

**The Dis-United States:**  
 Survey Results from Publicly Funded Problem Gambling Services in the U.S. May 2006

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**Disclaimer**

- ☉ **Truth is a relative term**
  - We mainly relied on state administrators to research the answers to survey questions and report out
  - Survey questions may have been interpreted differently by the respondents.
    - Definition of what is "publicly funded"
- ☉ **What is true today may not be tomorrow**
  - State systems are very fluid. Changes are anticipated in the near future.
- ☉ **Comparing state PGS can be like comparing apples and oranges**
  - Structure of publicly funded PGS varies so widely it is challenging to draw comparisons across states
  - Exact picture of funding & services difficult to tease out
  - Context varies from state to state

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**Survey Methodology**

- ☉ **46 out of 48<sup>1</sup> states were reached**
  - 2 states did not ever respond, but document review showed those two states (NM and VA) do not currently have services
  - Each state contacted a minimum of four times (email, phone): government agency, council, and/or lottery
- ☉ **34 of 35 (94%) eligible<sup>2</sup> states participated**
  - TN provided information but did not participate in survey
- ☉ **Surveys completed by email, web, or phone**
- ☉ **Components:**
  - Administration
  - Funding
  - Prevention
  - Certification
  - Treatment
  - Helpline
  - Public Awareness

<sup>1</sup> HI & UT do not have legalized gambling.  
<sup>2</sup> States that provide publicly funded services.

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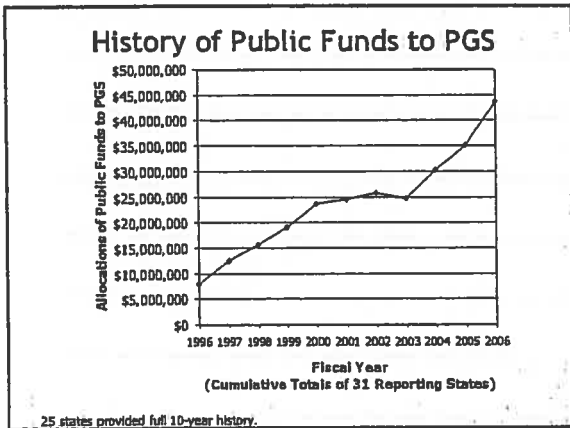
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### Recent Developments

- ⊗ Several states recently invested in funding problem gambling services (PGS)
  - GA - NC
  - ME - NV
  - TN - WA
- ⊗ Colorado and Ohio
  - Ohio Lottery funds services but is not mandated to do so
  - Colorado Lottery provides "in-kind" support and funds MH Consortium for helpline services

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### The Top 10 States: Public Funds Per Capita

	State	Population <sup>1</sup>	Annual Budget	Per Capita <sup>2</sup>
1.	Oregon	3,641,056	\$5,856,003	\$1.61
2.	Iowa	2,966,334	\$4,310,000	\$1.45
3.	Delaware	843,524	\$1,000,000	\$1.19
4.	W. Virginia	1,816,856	\$1,350,000	\$0.74
5.	Indiana	6,271,973	\$4,250,000	\$0.68

<sup>1</sup> Population Division, U.S. Census Bureau (2005, December). Annual Estimates of the Population for the United States and States, and for Puerto Rico: April 1, 2000 to July 1, 2005.

<sup>2</sup> Per capita all ages

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### The Top 10 States: Public Funds Per Capita

	State	Population <sup>1</sup>	Annual Budget	Per Capita <sup>2</sup>
6.	Minnesota	5,132,799	\$2,980,000	\$0.58
7.	Nebraska	1,758,787	\$1,020,000	\$0.58
8.	Nevada	2,414,807	\$1,250,000	\$0.52
9.	Connecticut	3,510,297	\$1,700,000	\$0.48
10.	Louisiana	4,523,628	\$2,000,000	\$0.42
<b>NATIONAL AVERAGE</b>			<b>\$1,001,185</b>	<b>\$0.24</b>

<sup>1</sup> Population Division, U.S. Census Bureau (2005, December). Annual Estimates of the Population for the United States and States, and for Puerto Rico: April 1, 2000 to July 1, 2005.

<sup>2</sup> Per capita all ages.

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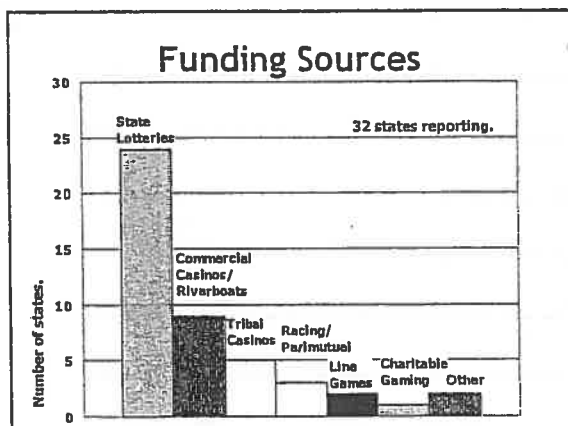
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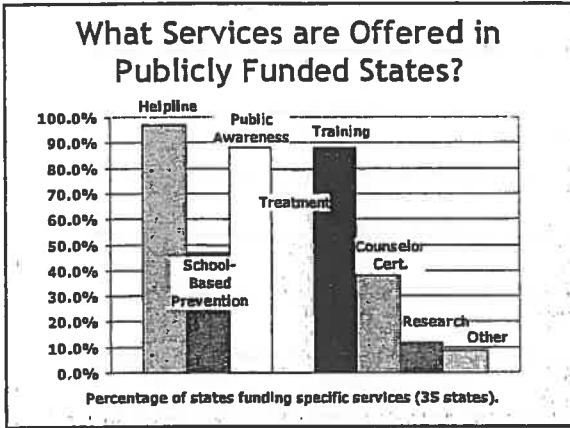
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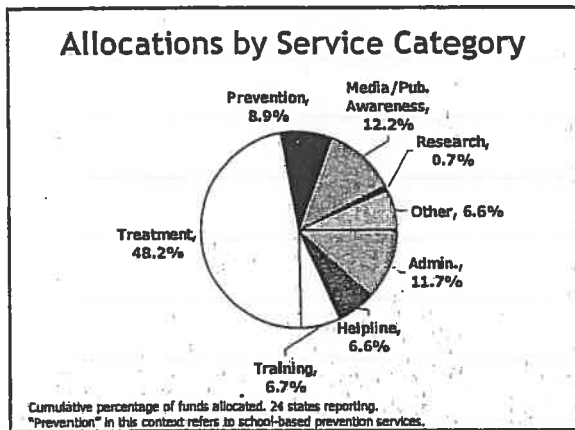
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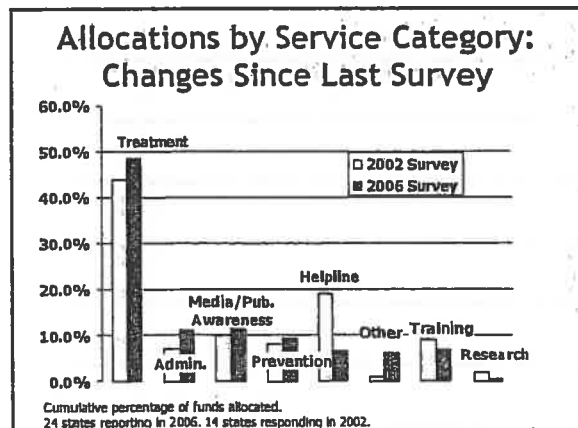
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### Administration

- ⊕ **25 states<sup>1</sup> (76%) have distinct fund for gambling problem**
  - 3 of those states' funds can be diverted for other purposes (IA, IN, OH)
- ⊕ **Administrative staff:**
  - from 0 - 6 FTE (average 1.4 FTE/state)
- ⊕ **Little continuity between states -- administrative structure varies widely**
  - Human services type agencies (n=28), which themselves vary widely:
    - Substance abuse departments/divisions
    - Mental health departments/divisions
    - Community/public health
  - Problem gambling councils (n=4)
  - Department of Gaming/Gaming Commission (n=2)

<sup>1</sup> 33 states responding.

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### Service Gaps

- ⊕ **13 states with legalized gambling have no known publicly funded services**
  - States with some structure in place but no current funding (e.g., NH & TX)
- ⊕ **Several states just beginning to plan and/or implement services**
- ⊕ **Few funds allocated to research**
- ⊕ **Few funds allocated to prevention**
  - Little being done besides information dissemination/awareness building
- ⊕ **Few environmental strategies/public policy efforts**

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### Top Reported Gaps in Services

1. General theme about lack of funds
2. Awareness
  - Public
  - Professional
  - Helpline promotion
3. Treatment
  - Limited availability/funding
  - Client engagement
  - Enough counselors
  - Residential or inpatient
  - Addressing special populations:
    - Youth
    - Older adults
    - People in rural areas
    - Ethnic cultural minorities




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### Top Reported Gaps in Services

#### 4. Prevention

- Comprehensive services
- Efforts aimed at adults & minority groups
- Youth services

#### 5. Research & planning



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### State Level Public Policy Considerations

PGS have developed independently and are unique state by state

- Difficult to develop service system level best practices
- Areas where common standards can exist have not emerged
  - Services offered
  - Therapist standards/certification
  - Funding levels
  - Administrative structure
  - Data collection

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### Top 10 Needs for State Level Problem Gambling Programs

#### 1. Broad Authorizing Legislation

- Do not restrict to specific services
  - Treatment or Helpline or Prevention
- Allow program to grow and develop based upon research and experience

#### 2. Appropriate allocation

- Allow for comprehensive, state-wide service system

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**Top 10 Needs at State Level**

**3. Agency Authority**

- Allow agency to establish gambling specific provider and consumer eligibility

**4. Dedicated Agency Staff**

- Need staff to focus on and develop the program

**5. Planning for PH Approach**

- Comprehensive long term planning

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**Top 10 Needs at State Level**

**6. Workforce Development**

- Provide gambling specific training
- Utilize both MH and SA professionals and agencies

**7. Flexibility in Service Delivery**

- Ability to treat significant others
- Allow alternatives to traditional treatment approaches (phone, mobile, etc.)
- Fund Outreach
- Program funding (Grant vs. FFS)

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**Top 10 Needs at State Level**

**8. Appropriate Client Eligibility**

- Do not use block grant criteria
- Adjust financial eligibility
- Include level 2 gamblers

**9. Provider Support**

- Clinical Supervision
- Accessible contracting process

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### Top 10 Needs at State Level

#### 10. Advocacy – What we all can do...

- Legislatively
  - Fund services sufficient to address issue from a public health perspective
  - PG "needs a home" at the Federal Level
- Community
  - Promote healthy gambling behaviors
  - Reduce stigma
- Individuals
  - Need a "face" of recovery

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### Federal Level Public Policy Considerations

#### ⊗ "Problem gambling needs a home" - H. Westley Clark (2004)

- Whose responsibility?
  - Who should direct policy
  - Where should administrative control reside

#### ⊗ What is an appropriate level of commitment for individual, industry, government and under what conditions

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### Global Recommendations

From Peter Collins, Salford Seminar, 1/23/06  
"Gambling and Public Policy - Current Issues"

- ⊗ We should focussing on ensuring, via a substantial public education campaign, that those who gamble understand how gambling works, what are the dangers and how to avoid them
- ⊗ We should be ensuring that those who would benefit from free, professional and confidential treatment are aware of its availability
- ⊗ We should be collaborating internationally on problem-focussed research rather than inventing wheels anew

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**Global Recommendations**

From Peter Collins, Salford Seminar, 1/23/06  
"Gambling and Public Policy - Current Issues"

- ⊗ The next prevalence study will show a considerable increase in PG numbers because we have had a considerable increase in gambling unaccompanied with a vigorous public awareness campaign
- ⊗ But if we pursue the above strategies, the % of PGs in the first follow-up study will be the same as or lower than the number in the baseline study about to be conducted even if there are eight regional casinos, FOBTs continue to flourish and remote gambling grows substantially.

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**Thank You!**

For more information:

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