$1.472 million. Based on the 2012 Ohio Problem Gambling Survey, the department determined that a primary focus on prevention of gambling disorder would lay the necessary groundwork for community and individual awareness of the issue and what resources are available to limit the growth of problem gambling behaviors. This decision led to the allocation of funds in a 60-40 ratio, with 60 percent to be directed toward prevention, and 40 percent for treatment.



#### **Board Funding Waiver Requests**

County ADAMH Boards had the option of requesting a waiver for the 60-40 breakdown of funds, and 22 boards requested and received a waiver. In general the waiver requests were to allocate more funds toward prevention, planning and workforce preparation, with 14 boards asking to spend all or nearly all of their initial allocations on prevention/education, planning and training. The remaining eight waiver boards requested to use a larger percentage of their funds on treatment, with two boards asking to spend 100 percent of funds on addiction treatment. With each acceptance email that resulted from waiver requests, OhioMHAS Fiscal staff included the statement:

*“The Board must ensure that treatment for a problem gambling diagnosis is a priority population for the Problem Casino Gambling and Addictions Fund. If a person from the Board area presents for problem gambling treatment, services must be provided.”*

The County ADAMH Boards had a primary focus on community awareness and education, needs assessment and workforce capacity building for problem gambling in SFY 2013 with a few boards expressing a need to direct more funds toward addiction treatment at that time. Detailed throughout this report are specific examples or highlights of board activities initiated in SFY 2013 and continued or launched in SFY 2014.

#### **State Administrative Funds Utilized**

At the state level in SFY 2013, an investment of less than \$150,000 from the 5JL0 dollars allowed the department to initiate the first round of regional trainings for prevention of problem gambling; to gain valuable expertise by sending staff to the National Council on Problem Gambling conference, and to support operation of the Ohio Problem Gambling Helpline. SFY 2013 budget detail follows.

## 5JL0 Problem Casino Gambling and Addictions Budget SFY 2013

### Allocations to County ADAMH Boards \$1,472,000

#### Research

Ohio Gambling Survey 50,000 (paid in SFY 13 from SFY 12 obligation)

#### Workforce Capacity Development

Prevention specialist training 20,400 (\$6,200 paid to date)

Misc.: travel, fees, supplies 3,412

Problem Gambling Helpline 65,000

**Total 5JL0 Expenditures \$1,610,812**

### 5T90 Ohio Lottery Commission Budget SFY 2013

PG Treatment Training 50,000

March Conf. support 10,000

Best Practice programs x6 support 275,000

**Total 5T90 Expenditures \$335,000**

# **OHIO PROBLEM GAMBLING SERVICES PLAN – SFY 2014-15**

## **WORKFORCE CAPACITY BUILDING**

OhioMHAS has committed to ensuring that Ohio’s behavioral health and social services workforce have the knowledge and capacity to provide the necessary services for the prevention or delay of onset of problem gambling and for the best in evidence-based addiction treatment for the long-term remediation of symptoms of problem gambling.

### **Prevention**

For the professional development of Ohio’s prevention workforce, OhioMHAS and vendor Drug-Free Action Alliance (DFAA) will implement 12 advanced track trainings on prevention of problem gambling in SFY 2014. This will include one six-hour general overview of prevention of problem gambling in the central region; a three-hour presentation based on the feedback/needs identified from the regional trainings in SFY 2013; development of an online resource list for state and national trainings on the prevention of problem gambling; and promotion of evidence-based prevention of problem gambling practices, policies, programs, and strategies.

DFAA is an Ohio Certified Prevention Agency with Ohio Certified Prevention Specialists with specific knowledge of public health prevention science and knowledge of problem gambling prevention. This schedule of training events will be announced soon.

### **Treatment**

Workforce development for Ohio’s addiction treatment and continued care professionals will take place through Recovery Resources, an Ohio Certified Addiction Treatment Agency. A total of 9 training opportunities will comprise the schedule for SFY 2014. Beginning and Intermediate training on treatment of gambling disorder, otherwise referred to as Stage I & II, will be offered in the Akron, Athens, and the Dayton/Cincinnati areas.

There will be a two-day advanced training in Columbus and Cleveland, with Dr. Rory Reid from University of California Los Angeles, to present on family therapy and modalities that include training on “Family Therapy and Using Mindfulness” and neurobiology. The series will include two 1-day trainings in the Cleveland and Cincinnati area on treatment planning, curriculum development and actual “take home” programs that clinicians can implement at their agencies.

#### Gambling Disorder Treatment Training schedule (to date):

<b>2013</b>	Oct. 21-22	Stage 1	Athens: Plains United Methodist Church
	Oct. 24-25	Stage I	Dayton: South Community Inc.
	Nov. 14-15	Stage 1	Akron: Interval Brotherhood Home
	Dec. 4-5	Stage 2	Dayton: South Community Inc.
<b>2014</b>	Feb. 13-14	Stage 2	Akron: Interval Brotherhood Home
	March 4-5	Variety	Columbus: TBD
	March 24-25	Stage 2	Athens: Plains United Methodist Church
	May 4-5	Advanced	Cleveland: Cleveland Food Bank
	May 7-8	Advanced	Columbus: ODNR

### **2014 Problem Gambling Week Conference (*Workforce Capacity Building*)**

In 2014, the Ohio Problem Gambling Conference will take place over 1.5 days in Columbus and will be branded as the Ohio for Responsible Gambling (ORG) Problem Gambling Conference. The conference will again take place during Problem Gambling Awareness Week in March. Plans are currently underway to develop an exciting, educational agenda featuring renowned speakers in the field of problem gambling prevention and treatment. Conference speakers' expenses will be supplemented with funds from the Problem Casino Gambling and Addictions fund to ensure that the event brings the most current science-based practices and national experts in the field to Ohio.

### **Treatment Endorsement and Prevention Expansion**

The Ohio Chemical Dependency Professionals Board is working to have a bill enacted that will create an endorsement to the Chemical Dependency license for treatment of gambling disorder. For an endorsement to be in effect, an independent chemical dependency counselor-clinical supervisor, independent chemical dependency counselor, chemical dependency counselor III, or chemical dependency counselor II must have a minimum of thirty hours of training in gambling disorder that meets the requirements specified in rules adopted under section 4758.20 of the Revised Code and have not less than 100 hours of compensated work or supervised internship in gambling disorder direct clinical experience before the expiration of an initial gambling disorder endorsement.

At this time, Ohioans with gambling disorder can receive treatment from certain professionals who have been specifically trained in counseling for gambling disorder. This includes psychiatrists and psychologists, as well as social workers with the credentials: LSW, LISW, PC or PCC and have indicated "gambling treatment" within their scope of practice. The training hours provided through OhioMHAS and contracting agency Recovery Resources can provide a credentialed professional with continuing education units toward adding gambling treatment to his/her scope of practice. Until the Ohio endorsement exists, only the professionals listed above are considered qualified to treat pathological gambling.

In addition, the proposed legislation will expand the scope of practice for Ohio prevention specialists to include prevention for any addiction disorder. For an individual who holds a valid prevention specialist II certificate or prevention specialist I certificate, he or she will be able to engage in the practice of prevention services as specified in rules adopted under ORC 4758.20. Specific training requirements related to gambling disorder will be detailed in rules established once a bill is enacted.

### **STATEWIDE and COMMUNITY PROBLEM GAMBLING CAMPAIGNS**

The Ohio for Responsible Gambling partners are committed to ensuring that Ohioans have a constant, consistent message that gambling can be great entertainment, but too much gambling can cause problems for an individual or a family. To ensure that an effective, targeted message of safe and responsible gambling is disseminated, the Ohio Lottery Commission will fund a statewide campaign for SFY 2014-15 on behalf of ORG.

An inter-disciplinary group made up of representatives from ORG and the state’s addiction and mental health county ADAMH boards and agencies, came together in December 2012 to make recommendations for the campaign. This group then reviewed the proposed campaign in August 2013 to ensure adherence to evidence-based public health prevention and education practices. The new campaign will launch on January 1, 2014, targeted toward a prime demographic for awareness of problem gambling – the young adult male.

The behavioral health system of care across the state is primed to take a responsible gambling message into the local communities. In ADAMH board areas where the young adult male has been determined by a needs assessment to be a target demographic, the community organizations will pick-up the new campaign and maximize it with local resources. In communities where a different demographic is indicated for prevention strategies, i.e. seniors, teens, ethnic groups, etc., the “Until” campaign will be provided for modification and use.

The “Until” campaign, also developed for the Lottery Commission, can be easily changed to appeal to specific audiences. It includes statements such as:

Gambling is all fun and games, until...

Until you borrow money.

Until all you think about is gambling.

Until you hurt friends and family.

Take control of problem gambling before “until.”

To target prevention for a college-age student it could include statements such as: Until you cut too many classes; Until you lose your tuition money. To target older adults it might say: Until you don’t have \$20 for your grandson’s birthday card; Until you can’t buy your medicine. The “Until” campaign includes posters, rack cards and radio spots that will be made available for community use throughout SFY 2014-15. OhioMHAS will host a webinar for board and provider representatives in the fall of 2013 to explain what resources will be available, when they can be accessed, and how they can be used locally.

## **COMMUNITY PREVENTION and TREATMENT**

### ***Prevention***

Based on current knowledge and understanding of the considerable impact of problem gambling on health and well-being, OhioMHAS and the behavioral health field have set the goals of:

- *Delaying participation until legal age;*
- *Preventing the onset of problem gambling by reducing associated risk factors; and*
- *Minimizing the negative consequences by improving access to intervention and treatment services.*

To accomplish these goals, OhioMHAS Office of Prevention and Wellness recommends the following strategies:

- Reinforcing positive social norms through existing individual and community level environmental strategies to successfully change the cultural norm around problem gambling and willingness to seek access to services.
- Communities and families engage in promoting healthy choices around gambling by focusing on the developmental assets that problem gambling prevention experts have identified as having the most influence on problem gambling behavior.
- Primary care physicians and other health care providers, as well as substance abuse and mental health treatment providers are prime target populations for prevention information dissemination into routine care – regarding risk factors and warning signs and for environmental strategies that advocate for adopting screening and brief intervention or referral to assessment for treatment.
- Parents/family members and peers of individuals requiring treatment interventions are targeted for selective prevention education interventions.
- Targeting prevention information dissemination and environmental strategies specifically to males and young adults across the state and also for individuals who are Black/African American in certain regions indicated by survey results.

Based on the Problem Gambling Prevention Plans submitted by the County ADAMH Boards for SFY 14, the current and proposed community-based activities are consistent with state recommendations.

The Department specified a percentage breakdown of 60/40 for the problem gambling allocation to the boards, with the majority going towards prevention, and the opportunity to request a waiver if a local board needed to use their funds in a different breakdown. After review of the plans, the majority of the boards went with the suggested amounts for SFY 14, and/or contributed up to 100 percent towards the prevention of problem gambling.

According to the ADAMH Board plans, the boards also saw the overwhelming need for Problem Gambling Prevention Strategies including Information Dissemination, Education, Community Based Process and Environmental strategies. Population-based and Environmental Prevention strategies are essential to community success in prevention of problem gambling. It is expected that the strategies mentioned above will be particularly effective approaches for problem gambling because of the similarities between gambling and alcohol abuse. Both are illegal for youth and may cause adverse consequences when frequency and duration increases for adults.

***Prevention Highlights from ADAMH Board Plans:***

**Stark County MHRSB (Mental Health and Recovery Services Board)** began a community assessment process in SFY13 that will span through SFY14. They have developed a short engagement survey that is available on the Board website, as well as through printed material distributed throughout the community. A mobile application was developed with a QR code that could be used to appeal to a younger demographic that utilizes technology.

**Athens, Hocking and Vinton 317 Board** is partnering with Ohio University to develop an outreach program for students in collaboration with the Campus Involvement Center with a two-fold objective:

- Provide education on problem gambling;
- Increase awareness of available services for problem gamblers.

These objectives will be met through an education and awareness campaign which will include print and other media material, as well as presentations to Residence Life and student groups.

**Butler County Alcohol, Drug Addiction Services Board** and the Alcohol and Chemical Abuse Council initiated a Strategic Prevention Framework planning process with a primary focus on the assessment phase of this process during the final three months of the fiscal year. They conducted the following:

- Youth Prevalence Survey
- Adult Prevalence Survey
- Community Readiness Survey- Stakeholder Interviews
- Minnesota Institute of Public Health (MIPH) Readiness Survey - Butler County
- Environmental Scan (adapted from alcohol field) and Youth Listening Sessions

**Lucas County MHR SB**, in conjunction with Compass, will use the Toledo Gambling Pledge to educate at least 2,000 individuals and organizations on how to recognize the warning signs of problem gambling; know how and when to intervene with a problem gambler; and identify local resources for screening. The pledge was created in spring of 2012 through collaboration with Lucas County Commissioner's office, COMPASS Corporation for Recovery Services, MHR SB, United Way of Greater Toledo, and Mr. Peter Silverman, former commissioner of the Ohio Casino Control Commission. Funding will also be approved for education, and implementation of environmental prevention messages to the primary and secondary school populations. The Problem Gambling Plan Task Force will invest in multiple mediums including TV, radio, and social media.

Lucas County MHR SB  
and Compass will use  
the Toledo Gambling  
Pledge to teach  
citizens to recognize  
warning signs,  
intervene and identify  
screening resources.

**Muskingum Area ADAMH Board** (Coshocton, Guernsey, Monroe, Muskingum, Noble, Perry), working with Ohio State University, completed a needs assessment in the schools. Some of the funds will be used to implement developmental assets programs and activities within the six counties.

**Hamilton County MHR SB** established a Gambling Taskforce. The taskforce is meeting to gather assessment data and build capacity within Hamilton County to engage in the prevention of problem gambling. The use of national, state and local data will guide a logic model for evidenced-based services in prevention. The coalition has already expanded question items on the

PRIDE Student Drug Use Survey for sustainable evaluation of problem gambling awareness and prevalence. This data will assist in evaluation and planning.

A number of counties are making plans to hold Gambling Summit-type community events to raise awareness and to educate the community on available resources.

### ***Treatment***

The 2012 Ohio Gambling Survey and Ohio's behavioral health system of care have laid the groundwork for development of a continuum of care for people diagnosed with a gambling disorder. We know from the baseline survey and from historical addiction treatment services data that the percent of Ohioans who have presented for treatment with a gambling disorder has been very low. This is in line with the 0.3 percent of the population that the survey found as likely to have a gambling disorder diagnosis. Clients will be entering the service system in two ways:

1. Referred by the Helpline or by a service provider that does not treat gambling disorder.
2. As a person with a co-occurring substance abuse addiction AND a gambling disorder diagnosis.

In both instances, a screening tool for gambling would be appropriate for identification and as an indicator of the severity of the disorder.

The six addiction service provider agencies that have received more than a decade of funding from the department and the Ohio Lottery Commission also show historic trend consistency with the low prevalence of individuals presenting and screening positive for a gambling diagnosis. From the six programs, 184 people were treated for co-occurring substance addiction and gambling addiction in the years SFY 11-13, but there are faint warning signs that these numbers are starting to change.

In a recent conversation with behavioral health staff in northeast Ohio, field staff commented that they were starting to see problem gamblers showing up for treatment. The six best practice programs are seeing some increases in people screened for problem gambling and then moved through to treatment. These are indications of a possible trend that Ohio will be prepared to handle if it becomes a reality.

The most significant factor in this readiness stage is the creation and passage of a bill to allow the state's chemical dependency counselors to be eligible to expand their scope of practice to include treatment of gambling disorder (reported above). The state's workforce development activity in this area has brought a large field of professionals to the brink of preparedness, and they will be ready to amend their scopes of practice once Ohio Revised Code allows the expansion.

A new product for SFY 2014 will be a science-based practice guide for problem gambling treatment professionals. This guide will be developed within OhioMHAS with the additional expertise of some of Ohio's and the nation's foremost experts in the field. It will then be vetted by the OhioMHAS Clinical Roundtable before being announced and posted on the Problem Gambling webpages of the department website. This simple "plug and play" tool has been requested by the behavioral health field.

### ***Treatment Highlights from ADAMH Board Plans:***

**Lucas County MHRSB** has the objective of implementing a community-wide screening tool to identify problem gamblers. The vision is to have a minimal screening tool available county-wide at agencies such as Job & Family Services of Lucas County, Veteran's Affairs, faith communities, hospitals, the Lucas County Jail, United Way 211 and others in order for them to identify problem gambling behaviors during their respective intake processes. Once identified, appropriate referrals for further evaluation could be made. It is anticipated that this long term objective will be incrementally implemented over a period of several years. The first year efforts will be directed toward collaborating with OhioMHAS to create or identify a screening tool suitable for use within community agencies.

**Cuyahoga County** is bringing in national expert Jeff Marotta from Oregon's Problem Gambling Solutions as a consultant. Jeff will be working closely with Recovery Resources on impacting attitudes, identification of needs and plans to move forward.

#### **Screening Practices:**

**Tri-County Board** (Darke, Miami and Shelby Counties) has set aside \$32,000 for problem gambling screening at \$5.00 per screen. They estimate they will screen 5,800 people and use the rest of the money for printed material for the screening instruments and education and awareness for those who score a 4 or less.

- **Fairfield MHRSB** has set aside \$11,375 at \$17.50 per screen.
- **Four County ADAMH Board** (Defiance, Fulton, Henry, Williams) has set aside \$ 2,625 at \$15 per screen; they estimate 175 served.
- **Medina County ADAMH Board** has set aside \$30,000 at \$25 per screen; they estimate 1,200 served.

OhioMHAS Problem Gambling Treatment trainings are addressing when and how to screen using the best practice method of asking questions throughout the course of assessment and treatment and responding to information as it is collected. For direct referrals from the Helpline or self- referrals, a screen would be done at intake. Many service providers have chosen to use the South Oaks Gambling Screen (SOGS), which will make the March presentations by SOGS creator Dr. Henry Lesieur at the 2014 Problem Gambling Conference particularly educational.

**Boards in Cuyahoga, Franklin and Lucas Counties** have chosen to use the best practice providers as their treatment sites. Many of the less-populated areas surrounding **Athens** and **Mahoning** counties have also chosen to utilize the pre-existing providers in those areas.

**Hamilton County Board** is distributing the funding to other service providers, but includes the best practice provider in that group. OhioMHAS has encouraged all areas of the state to use the historical providers as best practice examples and resources for training and support, and as a regional safety net in the event capacity is exceeded in a particular community.



Darke, Miami and  
Shelby Counties are  
creating problem  
gambling education  
kits for primary care  
physicians.

**Tri-County Board** is also creating problem gambling education kits for primary care physicians.

**Trumbull County Mental Health & Recovery Board** is asking all treatment providers to get someone on staff certified/licensed to treat gambling and to incorporate a gambling screening tool as a provision of their contract with the Board. This will ensure client choice options and local availability for treatment services. They are currently referring to Meridian in Youngstown.

### ***Future Focus Area:***

Although the Problem Gambling Treatment trainings are offering sessions specific to creation of continuing care plans for problem gamblers, there was no mention in county board plans of developing financial planning tools, family counseling, and/or addressing increased suicide awareness. In the ongoing trainings, OhioMHAS will continue to emphasize this crucial piece for lasting client recovery.

## **RESEARCH PLANS: CURRENT and FUTURE**

### ***OhioMHAS Research Plans***

#### **2012 Ohio Gambling Survey Cluster Data Analysis**

The 2012 Ohio Gambling Survey provided baseline measures for statewide problem gambling prevalence tied to general demographic factors. Additionally, this survey provided a number of attitudinal measures that will be useful as work continues with partners to bring better awareness of what comprises responsible gambling and how/when an individual or family should get help for a gambling disorder.

The 2012 baseline survey also collected 600 surveys for the geographic areas of Cincinnati, Cleveland, Columbus and Toledo. A cluster data analysis is slated for completion in SFY 2014. OhioMHAS is currently working on a Request for Proposal (RFP) for a vendor to do this research. This enhanced analysis will provide additional insights regarding characteristics of at-risk or problem gambling groups and how specific demographic factors correlate with gambling behaviors.

#### **Targeted Response Initiative: Young Adult Gambling Research Plan**

The purpose of the proposed young adult gambling Targeted Response Initiative (TRI) is to provide accurate epidemiological descriptions of gambling behaviors and patterns of problem gambling among a segment of Ohio's youth population: college-aged individuals (18 through 25 years). The TRI will be undertaken as part of the Ohio Substance Abuse Monitoring (OSAM) Network research model that regularly gathers substance abuse and addiction trend information via key informants throughout the state. For the TRI, data will be collected through individual and focus group interviews from January through June 2014 and an analysis will be available by December 2014 (SFY 2015).

Participants' statements will be critically evaluated for accuracy and consistency, paying specific attention to each individual's knowledge and experience with gambling. Methodological triangulation will be used to enhance the credibility of qualitative findings and increase validity of identified trends in gambling. For example, participant observations will be supplemented with

observations of university professionals and staff who work directly with students (e.g., fraternity and sorority advisors, campus counseling center staff, campus police and residence hall advisors).

Data are qualitative and self-reported to interviewer who will record responses and audio record all interview proceedings with participant knowledge and informed consent. Participants will be asked about gambling in their communities, personal gambling experiences, personal experiences with problem gambling, personal gambling motives, perceived norms of gambling and of gambling among peers.

In addition, participants will be asked to complete a brief survey of their characteristics to capture demographic data, as well as a brief survey on gambling that will capture types and frequency of gambling and assess for correlates of problem gambling (e.g., family history of problem gambling, substance use and/or depression/anxiety). Lastly, participants will be screened for problem and pathological gambling using the South Oaks Gambling Screen (SOGS).

### **Statewide Gambling Survey - Round Two**

As initially stated with regard to the 2012 Ohio Gambling Survey, OhioMHAS plans to field a second statewide survey after a few years have passed to track the impact of additional gambling options on Ohio citizens. The second statewide survey on problem gambling activity and attitudes will be designed to provide enough responses to generate county level estimates of at-risk and problem gambling prevalence estimates. To this end, an amount of administrative funds will be set aside in each fiscal year, with the survey to be undertaken in SFY 16, and the analysis released in SFY 2017.

### **Statewide Youth Gambling Survey**

An amount of \$30,000 will be set aside each year, SFY 2014 – SFY 2016 to support the inclusion of problem gambling questions on a statewide survey of youth related to risk factors for multiple problem behaviors. This inter-agency collaborative survey is called the Youth Risk Behavior Survey and is sponsored by the Centers for Disease Control and Prevention. This will provide a baseline of attitudes and practices related to problem gambling for youth ages 14-18. Initially, Ohio's baseline questions related to problem gambling can be compared to similar questions on other states' surveys.

### **Problem Gambling Workforce Capacity Survey**

OhioMHAS has made a commitment to fielding a Problem Gambling Workforce Capacity Survey to assess the state's behavioral health professionals' capacity to serve the prevention and treatment needs related to problem gambling. While this study was originally planned for SFY 2012, the department has determined that to get a full picture of access and capacity to serve clients, the study should follow implementation of the pending problem gambling treatment endorsement for Licensed Chemical Dependency Counselors and the expansion of scope of service for Certified Prevention Specialists. It is anticipated that these changes will be in full effect in the summer of 2014, and the Capacity Survey could be rolled out in January 2015.

## ***County ADAMH Board Research Plans***

The majority of County ADAMH Boards determined that some level of local needs assessment needed to be done to ensure that available funds would be used appropriately for the needs of the community. Boards worked with colleges/universities to survey students and raise awareness; with existing polls and surveys of community members to add gambling-related questions; and within the Strategic Prevention Framework (SPF – a federal public health model promoted by OhioMHAS Office of Prevention & Wellness) to gather additional information from the community related to gambling behaviors and attitudes. The five phases for SPF include assessment, capacity building, planning, implementation, and evaluation.

### ***Research Highlights from ADAMH Board Plans:***

**Stark County** is partnering with Kent State University for research at the community level to determine needs and attitudes. This is intended to complement the work done at the State level.

**Hamilton County** added expanded questions items on the Student Drug Use survey for sustainable evaluation of dysfunctional gambling awareness and prevalence.

**Butler County** completed community readiness surveys. Evidenced-based strategies were researched and selected for both individual and population-based approaches. They developed a Strategic Prevention Framework consistent logic model.

**Lucas County** followed the Strategic Prevention Framework (SPF), and an essential focus of capacity building in Lucas County will be placed on cultural competency. This county will tailor prevention messages, interventions, and treatment delivery services to ensure that the unique characteristics of their sub-populations identified in the assessment are taken into consideration.

**Delaware-Morrow County** group Delaware County Peace conducted a needs assessment process to determine how best to address problem gambling in the schools and community.

**Hancock County** conducted the Minnesota Institute of Public Health Community Readiness Survey Health Assessment Report. The report indicated limited recognition of problem gambling, but the larger concern is a lack of awareness of problem gambling in the community. The report did show 61 percent of all those surveyed believe it is possible to reduce problem gambling through prevention.

**Huron County** Firelands agency conducted a brief community perception survey and gathered information on the gambling habits of the residents of Huron County. Nearly 300 surveys were completed by attendees of the Huron County Fair. These surveys will be tabulated and the information will be used to further plan for gambling prevention and treatment strategies.



Huron County  
Firelands agency  
surveyed their  
community on  
gambling habits of  
residents.

## **EVALUATION**

The core of effective programming is having accurate evaluation practices built in from program inception, and then re-working strategies to course-correct as needed. For the relationship between

OhioMHAS and the OCCC, the performance indicators listed below were developed and approved in SFY 2013. Since then, additional discussions have occurred with national experts in the field of problem gambling treatment, Ohio professionals and service providers.

Based on this continued gathering of information and field experiences, changes have been made to the last indicator for “treatment.” These changes align Ohio’s measures with the new American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM 5) that looks at gambling disorders on a continuum. The significant shift in the DSM 5 edition takes into account the impact that symptoms have on a person’s thoughts, feelings and actions when considering a diagnosis. As such, “abstinence” is less desirable than “reducing life-damaging consequences” from gambling for individuals with a gambling disorder.

### ***PERFORMANCE INDICATORS (SFY 14-15)***

#### **BENCHMARKS**

Indicated per Ohio Gambling Survey September, 2012 and Ohio Behavioral Health data, SFY 2012.

#### **Prevention Indicators**

Number of Ohioans exposed to problem gambling messaging to be captured through media reach numbers.

Number of community coalitions engaged in problem gambling prevention.

#### **Treatment Indicators**

Number of Ohioans who called the Problem Gambling Helpline: quarterly and annually.

Number of Ohioans screened with OhioMHAS-approved instrument(s).\*

Number of screened Ohioans assessed as having a Gambling Disorder diagnosis.\*

Number of Ohioans with gambling disorder who complete a continuing care plan with a budget and financial responsibility plan and reduce life-damaging consequences in the past 30 days at discharge.\*

*\*NEW MOVING FORWARD*

### ***PERFORMANCE MEASURES UPDATE***

#### **Prevention Indicators**

Number of Ohioans exposed to problem gambling messaging to be captured through media reach numbers.

Data on reach of awareness efforts is being collected through POPS database for all prevention services initiated through the ADAMH boards and will be collected through media reach numbers for the statewide campaign.

Number of community coalitions engaged in problem gambling prevention.

For SFY 2012, no community coalitions were engaged in problem gambling prevention. OhioMHAS is currently working with DFSA to include problem gambling prevention within the members of the Statewide Prevention Coalition Association.

**Treatment Indicators**

Number of Ohioans who called the Problem Gambling Helpline in SFY 2013: quarterly/annually.

Q1	Q2	Q3	Q4	TOTAL
897	1153	1136	1229	4,415*

*\*Of the 4,415 Helpline calls, 1,864 were directly related to getting help for a problem gambler, and 57 percent were “not applicable” calls. Of those callers who needed assistance, 100 percent received it.*

Number of Ohioans screened with ODADAS-approved instrument(s).

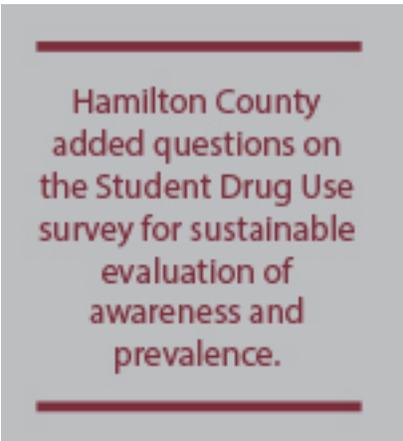
Full year data available for SFY 2012 = 4,249 people screened  
 Partial year for SFY 2013 = 965 people screened

Number of screened Ohioans assessed (and treated) as having a Problem Gambling Disorder diagnosis.

Full year data available for SFY 2012 = 119 people treated for PG diagnosis  
 Partial year for SFY 2013 = 90 people treated for PG diagnosis

***Independent Problem Gambling Services Evaluation***

The Problem Gambling Services administration budget includes a phased-in expense for development and implementation of an independent evaluation for Ohio's Problem Gambling services. In SFY 2014, the cost will be \$30,000, and in SFY 2015, the cost is expected to be \$30,000 as well. This vendor will examine the OhioMHAS service system for prevention and treatment of problem gambling and will make recommendations for enhancement. An RFP will be prepared and awarded for SFY 2014-15.



## **BUDGET**

### ***Problem Gambling Services Budget***

The 5JLO fund administration appropriation budget has detailed items in the areas of personnel, contracts (includes research and workforce development), other miscellaneous (includes travel, staff training, printing/marketing, and national memberships), and equipment (includes a laptop and an LCD projector for training purposes). The narrative of this budget is included throughout, and the SFY 2014 budget detail is on the last page of this plan.

### ***Allocations to the Community Methodology***

In SFY 2013, two quarterly allocations from the 5JLO Problem Casino Gambling and Addictions fund were sent to county ADAMH boards, totaling approximately \$1.4 million. Those dollars were distributed to the community on a per capita basis. For SFY 2014-15 OhioMHAS has determined that funds will continue to flow on a per capita basis to allow for the greatest flexibility at the community level where local needs assessments may determine any number of impacted demographics and correlated factors. Based on fiscal forecasting, OhioMHAS expects to distribute \$3.8 million in SFY 2014 in quarterly allocations to the boards.

The 2012 Ohio Problem Gambling Survey found that across the state, males were more likely to be at-risk or to be problem gamblers. Based on age breakdowns, 18-24 year olds in the clusters of Franklin, Hamilton and Lucas had a greater percentage of at-risk or problem gamblers. These three clusters comprise 19 counties in the state. In two clusters, African Americans were seen to be more likely at-risk or to have a gambling disorder. The clusters with a higher propensity for African American-impact were Franklin and Lucas county clusters which encompass a total of 15 counties.

While the 2012 statewide survey provided baseline data and useful information on the factors related to at-risk and problem gambling, it did not provide board-area data specific enough to drive a funding formula other than per capita. As detailed in this report, a number of ADAMH Boards decided that in order to best determine local planning, a community problem gambling prevalence (and attitudes, in some areas) survey would need to be undertaken. These community-level surveys will allow ADAMH Boards to tailor their use of the problem gambling funding so that more resources are targeted toward prevention, awareness, and treatment according to their local residents' needs.

### ***ADAMH Board Problem Gambling Expenditures***

The County ADAMH Boards have submitted plans to OhioMHAS that describe how 5JLO funds will be used in their communities in SFY 2014. These plans were due and came in to OhioMHAS during August, 2013. The Guidance that accompanies each of the quarterly allocations to boards specifies the 60 percent prevention /40 percent treatment breakdown of fund utilization. While the option remained to request a waiver in how the funds are used in 2014, very few boards requested a waiver for this first full year of funding.

The year-end fiscal and data reporting for SFY 2013 is due Sept. 30, 2013. After those reports are received, an accurate accounting will be available of funds used for prevention and treatment services in SFY 2013.

## 5JL0 Problem Casino Gambling and Addictions Budget SFY 2014

### Allocations to County ADAMH Boards \$3,800,000

#### Est. Salary

Project Lead	1 FTE
Treatment Specialist	1 FTE
Prevention Specialist	.15 FTE
Research & Evaluation	.15 FTE

**Est. Salary & Benefits Total** **204,499**

#### Contracts

Prevention Training	50,000
March Conf. Speakers	6,000
E-based Training x 3	5,000
Problem Gambling Helpline	80,000
OSAM Network 18-25 Young Adult TRI	70,000
Statewide Survey	230,000
Statewide Youth Survey	30,000
Evaluation Plan development	30,000

**Est. Contracts Total** **501,000**

#### Other

March Conf. support	4,000
Marketing/Printing	30,000
In-state Travel	1,500
National Memberships	2,000
Out-State Conf. Travel	7,500

**Est. Other Total** **45,000**

#### Equipment

Laptop	1,400
LCD Projector	600

**Est. Equipment Total** **2,000**

**Est. Administration Total** **\$752,499**

**Total 5JL0 Expenditures** **\$4,552,499**

## 5T90 Ohio Lottery Commission Budget SFY 2014

PG Treatment Training	50,000
March Conf. support	10,000
Best Practice programs x6 support	275,000

**Total 5T90 Expenditures** **\$335,000**